Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

Short Form Annual Return/Report of Small Employee

Benefit Plan

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2011		and ending 0	08/31/2	2011
Α .	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В .	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plan	year return/report (less than 12 mo	nths)	
C	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description	n)			
Pa	art II Basic Plan Information—enter all requested informa	,			
	Name of plan	111011		1b	Three-digit
	RLD PROJECTS INTERNATIONAL, INC. 401(K) PROFIT SHARING	PLAN AN	D TRUST		plan number 001
					(PN) ▶
				1C	Effective date of plan 01/01/1996
2a	Plan sponsor's name and address (employer, if for single-employer)	plan)		2b	Employer Identification Number
	HOLDINGS, INC.	,			(EIN) 16-1517588
21 4	AWRENCE PAQUETTE INDUSTRIAL DRI			2c	Plan sponsor's telephone number 518-298-4748
	MPLAIN, NY 12919			2d	Business code (see instructions)
					488990
3a	Plan administrator's name and address (if same as Plan sponsor, en HOLDINGS, INC. 21 LAWRENCE	ter "Same	e") ETTE INDUSTRIAL DRI	3b	Administrator's EIN 16-1517588
JIKO	CHAMPLAIN,			30	Administrator's telephone number
				30	518-298-4748
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN 76-0302197
	name, EIN, and the plan number from the last return/report. Sponsor RLD PROJECTS INTERNATIONAL, INC	r's name		4c	PN 001
	Total number of participants at the beginning of the plan year			5a	17
b				5b	0
С	Total number of participants with account balances as of the end of			0.0	
	complete this item)			5c	0
6a			,		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	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	1326623	3	0
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7с	1326623	3	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	8a(1)			
	(1) Employers	8a(2)	4692	2	
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	-1349	5	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-8803
d	Benefits paid (including direct rollovers and insurance premiums	- 55	404700		
	to provide benefits)	8d	1317820		
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f		_	
g	Other expenses	8g			4047000
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1317820
i	Net income (loss) (subtract line 8h from line 8c)	8i			-1326623
j	Transfers to (from) the plan (see instructions)	8j			

	Form 5500-SF 2010 Page 2-		_		
a r	t IV Plan Characteristics				
3	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2A 2E 2F 2G 2J 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics				
ırt	V Compliance Questions				
)	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)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c	Χ		400000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
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?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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	10i			
rt	VI Pension Funding Compliance				
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or sec	tion 3	302 of	ERISA? Yes 🖺 No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver				
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		Г
b	Enter the minimum required contribution for this plan year			12b	
С	Enter the amount contributed by the employer to the plan for this plan year		L	12c	

Part VII | Plan Terminations and Transfers of Assets

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

ntrol X Yes No

Yes

No

N/A

12d

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.)

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)

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

 13c(1) Name of plan(s):
 13c(2) EIN(s)
 13c(3) 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.	10/04/2011	KEVIN O SHEA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/04/2011	KEVIN O SHEA
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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

F	Part I Annual Repo	rt Identification Information	***************************************									
Fo	r the calendar plan year 2010	or fiscal plan year beginning	01/0	1/2011	and ending	08	/31/2011					
А	This return/report is for:	x single-employer plan	multiple-e	mployer plan (r	ot multiemployer)		one-participar	nt plan				
В	This return/report is for:	first return/report	x final retur	n/report								
		an amended return/report	x short plan	year return/rep	ort (less than 12 mon	ths)						
С	Check box if filing under:	Form 5558	automatic	extension		ſ	DFVC progra	m				
	-	special extension (enter descript	ion)			_	_					
P	art II Basic Plan In	formation enter all requested in	formation					VVVV				
	Name of plan	Cittes all requestes in	normation.		· · ·	1b -	Three-digit					
	World Projects International, Inc. 401(k) Profit Sharing Plan and Trust							plan number (PN) ▶ 001				
						1c Effective date of plan 01/01/1996						
2a	· · · · · · · · · · · · · · · · · · ·	fdress (employer, if for single-employe	r plan)			2b Employer Identification Number						
	JRO Holdings, Inc.					······	EIN) 16-151	:/588 elephone number				
	21 Lawrence Paquett	e Industrial Dri					(518) 298-4					
US	Champlain	NY 12919					Business code (: 188990	see instructions)				
3a		nd address (If same as plan employer,	enter "Same	")		1	Administrator's E	EIN				
	Same											
						3c /	Administrator's to	elephone number				
4		e plan sponsor has changed since the		ort filed for this	plan, enter the	4b EIN 76-0302197						
	name, EIN and the plan num World Projects Inte	nber from the last return/report. Sponso	or's Name			4c PN 001						
5a		at the beginning of the plan year				5a		17				
d		at the end of the plan year				5b		0				
С	Total number of participants	with account balances as of the end of	f the plan yea	r (defined bene	fit plans do not	5c		0				
6a		during the plan year invested in eligible						X Yes No				
b		the annual examination and report of a (See instructions on waiver eligibility a						X Yes No				
		ther 6a or 6b, the plan cannot use Fo						<u> </u>				
Pa	rt III Financial Info											
7	Plan Assets and Liabilities		1772/116-278913	(a) Be	ginning of Year	(b) End of Year						
а	Total plan assets		. 7a		1,326,623							
b	Total plan liabilities		, 7b									
С	Net plan assets (subtract line	7b from line 7a)	. 7c		1,326,623			0				
8	Income, Expenses, and Tran		200 P. C. C.	(6	ı) Amount		(b) T	otal				
а	Contributions received or rec	eivable from:	_ ,,,									
	(1) Employers		. 8a(1)		4 600	-						
	(2) Participants		8a(2)		4,692							
b	(3) Others (including rollover Other income (loss)	·	. 8a(3)		(13,495)			etgenskulfister (fluorenskulfis) Geografier				
c	Total income (add lines 8a(1),		. 8b					(8,803)				
ď		t rollovers and insurance premiums	- OC			466		(0,005)				
	to provide benefits)		· 8d		1,317,820							
е	Certain deemed and/or corre-	ctive distributions (see instructions) .	. 8e									
f		ers (salaries, fees, commissions)	. 8f				42 (A. 92 (B. N. 12					
g	Other expenses		∙ 8g	month and the Complete the Delice of the control of	eta Gardon veli Speci () a radical con colonia () e	942						
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h					1,317,820				
i	Net income (loss) (subtract lir		۱	文字是20gg 25gg 25gg 25gg 25gg 25gg 25gg 25gg	arran rayar rayar an arang kabang kabung kabang baran kabang kabang kabang kabang kabang kabang kabang kabang	991						
-	THE MIDDING (1000) (BUDGEDON IN	ie 8h from line 8c)	· 8i				30000000000000000000000000000000000000	(1,326,623)				

	Form 5500-SF 2010	Page 2-							
Par	IV Plan Characteristics	· · · · · · · · · · · · · · · · · · ·					***************************************		
9a	f the plan provides pension benefits, enter the applicable pension fea	ature codes from the List of Plan	Characteri	istic (Codes	in the	instruction	s:	
	2A 2E 2F 2G 2J 2T 3D 3H								
Ŋ	f the plan provides welfare benefits, enter the applicable welfare feat	ture codes from the List of Plan (Characteris	tic C	odes i	in the i	nstructions	;	
Par	V Compliance Questions						·····	······	
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution	on within the time period describ	ed in			x			
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci Were there any nonexempt transactions with any party-in-interest?	ary Correction Program)	l	10a			· · · · · · · · · · · · · · · · · · ·		
	on line 10a.)			10b		x			
c			1	10c	х			40	00,000
d								,	
						x			
е	Were any fees or commisions paid to any brokers, agents, or other	persons by an insurance carrier							
	insurance services or other organization that provides some or all cinstructions.)	of the benefits under the plan? (S	See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan		II.	10f		x			
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? (S	ee instructions and 29 CFR	ľ			x	(\$12×3±0		e dini
i	2520.101-3.)		• • •	10h		<u> ^ </u>	797.197.257.3 797.197.2587.3		
	exceptions to providing the notice applied under 29 CFR 2520.101-	3		10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requireme 5500))	nts? (If "Yes," see instructions a	nd complet	e Sc	hedul	e SB (Form	. Yes [X No
12	5500))							•	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica		3 0000 01 3	iccut	AT 002	. 01 _1	NOA!		
а	If a waiver of the minimum funding standard for a prior year is being	amortized in this plan year, see	e instruction	15, aı	nd ent	er the	date of the	letter ruling	
lf v	granting the waiver		Mont	h		Day	/	Year	
b	Enter the minimum required contribution for this plan year				Γ"	12b			
C	Enter the amount contributed by the employer to the plan for this plan					12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter t	he result (enter a minus sign to			•	40.1			
	negative amount)				. L	12d			
е	Will the minimum funding amount reported on line 12d be met by th						Yes	No L	_N/A
Part			PD-000000000000000000000000000000000000						
13a	Has a resolution to terminate the plan been adopted during the plar If "Yes," enter the amount of any plan assets that reverted to the en							X Yes	No
		······································				13a			
	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?					rol		. X Yes	No
C	If during this plan year, any assets or liabilities were transferred from	n this plan to another plan(s), ide	entify the p	lan(s) to				_
	which assets or liabilities were transferred. (See instructions.)					4-1-			
	ic(1) Name of plan(s):				13	ic(2) E	IN(S)	13c(3) P	N(S)
	, , , , , , , , , , , , , , , , , , , ,					**************			
									
	n: A penalty for the late or incomplete filing of this return/report	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
Jnder SB or S	penalties of perjury and other penalties set forth in the instructions, I chedule MB completed and signed by an enrolled actuary, as well a	declare that I have examined the as the electronic version of this r	is return/re eturn/repor	port,	includ	ding, if se best	applicable	, a Schedule wledge and	
elief, i	is true, correct, and complete.		Ctorrin Cpor	C, O.		10 000	. Or my raio		
SIGN	Mille	/0/, /202 Kevin	O'Shea						
HER	Signature of plan administrator	Date Enter na	me of indiv	/idua	ıl signi	ng as	plan admin	istrator	
SIGN	-lea-	(0/1/20/1 Kevin	O'Shea						
HER	Signature of employer/plan sponsor	Date Enter na	ıme of indiv	/idua	ıl signi	ng as	employer o	r plan sponso	r