## 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.

1210-0089

2010

OMB Nos. 1210-0110

This Form is Open to Public Inspection

	Part I Annual Report Identification Information									
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	)	and ending	12/31/2	2010					
Α .	This return/report is for: single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan					
В	This return/report is for: first return/report	final retur	n/report							
	an amended return/report	short plar	year return/report (less than 12 mo	onths)						
C	Check box if filing under: Form 5558	automatic	extension		DFVC program					
	special extension (enter description	n)								
Pa	Int II Basic Plan Information—enter all requested information	,								
	Name of plan			1b	Three-digit					
	CONSTRUCTION, INC. PROFIT SHARING PLAN				plan number 001					
				<u> </u>	(PN) ▶					
	1c Effective date of plan 01/01/1995									
2a	Plan sponsor's name and address (employer, if for single-employer)	olan)		2b	Employer Identification Number					
	CONSTRUCTION, INC.	,			(EIN) 65-0211813					
1020	CARRIAGE PARK DRIVE			2c	Plan sponsor's telephone number 813-654-2903					
	RICO, FL 33596			2d	Business code (see instructions)					
				24	236110					
3a	Plan administrator's name and address (if same as Plan sponsor, en	nter "Same	e")	3b	Administrator's EIN					
KKD	CONSTRUCTION, INC. 1039 CARRIA VALRICO, FL		CORIVE	30	65-0211813					
				30	Administrator's telephone number 813-654-2903					
	the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN					
1	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	DNI					
52	Total number of participants at the beginning of the plan year				2					
b	Total number of participants at the end of the plan year				2					
C	Total number of participants with account balances as of the end of			5b						
	complete this item)		` .	. 5c	2					
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		Yes No					
b	Are you claiming a waiver of the annual examination and report of a				X Vac II Na					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Pa	rt III Financial Information	71111 3300	or and must instead use roim s							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year					
а	Total plan assets	7a	41125	54	451503					
b	Total plan liabilities	7b		0	0					
С	Net plan assets (subtract line 7b from line 7a)	7с	41125	54	451503					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or receivable from:	<b>5</b> (4)		0						
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
h	(3) Others (including rollovers)	8a(3)	4514							
b	Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	1011		45146					
c d	Benefits paid (including direct rollovers and insurance premiums	8c			12:12					
<u>.</u>	to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	489	7						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			4897					
i	Net income (loss) (subtract line 8h from line 8c)	8i			40249					
i	Transfers to (from) the plan (see instructions)	Ωi		0						

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Part IV	Dian	('hara	cteristics
гант	ган	Ullala	ししせいろいしょ

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

b	If th	he plan provides welfare benefits, enter the applicable welfare feature codes from the List of Pl	lan Characte	istic C	odes in	the instru	ctions	:		
art	: <b>V</b>	Compliance Questions								
0	Du	uring the plan year:		Yes	No		Am	ount		
а	Wa	as there a failure to transmit to the plan any participant contributions within the time period desciped of the contributions of the contributions within the time period desciped of the contributions and DOL's Voluntary Fiduciary Correction Program)		а	X					
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions realine 10a.)		b	X					
С										
d	or dishonesty?									
е										
f	На	as the plan failed to provide any benefit when due under the plan?	10	f	X					
g	Dio	id the plan have any participant loans? (If "Yes," enter amount as of year end.)	10	g	X					
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10	h	X					
i		10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3		i						
art			<u>.</u>							
11	ls t	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions						Yes	No	
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of						Yes	X No	
а	If a	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, s anting the waiver.								
lf y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	line 13.							
b	En	nter the minimum required contribution for this plan year			12b					
		nter the amount contributed by the employer to the plan for this plan year			12c					
d		ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to gative amount)			12d				1	
е	Wi	ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A	
art	VII	Plan Terminations and Transfers of Assets								
3а	Ha	as a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No	
	If "	Yes," enter the amount of any plan assets that reverted to the employer this year			13a					
	of :	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or the PBGC?						Yes	X No	
С		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), hich assets or liabilities were transferred. (See instructions.)	identify the p	lan(s)	to					
13c(1) Name of plan(s): 13c(2) EIN(s) 1						13c(3)	PN(s)			
Caut	ion:	: A penalty for the late or incomplete filing of this return/report will be assessed unless re	easonable c	ause i	s estab	lished.				
Jnde SB o	er pe r Sc	enalties of perjury and other penalties set forth in the instructions, I declare that I have examine chedule MB completed and signed by an enrolled actuary, as well as the electronic version of the is true, correct, and complete.	d this return/	eport,	includir	ng, if appli				
CI C'		Filed with authorized/valid electronic signature. 06/10/2011 RONALI	D K. DRUMN	IONDS	3					
Sigi	N .									

SIGN	Filed with authorized/valid electronic signature.	06/10/2011	RONALD K. DRUMMONDS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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Department of the Treasury Internal Revenue Service

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OMB Nos. 1210-0110

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Pe		dance with	the instructions to the Form 5500	-SF.		
Pa						
Ford	alendar plan year 2010 or fiscal plan year beginning	01/01/2	010 and ending		<u> 12/31/2010</u>	)
Ат	his return/report is for: 🛛 single-employer plan	multiple-er	nployer plan (not multiemployer)		one-participa	nt plan
Вт	his return/report is for:	final return	/report			
	an amended return/report	short plan	year return/report (less than 12 mon	ths)		
C	heck box if filing under: Form 5558	automatic	extension		DFVC progra	m
	special extension (enter description	on)			<del></del>	
Pa	t II Basic Plan Information—enter all requested inform	ation	***************************************			
	Name of plan			1b	Three-digit	
	RKD CONSTRUCTION, INC. PROFIT SHARING PI	LAN			plan number	
					(PN)	001
				1c	Effective date o	
				06	01/01/199	
	Plan sponsor's name and address (employer, if for single-employer RKD CONSTRUCTION, INC.	plan)			Employer Identi (EIN) 65-021	
						elephone number
	1039 CARRIAGE PARK DRIVE				813-654-2	
	VALRICO FL 33596			2d		see instructions)
		. "0	II.	26	236110	F.M.
3a	Plan administrator's name and address (if same as Plan sponsor, e RKD_CONSTRUCTION, INC.	enter "Same	")	30	Administrator's 65-021181	
	1039 CARRIAGE PARK DRIVE			3c		telephone number
	VALRICO FL 33596				813-654-2	
<b>4</b> If	the name and/or EIN of the plan sponsor has changed since the la	st return/rep	port filed for this plan, enter the	4b	EIN	
r	ame, EIN, and the plan number from the last return/report. Sponso	or's name		4c	DN	
- Fo	Total number of participants at the beginning of the plan year				T	
_	, ,			5a		
	Total number of participants at the end of the plan year			5b		2
С	Total number of participants with account balances as of the end o complete this item)	•	,	5c		2
6a	Were all of the plan's assets during the plan year invested in eligit					X Yes No
	Are you claiming a waiver of the annual examination and report of					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•			X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.		
	rt III   Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
	Total plan assets		41125			451503
	Total plan liabilities			0		4===0
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	41125	4		451503
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b)	Total
а	Contributions received or receivable from: (1) Employers	8a(1)		0		
	(2) Participants			0		
				0		
h	(3) Others (including rollovers)		4514	<del>-</del>		
b	Other income (loss)		J J J.			45146
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				45146
u	to provide benefits)	8d		0		
е	Certain deemed and/or corrective distributions (see instructions)	8e		0		
f	Administrative service providers (salaries, fees, commissions)	8f	489	7		
g	Other expenses	8g		0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					4897
i	Net income (loss) (subtract line 8h from line 8c)	8i				40249
i	Transfers to (from) the plan (see instructions)			0		

Page <b>2-</b>						
s from the List of Plan Chara	acteris	tic Co	des in	the instruction	ons:	
s from the List of Plan Chara	cteris	ic Cod	des in t	he instructio	ns:	
		Yes	No	A	mount	
he time period described in tion Program)	10a		Х			
lude transactions reported	10b		Х			
	10c		Х			
, that was caused by fraud	10d		х			· · · · · · · · · · · · · · · · · · ·
oy an insurance carrier, s under the plan? (See	10e		Х			
	10f		Х			
i.)	10g		Х			
ions and 29 CFR	10h		х			
notice or one of the	10i					
		L	J			
es," see instructions and com	•			,	Yes	☐ No
ts of section 412 of the Code					Yes	X No
in this plan year, see instru					e letter rulii /ear	
5500), and skip to line 13.		Г	10-			
		····	12b 12c			
enter a minus sign to the left	 വദ്മ	···  -				
anter a minus sign to the left	oi a		12d			

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Par									
9a		he plan provides pension benefits, enter the applicable pension feat	ture codes from the	List of Plan Char	acteris	tic Co	des in 1	the instruction	ons:
	2E 2G 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
b	lf 1	he plan provides welfare benefits, enter the applicable welfare Teati	ure codes from the t	ISCOLPIAN CHAIA	iciens	.IC COC	ies iii c	ne instructio	115.
Part	· \/	Compliance Questions		***************************************					
10		uring the plan year:				Yes	No	Δ	\mount
а		ras there a failure to transmit to the plan any participant contribution	s within the time per	riod described in					
_		9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		Х		
b		Vere there any nonexempt transactions with any party-in-interest? (East 100.)			10h		х		
С	on line 10a.)								
		id the plan have a loss, whether or not reimbursed by the plan's fide					X		
d		dure plan have a loss, whether of hot reinbursed by the plan's had			10d		Х		
е	ir	rere any fees or commissions paid to any brokers, agents, or other surance service or other organization that provides some or all of the structions.)	ne benefits under the	e plan? (See	10e		Х		
f	H	as the plan failed to provide any benefit when due under the plan?			10f		Х		
g	D	id the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		10a		Х		
_	lf	this is an individual account plan, was there a blackout period? (Se 520.101-3.)	e instructions and 2	9 CFR	10g		Х		
i	lf	10h was answered "Yes," check the box if you either provided the r exceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or or	e of the	10i				
Part					1	L	li	<del></del>	
11		this a defined benefit plan subject to minimum funding requirement	s? (If "Ves " see ins	tructions and con	nlete	Sched	lule SR	(Form	
		(10) a definited betient plant subject to minimum randing requirements							Yes No
12	1	s this a defined contribution plan subject to the minimum funding rec	quirements of sectio	n 412 of the Code	e or se	ection	302 of	ERISA?	Yes X No
		"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							
а	lf G	a waiver of the minimum funding standard for a prior year is being a ranting the waiver.	amortized in this pla	n year, see instru Mor	ctions	, and e	enter th	e date of the	e letter ruling
lf		arking the waiver					Day		rear
b		nter the minimum required contribution for this plan year				Г	12b		
c		nter the amount contributed by the employer to the plan for this plan					12c		
d	S	ubtract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left	of a		12d		
	n	egative amount)		_		L	120		
		fill the minimum funding amount reported on line 12d be met by the	funding deadline?	***************************************				Yes	No N/A
Part	·V	Plan Terminations and Transfers of Assets							
13a	Н	as a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	ır?					Yes X No
ş	lf	"Yes," enter the amount of any plan assets that reverted to the emp	loyer this year				13a		
b		ere all the plan assets distributed to participants or beneficiaries, transpaces				the co	ontrol		Yes X No
С	lf	f the PBGC?during this plan year, any assets or liabilities were transferred from				ın(s) to	)		
	which assets or liabilities were transferred. (See instructions.)  13c(1) Name of plan(s):  13c(2) EIN(s)  13c(3) PN(s)								
		(A)			-		- \-, - '	\-/	
Cau	tio	n: A penalty for the late or incomplete filing of this return/repor	t will be assessed	unless reasonal	ole ca	use is	establ	ished.	
SB c	or Ś	enalties of perjury and other penalties set forth in the instructions, I chedule MB completed and signed by an enrolled actuary, as well a is true, correct, and complete.							
			startu	RONALD K.	יזאַת	MMUN	IDS		
SIG HEF		1 /	5/26/11						
net-	`C	Signature of plan administrator	Date	Enter name of				s plan admir	nstrator
SIG		Genald K. Hum	5/26/11	RONALD K.					
LIE	HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								