Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	art I Annual Report Identification Information				
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009	9	and ending 1	2/31/2	009
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan
	This return/report is for:	final retur	n/report		
	☐ an amended return/report	short plar	year return/report (less than 12 mor	nths)	
C	Check box if filing under:	•	extension	,	DFVC program
•	special extension (enter description		Octobiolis		
D		,			
	art II Basic Plan Information—enter all requested information	ation		1h	Three-digit
	Name of plan T DITTMER & SONS, INC. PROFIT SHARING PLAN			טו	plan number
***					(PN) • 001
				1c	Effective date of plan
				۵.	01/01/1981
	Plan sponsor's name and address (employer, if for single-employer .T DITTMER & SONS, INC.	plan)		2b	Employer Identification Number (EIN) 59-1021674
VVAL	TI DITTIMEN & SONS, INC.			2c	Plan sponsor's telephone number
1006	S SHEPARD ROAD				407-699-1755
WIN.	TER SPRINGS, FL 32708-2018			2d	Business code (see instructions)
32	Plan administrator's name and address (if same as Plan sponsor, e	ntor "Com	,n\	2h	236200 Administrator's EIN
	Trail administrator's name and address (ii same as Fran sponsor, e T DITTMER & SONS, INC. 1006 SHEPA			30	59-1021674
	WINTER SPI	RINGS, FL	. 32708-2018	3с	Administrator's telephone number
					407-699-1755
	If the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN
	Traine, Entr, and the plan name of normale last retain propert. Opened	i o namo		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	48
b	b Total number of participants at the end of the plan year			5b	45
С	Total number of participants with account balances as of the end of	the plan y	rear (defined benefit plans do not	_	
	complete this item)			5c	45
	Were all of the plan's assets during the plan year invested in eligib		,		Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		
Pa	art III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	2404672	2	3340159
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7c	2404672	2	3340159
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	0=(4)	400000		
	(1) Employers	8a(1)		<u>'</u>	
				\	
	(2) Participants	8a(2)	53639)	
h	(3) Others (including rollovers)	. 8a(3)			
b	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	486268		030007
C	(3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8a(3)			939907
	(3) Others (including rollovers) Other income (loss)	8a(3) 8b		3	939907
C	(3) Others (including rollovers)	8a(3) 8b 8c	486268	3	939907
c d	(3) Others (including rollovers)	8a(3) 8b 8c 8d	486268	3	939907
c d e	(3) Others (including rollovers)	8a(3) 8b 8c 8d 8d	486268	3	939907
c d e f	(3) Others (including rollovers)	8a(3) 8b 8c 8d 8d 8e	486268	3	939907
c d e f g	(3) Others (including rollovers)	8a(3) 8b 8c 8d 8e 8f 8g 8h	486268	3	

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Part IV	Plan	Characteristics	c
railiv i	ГІАП	CHALACLEH SUC:	

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2H 2J 3D

b	If the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Cod	des in t	he instr	uctions	S:	
art	٧	Compliance Questions							
0	Dur	ing the plan year:		Yes	No		Am	ount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		Х				
С	Wa	s the plan covered by a fidelity bond?	10c	X					500000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance	ı		ı				
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Г	Yes	X No
2		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	If a v	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Mon	th						
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b				
		er the minimum required contribution for this plan year		<u> </u>					
	Sub	er the amount contributed by the employer to the plan for this plan yeartract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)	of a		12c 12d				
е	•	the minimum funding amount reported on line 12d be met by the funding deadline?		<u> </u>		Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?			ontrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he plai	n(s) to					
1	3c(1)	Name of plan(s):		13	c(2) EI	N(s)		13c(3) PN(s)
aut	ion: /	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
Jnde BB o	r pen r Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.	urn/rep	oort, in	cludin	g, if app			
	F	iled with authorized/valid electronic signature 07/21/2010 KAREN E CALL	AN						

SIGN	Filed with authorized/valid electronic signature.	07/21/2010	KAREN E. CALLAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/21/2010	KAREN E. CALLAN
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefil Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection.

P	art I Annual Report Identification Information			ASS				
For	the calendar plan year 2009 or fiscal plan year beginning	2009	-01-01	and ending	20	09-12-31		
Α	This return/report is for: x single-employer plan	multiple-e	mployer plan (r	ot multiemployer)		one-participant plan		
В	This return/report is for: first return/report	final return	n/report					
	an amended return/report	short plan	year return/rep	ort (less than 12 month	is)			
С	Check box if filing under: Form 5558	automatic	extension		Ī	DFVC program		
	special extension (enter description))			_			
	art II Basic Plan Information enter all requested inform			A)		10 10 10 10 10 10 10 10 10 10 10 10 10 1		
_	Name of plan	manon.			1b 7	Three-digit		
	Walt Dittmer & Sons, Inc. Profit Sharing Plan					olan number		
	wait Ditumer & Sons, Inc. Froiit Sharing Fran					PN) ► 001 Effective date of plan		
						1981-01-01		
2a	Plan sponsor's name and address (employer, if for single-employer pla	ın)			The Control of the	Employer Identification Number		
	Walt Dittmer & Sons, Inc.				_	EIN) 59-1021674 Plan sponsor's telephone number		
	1006 SHEPARD ROAD					(407) 699-1755		
TTC	WINTER SPRINGS FL 32708-2018					Business code (see instructions)		
$\frac{\text{US}}{3a}$		er "Same")				236200 Administrator's EIN		
Ju	Same	or Garrio ,						
					3c A	Administrator's telephone number		
						tariii latator o tolopriorio riariibor		
4	If the second size of the plant and the plant the least		at Class Castlein	alan andar tha	4b EIN			
4	If the name and/or EIN of the plan sponsor has changed since the last name, EIN and the plan number from the last return. Sponsor's Name	returnirepo	irt nied for triis p	nan, enter the				
_					4c F	T		
5a	Total number of participants at the beginning of the plan year			500 10 50 200 500 th 60	5a 5b	48		
b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the				JU	35		
	complete this item)			an and a second contract of the second secon	5c	45		
6a	Were all of the plan's assets during the plan year invested in eligible as	70				<u>x</u> Yes No		
b	Are you claiming a waiver of the annual examination and report of an in under 29 CFR 2520.104-46? (See instructions on waiver eligibility and			c accountant (IQPA)	ov co as	x Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Form		• VI 1000 N					
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Be	eginning of Year		(b) End of Year		
а	Total plan assets	7a		2,404,672		3,340,159		
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		2,404,672		3,340,159		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:	0 (1)		400 000				
	(1) Employers	8a(1)		400,000 53,639	\dashv			
	(2) Participants	8a(2)		33,639	-			
b	(3) Others (including rollovers)	8a(3) 8b		486,268				
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	7.0			939,907		
ď	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d		4,420	4			
е	Certain deemed and/or corrective distributions (see instructions)	8e			4			
f	Administrative service providers (salaries, fees, commissions)	8f			4			
g	Other expenses	8g			-			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	2 2 2 2 2 2 2	****		4,420		
i	Net income (loss) (subject line 8h from line 8c)	8i	S 31 3	897 11W 14W	-	935,487		
i	Transfers to (from) the plan (see instructions)	8j						

Assessed that		
Form	5500-SF	(2009)

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Page	/-	

Part IV	Plan	Chara	cteristics	
rail IV	FIGIL	Cuara		۰

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2H 2J 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

_		0.00						
Par			and the second s	- 1.				
10	During the plan year:				Yes	No	A	mount
a b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar Were there any nonexempt transactions with any party-in-interest? (I	y Correction Program)	10a		х		- X
-	on line 10a.)		ACTION OF THE PERSON OF THE PE	10b		x	-	
С	Was the plan covered by a fidelity bond?			10c	х			500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other prinsurance services or other organization that provides some or all of instructions.)	the benefits under the	plan? (See	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?			10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10a		х		
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)	e instructions and 29	CFR	10h		x		
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3			10i				
Parl	VI Pension Funding Compliance							
11	ls this a defined benefit plan subject to minimum funding requirement 5500))	s? (If "Yes," see instru	ictions and complete	Sched	dule S	SB (Fo	rm	Yes X No
12	Is this a defined contribution plan subject to the minimum funding requ							Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)						
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver		Month					•
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule ME	3 (Form 5500), and s	kip to line 13.		_	1		
b	Enter the minimum required contribution for this plan year			٠.		12b		
c d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the	35 (CO)	sign to the left of a			12c		
	negative amount)		The transfer of the same of th			12d		
e	Will the minimum funding amount reported on line 12d be met by the f	funding deadline? .			٠.	•	Yes	NoN/A
Part	VII Plan Terminations and Transfers of Assets						-	
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior year?		•	. <u>.</u>			Yes X No
	If "Yes," enler the amount of any plan assets that reverted to the empl	oyer this year			•	13a		
b	Were all the plan assets distributed to participants or beneficiaries, tra		an, or brought under					Yes X No
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	his plan to another pla	an(s), identify the plan	(s) to			98	
1	3c(1) Name of plan(s):				130	(2) EI	N(s)	13c(3) PN(s)
Cautio	n: A penalty for the late or incomplete filing of this return/report w	vill be assessed unle	ss reasonable cause	e is es	stabli	ished		L
Under	penalties of perjury and other penalties set forth in the instructions, I de schedule MB completed and signed by an enrolled actuary, as well as	eclare that I have exar	nined this return/repor	rt, incl	luding	g, if ap	plicable, a Sc	
	t is true, correct, and complete.						1	
SIGI	1/alle	7.13.10	KALEN	SE	Ξ,	CF	FLLAL	/
HER	/)()	Date	Enter name of indivi	dual s	signin	g as p	lan administr	ator
SIGI	War I Callen	7.13.10	DANIA	5		AL	LAN	
HER		Date	Enter name of indivi	dual s	signin	g as e	mplover or nl	an sponsor
	1 may man / f and man / man man / ma	L			J		, , ,	

5500-SF Electronic Filing Authorization

Plan Name:

Walt Dittmer & Sons, Inc. Profit Sharing Plan

EIN/PN:

59-1021674/001

Plan Year:

01/01/2009 - 12/31/2009

I hereby authorize JOHN DIMOU to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

Plan Sponsor