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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PROFIT SHARING PLAN TRUST AGREEMENT OF W W GAY MECHANICAL CONTRACTOR INC

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1965

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
W W GAY MECHANICAL CONTRACTOR IN

524 STOCKTON STREET
JACKSONVILLE, FL 32204

2b Employer Identification Number (EIN)
59-0977396

2c Sponsor's telephone number
904-695-0085

2d Business code (see instructions)
238220

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.	07/07/2010	KATHRYN S. LEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/07/2010	KATHRYN S. LEE
	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")
W W GAY MECHANICAL CONTRACTOR IN

524 STOCKTON STREET
JACKSONVILLE, FL 32204

3b Administrator's EIN
59-0977396

3c Administrator's telephone number
904-695-0085

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**	210
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**	186
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	42
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	228
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	228
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	228
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
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:
2E

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)	X	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)	X	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)		**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)	X	2	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
PROFIT SHARING PLAN TRUST AGREEMENT OF W W GAY MECHANICAL CONTRACTOR INC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
W W GAY MECHANICAL CONTRACTOR IN

D Employer Identification Number (EIN)
59-0977396

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NORTHWESTERN MUTUAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0509570	67091	33824		01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
4787	397

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOHN GEER
6960 BOMMEVAL RD STE 100
JACKSONVILLE, FL 32216

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4787	397		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ STATEMENT ATTACHED

b	Premiums paid to carrier	6b	13955
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
PROFIT SHARING PLAN TRUST AGREEMENT OF W W GAY MECHANICAL CONTRACTOR INC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
W W GAY MECHANICAL CONTRACTOR IN

D Employer Identification Number (EIN)
59-0977396

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GENERAL AMERICAN LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
43-0285930	63665	7251		09/01/2008	08/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
51	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JOHN GEER
6960 BONNEVAL RD 100
JACKSONVILLE, FL 32216

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
28			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
GEORGE PHARR
6960 BONNEVAL RD 100
JACKSONVILLE, FL 32216

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
23			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ STATEMENT ATTACHED

b	Premiums paid to carrier	6b	1839
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
PROFIT SHARING PLAN TRUST AGREEMENT OF W W GAY MECHANICAL CONTRACTOR INC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
W W GAY MECHANICAL CONTRACTOR IN

D Employer Identification Number (EIN)
59-0977396

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	680512	553928
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2594319	2098916
(2) U.S. Government securities	1c(2)	553224	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	440255	722739
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1052713	1664046
(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)	410383	387742
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1557019	1709698

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	5807085	5933828
	(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	13095510	13070897
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	243115	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	243115	
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	12852395	13070897

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)	280000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		280000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)	95710	
	(D) Loans (other than to participants)	2b(1)(D)	31495	
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		127205
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	301028	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		301028
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	5882975	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5712230	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		170745

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	536101	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		536101
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		
c Other income	2c		1102
d Total income. Add all **income** amounts in column (b) and enter total	2d		1416181
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	890169	
(2) To insurance carriers for the provision of benefits	2e(2)	129074	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1019243
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	178436	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		178436
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1197679
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		218502
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) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

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

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

(1) Name: MEEK MCLEOD CPAS (2) EIN: 59-0701855

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		1000000
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)

W. W. GAY MECHANICAL CONTRACTOR, INC.
PROFIT SHARING PLAN

FINANCIAL STATEMENTS
WITH SUPPLEMENTAL SCHEDULES

Years Ended December 31, 2009 and 2008

W. W. GAY MECHANICAL CONTRACTOR, INC.
PROFIT SHARING PLAN

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Years Ended December 31, 2009 and 2008

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INDEPENDENT AUDITORS' REPORT

To the Trustees
W.W. Gay Mechanical Contractor, Inc.
Profit Sharing Plan

We have audited the accompanying statements of net assets available for benefits of W. W. Gay Mechanical Contractor, Inc. Profit Sharing Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Trustees. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with standards generally accepted in the United States of America.. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2009 and 2008, and the changes in net assets available for benefits for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets held for investment purposes is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements as a whole.

Meek and McLeod
Certified Public Accountants

Jacksonville, Florida
May 7, 2010

W. W. GAY MECHANICAL CONTRACTOR, INC.
PROFIT SHARING PLAN

SUMMARY OF NON - SEGREGATED AND SEGREGATED ASSETS
Years Ended December 31, 2009 and 2008

	Non Segregated Assets	Segregated Assets	Total
Net assets available for benefits (pages 3 & 9)			
At December 31, 2009	$ 12,078,892	$ 992,005	$ 13,070,897
At December 31, 2008	$ 11,799,997	$ 1,052,398	$ 12,852,395
Changes in net assets available for benefits (pages 4 & 10)			
Year Ended December 31, 2009			
Additions	$ 1,353,329	$ 62,852	$ 1,416,181
Deductions	1,074,434	123,245	1,197,679
Net increase (decrease)	$ 278,895	$ (60,393)	$ 218,502
Year Ended December 31, 2008			
Additions	$ 1,402,931	$ 62,330	$ 1,465,261
Deductions	1,032,624	537,313	1,569,937
Net increase (decrease)	$ 370,307	$ (474,983)	$ (104,676)

See notes to financial statements

W. W. GAY MECHANICAL CONTRACTOR, INC.
PROFIT SHARING PLAN

NON - SEGREGATED ASSETS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2009	December 31, 2008
ASSETS		
Investments:		
At fair value:		
Corporate stocks	$ 7,597,874	$ 6,859,798
Corporate bonds and bond funds	722,739	440,255
Mutual funds	160,869	-0-
Certificates of deposit	1,549,907	2,091,331
Government agencies	-0-	553,224
Cash and equivalents	549,009	127,534
Notes receivable	387,742	410,383
Exchange traded funds	-0-	49,240
Total	10,968,140	10,531,765
At contract value:		
Investment in a group annuity contract with an insurance company	487,628	379,419
Investment in an annuity with a life insurance company	-0-	451,416
Total investments	11,455,768	11,362,600
Cash	553,928	680,512
Prepaid income tax	69,196	-0-
Total assets	12,078,892	12,043,112
LIABILITIES		
Income tax payable	-0-	243,115
Total net assets available for benefits	$ 12,078,892	$ 11,799,997

See notes to financial statements.

W. W. GAY MECHANICAL CONTRACTOR, INC.
PROFIT SHARING PLAN

NON - SEGREGATED ASSETS

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended December 31, 2009	2008
Additions to net assets attributed to		
Investment income		
Net appreciation (depreciation) in fair value of investments	$ 653,021	$ (443,670)
Interest	118,686	134,915
Dividends	300,520	729,716
Total	1,072,227	420,961
Employer's contributions	280,000	980,000
Miscellaneous	1,102	1,970
Total additions	1,353,329	1,402,931
Deductions from net assets attributed to		
Benefits paid to participants	766,924	467,410
Insurance on lives of participants	129,074	69,712
Income tax expense	175,804	490,639
Broker fees	1,119	797
Taxes	1,177	3,801
Miscellaneous expenses	336	265
Total deductions	1,074,434	1,032,624
Net increase	278,895	370,307
Net assets available for benefits		
Beginning of year	11,799,997	11,429,690
End of year	$ 12,078,892	$ 11,799,997

See notes to financial statements

W. W. GAY MECHANICAL CONTRACTOR, INC.
PROFIT SHARING PLAN

NON - SEGREGATED ASSETS

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2009 and 2008

1. Description of Plan

The following description of the W. W. Gay Mechanical Contractor, Inc. Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

a. General - The Plan is a defined contribution plan covering all full time employees of the Company who have one year of service, are age twenty-one or older, and are not covered by a collective bargaining agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. Contributions - Each year the Company contributes to the Plan an amount of its net profits as the Board of Directors determines. The Plan does not now permit nor require participant voluntary contributions.

c. Participant accounts - Each participant's account is credited with an allocation of (a) the Company's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' non vested accounts. 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.

d. Vesting - Vesting in the company contributions portion of the participants' accounts plus earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

e. Payment of benefits - On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, or in annual installments. Vested interests of $20,000 or less after a one year break in service may be paid then. Vested interests of more than $20,000 may be paid after two one year breaks in service.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

2. Summary of Significant Accounting Policies (continued)

Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value except for its investment in a group annuity contract and an annuity with insurance companies which are valued at contract value (which approximates fair value). If available, quoted market prices are used to value investments. The amounts shown for securities that have no quoted market price represent estimated fair value. Many factors are considered in arriving at fair value. The investment in the employer's common stock is valued by an independent appraiser.

3. Investments

OWNED AT YEAR END

The following tables present investments owned by the Plan. Investments that represent 5% or more of the Plan's net assets are separately identified.

	December 31, 2009	December 31, 2008
Investments at fair market value as determined by quoted market price:		
Corporate stocks:		
Various (held by Fidelity Investments)	$ 1,458,606	$ 912,725
Various - held by Northwestern Mutual Investment Services, LLC	205,440	139,988
Corporate bonds and bond funds:		
Held by Fidelity Investments	722,739	440,255
Certificates of deposit:		
Held by Northwestern Mutual Investment Services, LLC	1,549,907	2,091,331
Government agencies:		
Held by Fidelity Investments	-0-	553,224
Exchange traded funds:		
Held by Fidelity Investments	-0-	49,240
Cash and equivalents:		
Held by Fidelity Investments	287,832	46,988
Held by Northwestern Mutual Investment Services, LLC	261,177	80,546
Mutual funds:		
Held by Northwestern Mutual Investment Services, LLC	160,869	-0-
Total	4,646,570	4,314,297

	December 31, 2009	2008
3. Investments (continued)		
Investments at estimated fair value:		
Common stock:		
W. W. Gay Mechanical Contractor, Inc. 37,834 shares (value determined by independent appraiser)	5,933,828	5,807,085
Notes receivable	387,742	410,383
Total	10,968,140	10,531,765
Investments at contract value (which approximates fair value):		
Investment in a group annuity contract with Northwestern Mutual Life Insurance Company, #13176590	487,628	379,419
Investment in an annuity with Alliance Life Insurance Company	-0-	451,416
Total	487,628	830,835
Total investments	$ 11,455,768	$ 11,362,600

APPRECIATION (DEPRECIATION) IN VALUE DURING THE YEARS

The Plan's investments (including investments bought, sold, and held during the period) appreciated (depreciated) in value as follows:

	Years Ended December 31, 2009	2008
Investments at fair value as determined by quoted market price:		
Securities held by Fidelity Investments	$ 392,042	$ (1,049,925)
Securities held by Northwestern Mutual Investment Services LLC	77,984	(131,806)
Total	470,026	(1,181,731)
Investments at estimated fair value:		
Common stock - W.W.Gay Mechanical Contractor, Inc.	126,743	962,487
Investment at contract value:		
Group annuity contract	108,210	(224,426)
Annuity	(51,958)	-0-
Total	56,252	(224,426)
Net change in fair value	$ 653,021	$ (443,670)

4. Investment in a group annuity contract with an insurance company

The Plan entered into an investment contract with Northwestern Mutual Life Insurance Company (Northwestern). Northwestern maintains the contributions in a pooled account. The account is credited with actual earnings on the underlying investments and charged for administration expenses charged by Northwestern. The contract is included in the financial statements at contract value, which approximates fair value, as reported to the Plan by Northwestern. Contract value represents contributions made under the contract, plus earnings, less Plan withdrawals and administrative expenses.

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% vested in their accounts.

6. Tax status

The Internal Revenue Service has determined and informed the Company by letters (the latest dated July 12, 2007) that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

W. W. GAY MECHANICAL CONTRACTOR, INC.
PROFIT SHARING PLAN

SEGREGATED ASSETS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2009	December 31, 2008
ASSETS		
Investments		
At fair value		
Investment in a Northwestern Mutual Investment Services account	$ 576,264	$ 565,884
At contract value		
Annuities purchased for terminated participants	175,204	287,559
Cash value of participants' life insurance	240,537	198,955
Total assets and net assets available for benefits	$ 992,005	$ 1,052,398

See notes to financial statements

W. W. GAY MECHANICAL CONTRACTOR, INC.
PROFIT SHARING PLAN

SEGREGATED ASSETS

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended December 31, 2009	2008
Additions to net assets attributed to		
Investment income		
Net appreciation in fair value of investments	$ 53,825	$ 35,670
Interest	8,519	21,346
Dividends	508	4,886
Miscellaneous	-0-	428
Total additions	62,852	62,330
Deductions from net assets attributed to		
Benefits paid to participants	123,245	523,899
Insurance on life of participant	-0-	13,414
Total deductions	123,245	537,313
Net decrease	(60,393)	(474,983)
Net assets available for plan benefits		
Beginning of year	1,052,398	1,527,381
End of year	$ 992,005	$ 1,052,398

See notes to financial statements

W. W. GAY MECHANICAL CONTRACTOR, INC.
PROFIT SHARING PLAN

SEGREGATED ASSETS

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2009 and 2008

1. Investments

APPRECIATION (DEPRECIATION) IN VALUE DURING THE YEARS

	Years ended December 31, 2009	2008
The Plan's investments (including investments bought, sold, and held during the period) appreciated (depreciated) in value as follows:		
Investments at contract value:		
Cash value of participants' life insurance	$ 41,582	$ 10,639
Annuities purchased for terminated participants	10,890	25,031
Investments at fair value:		
Northwestern Mutual Investment Services account	1,353	-0-
Total and net change in fair value	$ 53,825	$ 35,670

2. Annuities and cash value of life insurance

These assets are valued at amounts reported to the Plan by the insurance companies which issued the policies.

3. Former provisions of Plan

The plan and trust agreement in the past permitted a participant to:

Make voluntary contributions (up to a limited amount) and gave him or her the right to direct the Trustees to invest the contribution in a segregated asset designated by the participant. The participant's voluntary contribution shall be maintained separately from the remainder of the trust fund investments.

This is how the segregated assets, other than annuities and life insurance, became assets of the trust.

The Plan and Trust Agreement now does not permit the above.

W. W. GAY MECHANICAL CONTRACTOR, INC.
PROFIT SHARING PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2009

	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
		NON - SEGREGATED ASSETS		
	Northwestern Mutual Group Annuity	Various Funds	$ 487,628	$ 487,628
	Note receivable - Crabtree, Thomas & Cathy	Principal and interest payable $1,331 per month, 5% annual interest rate, real estate	168,400	168,400
	Note receivable - Jacksonville Word of Faith Church, Inc.	Principal and interest payable $2,686 per month, 10% annual interest rate, real estate	219,342	219,342
	Corporate Stock:			
	Various	Publicly traded securities held by Northwestern Mutual Investment Services LLC	238,779	205,440
	Various	Publicly traded securities held by Fidelity Investments	1,157,663	1,458,606
*	W. W. Gay Mech. Contr., Inc.	37,834 Shares	705,597	5,933,828
	Certificates of Deposit held by Northwestern Mutual Investment Services LLC		1,548,000	1,549,907
	Cash and equivalents:			
	Held by Fidelity Investments		287,832	287,832
	Held by Northwestern Mutual Investment Services LLC		261,177	261,177
	Corporate bonds and bond funds			
	Held by Fidelity Investments		679,063	722,739
	Mutual funds			
	Held by Northwestern Mutual Investment Services LLC		153,406	160,869
		Total	$ 5,906,887	$ 11,455,768

* Employer Securities

W. W. GAY MECHANICAL CONTRACTOR, INC.
PROFIT SHARING PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2009

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	*DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE*	*COST*	*CURRENT VALUE*
	SEGREGATED ASSETS		
NW Mutual Investment Services account	*Insured bank deposits, certificates of deposit and mutual funds*	*574,424*	*576,264*
NW Mutual & American Heritage Life Insurance Cos.	*Annuities purchased for terminated participants*	*73,270*	*175,204*
NW Mutual, General Amer. and United of Omaha Life Ins. Cos.	*Cash value of participants' life insurance*	*240,537*	*240,537*
	Total	*888,231*	*992,005*
	Grand total	*$ 6,795,118*	*$ 12,447,773*

***See attached schedules for more details*

Northwestern Mutual®

720 East Wisconsin Avenue
Milwaukee, WI 53202

Actuarial Assumptions Used in Determining Insurance Contract Premiums

Interest, Mortality and Expense Factors Upon Which Current Contract Premiums Are Based

For contracts issued by Northwestern Mutual, Milwaukee, WI, on or after January 1, 2010, in connection with Employee Trust Plans. Assumptions for contracts issued prior to January 1, 2010 may differ.

GENERAL ACCOUNT CONTRACTS

Policy/Contract Plan	Net Premium Interest Rate	Net Premium Mortality Table
Retirement Annuity with Insurance	4.0%	None
Guaranteed Interest Funds in VAs	1%	None
Single Premium Retirement Annuity	1%	None
90 Life & 65 Life	4%	2001 CSO** Smoker and Non-Smoker
Single Premium Life	4%	1980 CSO** Blended
CompLife	4.0%	2001 CSO** Smoker and Non-Smoker
Term 10 Term 80 Level Term 10 Level Term 20	4.0%	2001 CSO** Smoker and Non-Smoker
Estate CompLife	4.0%	2001 CSO** Smoker and Non-Smoker
Survivorship CompLife	4%	2001 CSO** Smoker and Non-Smoker

SEPARATE ACCOUNT CONTRACTS

Policy/Contract Plan	Net Premium Interest Rate	Net Premium Mortality Table
Variable Annuity Accounts A & B	None	None
Group Pension Annuity	None	None

Gross Premium Loading Formulas

Annuities: Expense loadings vary by contract and may be "front-end" loads or "back-end" withdrawal charges. Some front-end loads grade down by amount. Some contracts may have asset based charges and/or annual contract fees. All expense charges for the Separate Account contracts are described in the Prospectuses for these accounts.

Life insurance other than term: The expense loading is a percentage of the net premium plus a per thousand charge plus a policy fee. These charges vary by plan, age, duration, and underwriting classification. All expense charges for the Separate Account contracts are described in the Prospectuses.

Term life insurance: Gross premiums are tables of Maximum Premiums and Scheduled Premiums. The tables vary by plan, age, duration, and underwriting classification. The tables have been filed with the state insurance departments.

** CSO - Commissioners Standard Ordinary Mortality Table.

PARTY IN INTEREST - X
IDENTITY - NORTHWEST MUTUAL GRP
DESCRIPTION - VARIOUS FUNDS
COST - 487628
CURRENT VALUE - 487628

PARTY IN INTEREST - X
IDENTITY - NOTE RECEIVABLE
DESCRIPTION - 1331 @MO 5% ANN INT
COST - 168400
CURRENT VALUE - 168400

PARTY IN INTEREST - X
IDENTITY - NOTE RECEIVABLE
DESCRIPTION - 2686@MO 10% ANN INT
COST - 219342
CURRENT VALUE - 219342

PARTY IN INTEREST - X
IDENTITY - NORTHWESTERN MUTUTAL
DESCRIPTION - CORPORATE STOCK
COST - 238779
CURRENT VALUE - 205440

PARTY IN INTEREST - X
IDENTITY - FIDELITY INVESTMENTS
DESCRIPTION - CORPORATE STOCK
COST - 1157663
CURRENT VALUE - 1458606

PARTY IN INTEREST - X
IDENTITY - W W GAY MECH CONTR
DESCRIPTION - 37,834 SHS CORP STK
COST - 705597
CURRENT VALUE - 5933828

PARTY IN INTEREST - X
IDENTITY - NORTHWESTERN MUTUAL
DESCRIPTION - CERT. OF DEPOSIT
COST - 1548000
CURRENT VALUE - 1549907

PARTY IN INTEREST - X
IDENTITY - FIDELITY INVESTMENTS
DESCRIPTION - CASH & EQUIVALENTS
COST - 287832
CURRENT VALUE - 287832

PARTY IN INTEREST - X
IDENTITY - NORTHWESTERN MUTUAL
DESCRIPTION - CASH & EQUIVALENTS
COST - 261177
CURRENT VALUE - 261177

PARTY IN INTEREST - X
IDENTITY - FIDELITY INVESTMENTS
DESCRIPTION - CORP BOND/BOND FDS
COST - 679063
CURRENT VALUE - 722739

PARTY IN INTEREST - X
IDENTITY - NORTHWESTERN MUTUAL
DESCRIPTION - MUTUAL FUNDS
COST - 153406
CURRENT VALUE - 160869

PARTY IN INTEREST - X
IDENTITY - NW MUTUAL INV
DESCRIPTION - CD'S, MUTUAL FDS
COST - 0
CURRENT VALUE - 0

PARTY IN INTEREST -
IDENTITY - (SAME)
DESCRIPTION - INS. BANK DEPTS
COST - 574424
CURRENT VALUE - 576264

PARTY IN INTEREST - X
IDENTITY - NW MUTUAL &
DESCRIPTION -
COST - 0
CURRENT VALUE - 0

PARTY IN INTEREST -
IDENTITY - AMER HERIT. LIFE
DESCRIPTION - ANNUITIES
COST - 73270
CURRENT VALUE - 175204

PARTY IN INTEREST - X
IDENTITY - NW MUTUAL, GEN AMER
DESCRIPTION -
COST - 0
CURRENT VALUE - 0

PARTY IN INTEREST -
IDENTITY - & UNITED OMAHA LI
DESCRIPTION - CASH VAL LIFE INS
COST - 240537
CURRENT VALUE - 240537