For	Form 5500-SF Short Form Annual Return/Report of Small Employe						OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			`	2012				
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).					58(a) of This Form is Open to Pu					
Pension Be	Pension Benefit Guaranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I Annual Report Identification Information										
	No. 1				2/31/2					
	urn/report is for:			an (not multiemployer)		a one-particip	bant plan			
B This ret	urn/report is:		e final return/report							
•				eturn/report (less than 12 months)						
C Check	box if filing under:		utomatic extension			DFVC progra	m			
Dent II	Desis Plan Inform	special extension (enter description)								
Part II 1a Name		nation—enter all requested information	on		1h	Three-digit				
	•	RACTORS, INC. RETIREMENT SAVIN	GS PLAN		10	plan number				
				-		(PN) 🕨	001			
					1c	Effective date of	•			
2a Plan si	onsor's name and addr	ess; include room or suite number (emp	Nover if for a single-	employer plan)	2h	01/01/ Employer Identif				
BRASCH-BA	ARRY GENERAL CONTI	RACTORS, INC.			20	(EIN) 61-11				
901 LAMPT	ON STREET			-	2c	Sponsor's telep 502-587				
LOUISVILLE				-	2d	d Business code (see instruction 236200				
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	b Administrator's EIN				
				-	20	A .l	elephone number			
		lan sponsor has changed since the last er from the last return/report.	t return/report filed fo	or this plan, enter the	4b	EIN				
a Spons	or's name	· · · · · · · · · · · · · · · · · · ·			4c PN					
5a Total r	number of participants at	the beginning of the plan year			5a	5a 2				
b Total r	number of participants at	the end of the plan year			5b		20			
		count balances as of the end of the plan			5c		17			
		uring the plan year invested in eligible a					X Yes No			
b Are yo	ou claiming a waiver of th	e annual examination and report of an See instructions on waiver eligibility and	independent qualifie	d public accountant (IQF	PA)		X Yes No			
lf you	answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use F	Form	5500.				
		incomplete filing of this return/repor								
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.										
		lid electronic signature.	electronic signature. 07/22/2013 JOHN BRASCH							
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ne of individual signing as plan administrator					
SIGN										
HERE	Signature of employe	re of employer/plan sponsor Date Enter name of individual					al signing as employer or plan sponsor			
Preparer's		ne, if applicable) and address; include r	oom or suite number				number (optional)			

a Total plan assets 7a 1272045 135 b Total plan liabilities 7b 1272045 135 b Total plan liabilities 7b 1272045 135 c Net plan assets (subtract line 7b from line 7a) 7c 1272045 135 a Contributions received or receivable from: 8a(1) 10109 (a) Amount (b) Total a Contributions received or receivable from: 8a(2) 63211 (c) Total income (loss) 8a(3) (c) 10109 (c) Total income (loss) 8a(3) (c) 10109 (c) Total income (loss) 8b 123101 (c) C Total income (loss) 8c 180 96422 (c) 106 106 106 106 106 106				
b Total plan liabilities	(b) End of Year			
C Net pan assets (subtract line 7b from line 7a) 7c 1272045 [135 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: 8a(1) 10109 (b) Total (a) Contractions received or receivable from: 8a(2) 53211 (c) Participants. 8a(2) 53211 (b) Other income (loss) 8a(3) (c) Total income (loss) 8b 123101 (c) Participants. 8a(3) (c) Total income (loss) 8d 06422 (c) Participants. 9d (c) Participants. (c) Participa	9031			
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insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	5271			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h × i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3				
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11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)				
	Yes X No			
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes 🗙 No			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	i i			
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter granting the waiver	er ruling			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter the minimum required contribution for this plan year				

С	Enter	the amount contributed by the employer to the plan for this plan year	12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d					
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A			
Part	Part VII Plan Terminations and Transfers of Assets							
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No				
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

			·····								
Form 5500-SF Short Form Annual Return/Report of Small Emplo					oyee OMB Nos.						
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe					2012						
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 603 Employee Benefits Security Administration the Internal Revenue Code (the Code).					This Form is Open to Public Inspection						
Pension Benefit Guaranty Corporation	1115	spectron									
Part I Annual Report Identification Information											
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012											
A This return/report is for:											
B This return/report is:	port is:										
L											
C Check box if filing under:		automatic extension		DFVC program							
	special extension (enter description)									
Part II Basic Plan Inform	nation—enter all requested informat	ion									
1a Name of plan	· · · · · · · · · · · · · · · · · · ·			1b	Three-digit						
BRASCH-BARRY GENERAL CONT	RACTORS, INC. RETIREMENT SAVI	NGS PLAN			plan number	001					
				<u> </u>	(PN) 🕨						
				10	Effective date of 01/01/	•					
2a Plan sponsor's name and addre Brasch-Barry General Contractors, in	ess; include room or suite number (em nc.	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 61-115	ification Number 54130					
				2c	Sponsor's telep (502) 58						
901 Lampton Street		·		2d	Business code (see instructions) 236200						
Louisville, KY 40204 3a Plan administrator's name and	address XSame as Plan Sponsor Na	me	Sponsor Address	3b	D Administrator's EIN						
				3c	Administrator's	telephone number					
4 If the name and/or EIN of the p	lan sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b	EIN						
name, EIN, and the plan numb				4c	DN						
a Sponsor's name	the beginning of the plan year	•	· · · · · · · · · · · · · · · · · · ·	ļ		27					
				5a		· · · · · · · · · · · · · · · · · · ·					
	the end of the plan year			<u>5b</u>		20					
	count balances as of the end of the pla			. 5c 17							
	uring the plan year invested in eligible				•••••	X Yes 🗌 No					
b Are you claiming a waiver of the	e annual examination and report of an	n independent qualifie	d public accountant (IQ	PA)		X Yes No					
	See instructions on waiver eligibility ar										
	er line 6a or line 6b, the plan canno										
	incomplete filing of this return/repo										
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and comple	r penallies set forth in the instructions, signed by an enrolled actuary, as well te.	as the electronic ver	examined this return/report sion of this return/report	, and	to the best of my	cable, a Schedule / knowledge and					
SIGN John 7 Basen JOHN BRASCH											
HERE Signature of plan adn	ninistrator	Date 7/10/13	Enter name of individ	ual sid	nino as olan ada	ministrator					
國際發展的語											
HERE		<u> </u>									
Signature of employer/plan sponsor Date Enter name of individ Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Enter name of individ					vidual signing as employer or plan sponsor Preparer's telephone number (optional)						
Preparer's name (including firm nan	ne, if applicable) and address; include	room or suite number	r (optional)	Prep	arer's telephone	e number (optional)					
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For Paperwork Reduction Act Notice a	and OMB Control Numbers, see the Instru	uctions for Form 5500-	or.			Form 5500-SF (2012) v 120126					

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Form 5500-SF 2012

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Part III Financial Information									
7 Plan Assets and Liabilities (a) Beginning of Yea					(b) End of Year				
Total plan assets				1359031					
b Total plan liabilities	75								
C Net plan assets (subtract line 7b from line 7a)	70	127204	5				1359	031	
8 Income, Expenses, and Transfers for this Plan Year (a) Amount					(b) Total				
a Contributions received or receivable from:	- 가사 고등 가까지 같았다.			10	14.5%				<u>.</u>
(1) Employers	8a(1)	1010	9	影響	3 88				
(2) Participants	8a(2)	5321	1						
(3) Others (including rollovers)	8a(3)			140-2	- (
b Other income (loss)	8b	12310	1						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			220			186	421	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	9642	2						
e Certain deemed and/or corrective distributions (see instructions)	8e					Norse de la <u>Filo de la co</u>			
f Administrative service providers (salaries, fees, commissions)	8f	301	3				1. 67		
g Other expenses	8g			·					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					•	99	435	
i Net income (loss) (subtract line 8h from line 8c)	8i			2.			86	986	
j Transfers to (from) the plan (see instructions)	8j						1		
Part IV Plan Characteristics									<u> </u>
b If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Chara	cteristi	c Cod	es in ti	ne instruct	ons:		
Part V Compliance Questions	alnie coo	es from the List of Plan Chara	cterist			ne instruct	ons:	<u> </u>	
Part V Compliance Questions 10 During the plan year:			cterist	c Cod Yes	es in ti No	ne instruct	Amou	nt	
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 100)	tions within	n the time period described in ection Program)	cterist					nt	
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с	Enter the amount contributed by the employer to the plan for this plan year	12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?] Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes 🗙	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Ye:	s X No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part V	VIII Trust Information (optional)				
14a N	lame of trust	14 b т	rust's EIN		.