Form 5500-SF		Short Form Annual R	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee				2009			
Department of Labor Retirement Income Security Ad			Act of 1974 (ERISA), and section 6058(a) of the Employee Revenue Code (the Code).			This Form is Open to Public			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.						Inspection			
	Part I Annual Report Identification Information								
	calendar plan year 2009 or fisca				2/31/2				
	This return/report is for:	xingle-employer plan       multiple-employer plan (not multiemployer)       one-participant         first return/report       final return/report							
Β.	This return/report is for:	first return/report	nths)						
•		an amended return/report							
C	C Check box if filing under:								
De	ut II Decie Dien Inform	special extension (enter descriptio							
	Part II       Basic Plan Information—enter all requested information         1a Name of plan       1b Three-digit								
	-	C. 401(K) PROFIT SHARING PLAN			1.5	plan number			
						(PN) • 001			
					1c Effective date of plan 05/01/1985				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 37-1366545			
	HOFFER LANE				2c	Plan sponsor's telephone number 309-694-3120			
	ΓΡΕΟRIA, IL 61611			2d	Business code (see instructions) 236200				
<b>3a</b> Plan administrator's name and address (if same as Plan sponsor, enter "Same")						Administrator's EIN 37-1366545			
RIVER CITY CONSTRUCTION, L.L.C. 101 HOFFER LANE EAST PEORIA, IL 61611						<b>3c</b> Administrator's telephone number			
4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b EIN									
		r from the last return/report. Sponso							
50	Total number of participants at	the beginning of the plan year		4c					
		5a 5b	95						
<ul> <li>b Total number of participants at the end of the plan year</li> <li>c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not</li> </ul>						83			
	complete this item)				5c	78			
	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
Pa	Part III Financial Information								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
a	•					7657360			
b	•	7b           abilities         7b		0					
<u> </u>	•	b from line 7a)	7c	4835982		7657360			
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total			
u			8a(1)	288335	;				
	(2) Participants		8a(2)	605122	2				
	(3) Others (including rollovers)		8a(3)						
b				1934206	;				
C		Ba(2), 8a(3), and 8b)	8c		_	2827663			
d		ollovers and insurance premiums	8d	5260					
е	, ,	ive distributions (see instructions)	8e						
f	Administrative service provider	s (salaries, fees, commissions)	8f	1025					
g	Other expenses								
h	Total expenses (add lines 8d, 8	l lines 8d, 8e, 8f, and 8g)		6285					
i	Net income (loss) (subtract line	8h from line 8c)	8i			2821378			
j	Transfers to (from) the plan (se	e instructions)	8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2G 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions								
10	During the plan year:		Yes	No Amount					
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			x					
С	Was the plan covered by a fidelity bond?		Х				Ę	500000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			Х					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X					
f	Has the plan failed to provide any benefit when due under the plan?			Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		Х					69328	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			х					
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								
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))								
lf : b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)         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 ruling granting the waiver.         Month       Day         Year       Year         of you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       12b         b       Enter the minimum required contribution for this plan year.       12c         c       Enter the amount contributed by the employer to the plan for this plan year.       12c         d       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								
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		IN/A	
Part									
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				Yes X No				
b	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
c	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)					∐`	Yes	× No	
13c(1) Name of plan(s):					<b>13c(2)</b> EIN(s) <b>13c(3)</b> PN(s)				

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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.

SIGN	Filed with authorized/valid electronic signature.	10/18/2010	JOHN HOELSCHER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/18/2010	JOHN HOELSCHER
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor