Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HEDRICK BROTHERS CONSTRUCTION CO., INC. THRIFT & PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1997

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
HEDRICK BROTHERS CONSTRUCTION CO., INC.

2200 CENTREPARK WEST DRIVE
SUITE 100
WEST PALM BEACH, FL 33409

2b Employer Identification Number (EIN)
59-1876360

2c Sponsor's telephone number
561-689-8880

2d Business code (see instructions)
236200

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	08/14/2012	DALE R. HEDRICK
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

HEDRICK BROTHERS CONSTRUCTION CO., INC.

2200 CENTREPARK WEST DRIVE
SUITE 100
WEST PALM BEACH, FL 33409

3b Administrator's EIN
59-1876360

3c Administrator's telephone number
561-689-8880

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	150
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	93
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	31
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	124
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	124
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	116
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	12
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 2F 2J 2K 2G 2T 2R 3D

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

A Name of plan	**B** Three-digit plan number (PN) ▶	
HEDRICK BROTHERS CONSTRUCTION CO., INC. THRIFT & PROFIT SHARING PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
HEDRICK BROTHERS CONSTRUCTION CO., INC.	59-1876360

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

RETIREMENT ALLIANCE, INC.

77 PEARL STREET
MANCHESTER, NH 03101

02-0474550

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37		11537	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

FIDUCIARY CONSULTING GROUP LLC

77 PEARL STREET
MANCHESTER, NH 03101

26-2842033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27		11457	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

A Name of plan
HEDRICK BROTHERS CONSTRUCTION CO., INC. THRIFT & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HEDRICK BROTHERS CONSTRUCTION CO., INC.

D Employer Identification Number (EIN)
59-1876360

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FACETS TARGET RETIREMENT 2015

b Name of sponsor of entity listed in (a): TD AMERITRADE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-0937408-211	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FACETS TARGET RETIREMENT 2025

b Name of sponsor of entity listed in (a): TD AMERITRADE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-0937408-212	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FACETS LIFESTYLE CONSERVATIVE FUND

b Name of sponsor of entity listed in (a): TD AMERITRADE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-0937408-214	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FACETS LIFESTYLE MODERATE FUND

b Name of sponsor of entity listed in (a): TD AMERITRADE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-0937408-215	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FACETS LIFESTYLE AGGRESSIVE FUND

b Name of sponsor of entity listed in (a): TD AMERITRADE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-0937408-216	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FACETS TARGET RETIREMENT 2035

b Name of sponsor of entity listed in (a): TD AMERITRADE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-0937408-213	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FACETS TARGET RETIREMENT 2015

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-1977743-072	C	928241

a Name of MTIA, CCT, PSA, or 103-12 IE: FACETS TARGET RETIREMENT 2025

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

c EIN-PN 74-1977743-073	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1925138

a Name of MTIA, CCT, PSA, or 103-12 IE: FACETS TARGET RETIREMENT 2035

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

c EIN-PN 74-1977743-074	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 685206

a Name of MTIA, CCT, PSA, or 103-12 IE: FACETS LIFESTYLE CONSERVATIVE FUND

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

c EIN-PN 74-1977743-077	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64805

a Name of MTIA, CCT, PSA, or 103-12 IE: FACETS LIFESTYLE MODERATE FUND

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

c EIN-PN 74-1977743-076	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2933

a Name of MTIA, CCT, PSA, or 103-12 IE: FACETS LIFESTYLE AGGRESSIVE FUND

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

c EIN-PN 74-1977743-075	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25220

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

A Name of plan
HEDRICK BROTHERS CONSTRUCTION CO., INC. THRIFT & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HEDRICK BROTHERS CONSTRUCTION CO., INC.

D Employer Identification Number (EIN)
59-1876360

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2579	6695
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	307524	42050
(2) Participant contributions	1b(2)	5435	580
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9973	24301
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	65247	57566
(9) Value of interest in common/collective trusts	1c(9)	3971820	3631543
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	203939	605713
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	339402	231941

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4905919	4600389
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4905919	4600389

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	42050	
	(B) Participants	2a(1)(B)	337627	
	(C) Others (including rollovers)	2a(1)(C)	270318	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		649995
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	3053	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3055
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	10276	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		10276
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-160756
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-59260
c Other income	2c		4471
d Total income. Add all **income** amounts in column (b) and enter total	2d		447781
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	730141	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		730141
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	11713	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	11457	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		23170
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		753311
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-305530
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: LAMN, KRIELOW, DYTRYCH & COMPANY (2) EIN: 59-1488101

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		600000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

A Name of plan
HEDRICK BROTHERS CONSTRUCTION CO., INC. THRIFT & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HEDRICK BROTHERS CONSTRUCTION CO., INC.

D Employer Identification Number (EIN)
59-1876360

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-1558009

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Hedrick Brothers Construction Co., Inc.
Thrift and Profit Sharing Plan

Financial Statements

For the years ended
October 31, 2011 and 2010

Hedrick Brothers Construction Co., Inc.
Thrift and Profit Sharing Plan

Financial Statements

For the years ended
October 31, 2011 and 2010

Table of Contents

Independent Auditors' Report 1-2

Financial Statements

Statements of Net Assets Available for Benefits 3

Statements of Changes in Net Assets Available for Benefits 4

Notes to Financial Statements 5-16

Supplemental Information

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 17

LKD
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

CHARLES L. LAMN, CPA *RETIRED
GARY R. KRIELOW, CPA
MARTIN A. DYTRYCH, CPA
GARTH E. ROSENKRANCE, CPA
JOANN L. WAGNER, CPA
MICHAEL R. DILLON, CPA

500 University Blvd., Suite 215
Jupiter, FL 33458
(561) 694-1040 Fax (561) 626-2158
www.lkdcpa.com

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Hedrick Brothers Construction Co., Inc.
Thrift and Profit Sharing Plan
West Palm Beach, Florida

We were engaged to audit the financial statements of Hedrick Brothers Construction Co., Inc. Thrift and Profit Sharing Plan as of October 31, 2011 and 2010, and for the years then ended, and the supplemental schedule as of and for the year ended October 31, 2011 as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Charles Schwab Trust Company and by Nationwide Financial Services, Inc., the custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that Charles Schwab Trust Company held the Plan's investment assets and executed investment transactions from April 22, 2010 to October 31, 2011, and that Nationwide Financial Services, Inc. held the Plan's investment assets and executed investment transactions from November 1, 2009 to April 21, 2010. The Plan administrator has obtained a certification from the custodians as of and for the years ended October 31, 2011 and 2010, that the information provided to the Plan administrator by the custodians is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

LKD
Certified Public Accountants & Consultants
Jupiter, Florida

August 9, 2012

Hedrick Brothers Construction Co., Inc.
Thrift and Profit Sharing Plan
Statements of Net Assets Available for Benefits
October 31, 2011 and 2010

	2011	2010
Assets		
Investments, at fair value:		
Registered investment companies	$ 630,014	$ 213,912
Common collective trusts	3,631,543	3,971,820
Participant directed - personal choice brokerage accounts	231,941	339,402
Total investments	4,493,498	4,525,134
Receivables:		
Employer's contribution	42,050	307,524
Participants' contribution	580	5,435
Notes receivable from participants	57,566	65,247
Total receivables	100,196	378,206
Cash	6,695	2,579
Total assets	4,600,389	4,905,919
Liabilities	-0-	-0-
Net assets available for benefits	$ 4,600,389	$ 4,905,919

Read the accompanying notes and the independent auditors' report.

Hedrick Brothers Construction Co., Inc.
Thrift and Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits
For the years ended October 31, 2011 and 2010

	2011	2010
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments -		
Registered investment companies	$ (59,260)	$ 458,789
Common collective trusts	(160,756)	165,023
Dividends and investment interest	10,276	395
Other income	4,471	7,427
Total investment income (loss)	(205,269)	631,634
Interest income on notes receivable from participants	3,055	2,834
Contributions:		
Employer's	42,050	307,524
Participants'	337,627	284,950
Rollovers	270,318	95,218
Total contributions	649,995	687,692
Total additions	447,781	1,322,160
Deductions from net assets attributed to:		
Benefits paid to participants	730,141	125,516
Deemed distributions	-0-	26,653
Administrative fees	23,170	6,240
Total deductions	753,311	158,409
Net increase (decrease)	(305,530)	1,163,751
Net assets available for benefits, beginning of year	4,905,919	3,742,168
Net assets available for benefits, end of year	$ 4,600,389	$ 4,905,919

Read the accompanying notes and the independent auditors' report.

1. DESCRIPTION OF PLAN

The following description of the Hedrick Brothers Construction Co., Inc. Thrift and Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Thrift and Profit Sharing Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Hedrick Brothers Construction Co., Inc. (the "Company") who have completed 90 days of eligible service as defined in the Plan agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was adopted November 1, 1997 and restated as of November 1, 2009. Nationwide Financial Services, Inc. ("Nationwide") was the asset custodian through April 21, 2010. The Plan transferred all assets to Charles Schwab Trust Company on April 22, 2010. Retirement Alliance, Inc. is the Plan's trustee and record keeper. The Company is the Plan administrator and fiduciary. The Company's Board of Directors appoints employees to regulate the administration of the Plan. The purpose of the Plan is to provide retirement benefits for the Company's employees.

The Plan was adopted also as a profit sharing plan covering substantially all employees of the Company who have completed one year of service, were employed by the Company on the last day of the Plan year, and had attained the age of 18.

The Plan is intended to be a qualified defined contribution plan which satisfies the requirements of Section 401(k) of the Internal Revenue Code ("Code"). Under 401(k) of the Code, participants are not liable for federal income taxes on employee contributions, Company contributions or plan earnings until such time as they are partially or completely withdrawn from the Plan. The Plan was amended to adopt the provisions of Code Section 402A, as enacted by the Economic Growth and Tax Relief Reconciliation Act of 2001, to permit Roth elective deferrals ("Roth"). Under 402A of the Code, participants are liable for federal income taxes on employee Roth contributions. Participants are not liable for federal income taxes on withdrawals of Roth contributions and earnings, thereon, if the distribution meets certain holding requirements.

1. DESCRIPTION OF PLAN (CONTINUED):

Contributions

Eligible participants may elect to make contributions to the Plan by means of a salary deferral, subject to maximum dollar limitations established by the Internal Revenue Service ("IRS"). In addition, participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions subject to IRS limitations. Participants may also contribute amounts representing rollover distributions from other qualified plans. Participants direct investment of their contributions into various investment options offered by the Plan.

The Company, at its discretion, may make matching contributions to be applied to participants' deferrals. The limit on the percent of compensation that will be matched, and the percentage that the Company will contribute is determined annually by the Company. The Company's discretionary matching contribution for the years ended October 31, 2011 and 2010 was 25% up to the first 6% of a participant's contribution. The Company may also make other contributions to the Plan, which are called Non-Elective Contributions. These contributions are discretionary, including the discretion to forego a contribution for one or more plan years. The Company contributed $-0- and $263,170 in non-elective contributions on behalf of all eligible participants for the years ended October 31, 2011 and 2010, respectively.

Participant Accounts

Each participant's account is credited with the participant's voluntary contribution and allocations of the Company's contributions and plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Forfeited balances of terminated participants' nonvested accounts can be used to reduce employer contributions, to pay for administrative expenses, and/or allocated to remaining eligible Plan participants.

Vesting

Participants are immediately vested in their salary deferred contributions, plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service. Participants vest at 20% per year after two years of credited service, after meeting eligibility requirements. A participant is 100% vested after six years of credited service.

1. DESCRIPTION OF PLAN (CONTINUED):

Investment Options

Upon enrollment in the Plan, a participant may direct their contributions in various investment options offered by the Plan. Participants may change their investment options at anytime during the Plan year.

The Plan offers a personal choice retirement account as one of the investment options in which participants can make investment changes in their retirement account using a self-directed brokerage account.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum distribution in an amount equal to the value of the participant's vested interest in his or her account, or installment payments. Upon termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. In the event the terminated participant's vested accrued benefit is less than $5,000, the Plan administrator may make a single lump-sum payment without the election or consent of the participant.

Notes Receivable from Participants

Participants may borrow from their account a minimum of $1,000, up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25% to 5.25%. Principal and interest is paid ratably through payroll deductions over 0 to 60 months, with the exception of loans for the purchase of a residence, which can be repaid over 360 months. Participants may only have one outstanding loan at any given time. An outstanding loan balance becomes due upon termination, or when a loan becomes in default. Any unpaid balance becomes taxable income to the participant.

2. SUMMARY OF ACCOUNTING POLICIES:

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

2. SUMMARY OF ACCOUNTING POLICIES (CONTINUED):

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4.

The amounts invested in registered investment companies and the participant directed-personal choice brokerage accounts are stated at the quoted market value of the underlying securities.

Common collective investment trust accounts are recorded at values reported by Charles Schwab Trust Company, which are based on the underlying securities.

Notes receivable from participants are reported at amortized cost which approximates fair value.

Purchases and sales of investments are recorded on a trade-date basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as "deemed distribution" based upon the terms of the Plan document.

In September 2010, Financial Accounting Standards Board issued an amendment, *Plan Accounting - Defined Contribution Pension Plans (Top 962): Reporting Loans to Participants by Defined Contribution Pension Plans* (ASU 2010-25), which provides guidance on how loans to participants should be classified and measured by defined contribution pension plans. This amendment requires that the participant loans be classified as notes receivable from participants, which are segregated from Plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. This amendment was effective for periods ending after December 15, 2010, with early adoption permitted. This amendment requires retrospective application to all periods presented.

2. SUMMARY OF ACCOUNTING POLICIES (CONTINUED):

Note Receivable from Participants (Continued)

This amendment was adopted for the year ended October 31, 2011, and retrospectively applied to October 31, 2010. Prior year amounts and disclosures have been revised to reflect the retrospective application of adopting this new amendment. The adoption resulted in a reclassification of participant loans totaling $57,566 and $65,247 from investments to notes receivable as of October 31, 2011 and 2010, respectively. There was no impact to net assets as of October 31, 2011 and 2010 as a result of the adoption. The adoption also decreased 2011 and 2010 investment income by $3,055 and $2,834, respectively, as a result of the reclassification of participant loan interest.

Payment of Benefits

Benefits are recorded when paid.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Subsequent Events

The Plan has evaluated subsequent events through August 9, 2012, the date which the financial statements were available to be issued.

3. INVESTMENTS:

The following presents investments, at fair value, that represent five percent or more of the Plan's net assets available for benefits.

Certified by Charles Schwab Trust Company at October 31:

	2011	2010
FACETS Target Retirement 2015	$ 928,241	$ 1,320,786
FACETS Target Retirement 2025	$ 1,925,138	$ 1,979,852
FACETS Target Retirement 2035	$ 685,206	$ 635,757

4. FAIR VALUE MEASUREMENTS:

Generally accepted accounting principles (GAAP) with respect to *Fair Value Measurements* provide a framework for measuring fair value. That framework provides a hierarchy of valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under GAAP are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the assets or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

4. FAIR VALUE MEASUREMENTS (CONTINUED):

The assets or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at October 31, 2011 and 2010.

Registered investment companies (i.e., mutual funds)	Valued at the closing price reported on the active market on which the individual securities are traded.
Common collective trusts	Valued at the underlying security's quoted prices of shares held by the Plan.
Participant directed - personal choice brokerage accounts:	Invested assets are valued at the closing price reported on the active market on which the individual securities are traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

4. FAIR VALUE MEASUREMENTS (CONTINUED):

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2011 and 2010:

	Assets at Fair Value as of October 31, 2011			
	Level 1	Level 2	Level 3	Total
Registered Investment Companies (i.e., mutual funds)	$ 630,014	$ -0-	$ -0-	$ 630,014
Common collective trusts	-0-	3,631,543	-0-	3,631,543
Participant directed-personal choice brokerage accounts	231,941	-0-	-0-	231,941
Total assets at fair value	$ 861,955	$ 3,631,543	$ -0-	$ 4,493,498

	Assets at Fair Value as of October 31, 2010			
	Level 1	Level 2	Level 3	Total
Registered Investment Companies (i.e., mutual funds)	$ 213,912	$ -0-	$ -0-	$ 213,912
Common collective trusts	-0-	3,971,820	-0-	3,971,820
Participant directed-personal choice brokerage accounts	339,402	-0-	-0-	339,402
Total assets at fair value	$ 553,314	$ 3,971,820	$ -0-	$ 4,525,134

5. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts including employer contributions. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

6. TAX STATUS:

The Plan operates under the prototype standardized profit sharing plan provisions established by Retirement Alliance, Inc., the Plan's trustee and record keeper. The Internal Revenue Service (IRS) has issued an opinion letter dated March 31, 2008, accepting the form of the prototype plan. The IRS considers employers who adopt and adhere to the terms and provisions of the prototype plan as meeting the requirements for qualification in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the opinion letter. However, the Plan's trustee and the Company's management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. Management has evaluated the Plan's tax positions and has concluded that the Plan has maintained its tax exempt status and has taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision for income taxes has been included in these financial statements. The Plan administrator believes the Plan is generally no longer subject to income tax examination by the U.S. federal, state or local tax authorities for years before 2008. See Note 12.

7. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (UNAUDITED):

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified as complete and accurate, by the Plan's asset custodians, Charles Schwab Trust Company and Nationwide Financial Services, Inc., except for comparing such information certified by the custodian to information included in the Plan's financial statements and supplemental schedule.

7. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (UNAUDITED) (CONTINUED):

	October 31, 2011	October 31, 2010
Certified by Charles Schwab Trust Company:		
Investments, at fair value		
Registered investment companies	$ 630,014	$ 213,912
Common collective trusts	$ 3,631,543	$ 3,971,820
Participant directed - personal choice brokerage accounts	$ 231,941	$ 339,402
Notes receivable from participants	$ 57,204	$ 65,247

Additions, for the period noted, to net assets attributed to:	November 1, 2010 to October 31, 2011	April 22, 2010 to October 31, 2010
Net appreciation (depreciation) in fair value of investments	$ (220,016)	$ 177,634
Interest income on notes receivable from participants	$ 3,055	$ 1,533
Dividends	$ 10,276	$ 395
Other income	$ 4,471	$ 7,427

	April 21, 2010
Certified by Nationwide Financial Services Inc.:	
Investments, at fair value:	
Registered investment companies	$ -0-

Additions, for the period noted, to net assets attributed to:	November 1, 2009 to April 21, 2010
Net appreciation in fair value of investments	$ 443,713
Interest income on notes receivable from participants	$ 1,301

8. ADMINISTRATIVE FUNCTIONS AND EXPENSES:

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Trustee, investment advisor, record keeping and other administrative expense of $23,170 and $6,240 were paid to parties-in-interest from the Plan's earnings in 2011 and 2010, respectively.

9. FORFEITED ACCOUNTS:

During the years ended October 31, 2011 and 2010, forfeited amounts totaled $11,074 and $6,098, respectively. For the years ended October 31, 2011 and 2010, $11,074 and $6,780, respectively, of employer contributions were paid with these and any available prior year's cumulative and unallocated forfeitures.

10. ALLOCATED BENEFITS:

There are no benefits allocated to accounts of participants, who, at October 31, 2011 and 2010, had terminated and elected to receive withdrawals from the Plan but had not been paid prior to year end.

11. RELATED PARTY TRANSACTIONS:

For the period from April 22, 2010 to October 31, 2011, the investments of the Plan included registered investment company and common collective trust accounts that are managed by the custodian, Charles Schwab and Trust Company, and, therefore, qualify as party-in-interest transactions. See Note 8.

The Plan allows participants to take out loans against their vested account balances; which qualify as party-in-interest transactions.

12. SELF-CORRECTION PROGRAM:

Subsequent to October 31, 2010 but prior to October 31, 2011, incorrect employee demographic information was identified. The errors were believed to be the result of the change in the Plan's third-party administrator, which occurred during the 2010 Plan year. The errors resulted in incorrect employer discretionary match to two participants and incorrect non-elective employer contribution allocated to two participants totaling $395 and $2,055, respectively, excluding any earnings adjustment; and, three employees were incorrectly excluded from participation in the Plan. Corrective contributions of $3,043 for these three employees, excluding lost earnings, have been identified by the Company and a net amount of $593 is included in the employer's contribution receivable on the accompanying Statement of Net Assets Available for Benefits at October 31, 2010, and in employer's contribution on the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended October 31, 2010.

The Company, through the advice of legal counsel, corrected these demographic errors with the Plan's third-party administrator under the Internal Revenue Service's Self-Correction Program that is set forth in Revenue Procedure 2008-50 ("Rev. Proc."). These corrections were remitted by the Company during the 2011 Plan year, and adjusted or credited, as applicable, to the affected participants' accounts and included the required earnings and lost earnings adjustments of $71.78 as required by the Rev. Proc.

None of these corrections had a material effect on the Plan's assets available for benefits for the year ended October 31, 2010. In addition, no provision for income taxes has been included in the Plan's financial statements related to the foregoing matters because the Company, through the advice of legal counsel, believes that the Plan continues to be qualified, and the tax status of the related trust continue to be tax exempt.

13. RISKS AND UNCERTAINTIES:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Supplemental Information

Hedrick Brothers Construction Co., Inc.
Thrift and Profit Sharing Plan
Schedule H, line 4i – Schedule of Assets (Held at Year End)
October 31, 2011

EIN: 59-1876360
Plan Number 001

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost **	(e) Current Value
*	Schwab Investor Money Fund	Registered Investment Companies		$ 24,300
*	Schwab Money Market Fund	Registered Investment Companies		1
	Baron Growth Fund	Registered Investment Companies		25,468
	Dreyfus Midcap Index Fund	Registered Investment Companies		86,041
	Fairholme Fund	Registered Investment Companies		88,043
	Janus Global Select Fund	Registered Investment Companies		31,807
	Jensen Quality Growth Fund	Registered Investment Companies		6,763
	Laudus International Mktmstrs	Registered Investment Companies		25,572
	Metropolitan West Total Return Bond	Registered Investment Companies		71,348
	Perkins Mid Cap Value Fund	Registered Investment Companies		81,765
	Pimco Low Duration	Registered Investment Companies		27,525
	Royce Special Equity Fund	Registered Investment Companies		24,165
*	Schwab S&P 500 Index Fund	Registered Investment Companies		4,736
	Scout International Fund	Registered Investment Companies		115,518
	Sound Shore Fund	Registered Investment Companies		16,962
*	FACETS Target Retirement 2015	Common Collective Trust		928,241
*	FACETS Target Retirement 2025	Common Collective Trust		1,925,138
*	FACETS Target Retirement 2035	Common Collective Trust		685,206
*	FACETS LS Aggressive Fund	Common Collective Trust		25,220
*	FACETS LS Conservative Fund	Common Collective Trust		64,805
*	FACETS LS Moderate Fund	Common Collective Trust		2,933
*	Notes receivable from participants	Interest rates 4.25% to 5.25% repaid 0-60 months (360 months for residence purchase loans)	-0-	57,566
	Participant Directed - Personal Choice Brokerage Accts	Brokerage Accounts		231,941
				$ 4,551,064

* Party-in-interest
** Cost information is not required for participant-directed investments and, therefore, has not been included

Read the accompanying independent auditors' report.