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:
- [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
MCCORVEY SHEET METAL WORKS, LP. PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/01/1989

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
MCCORVEY SHEET METAL WORKS, LP

8610 WALLISVILLE RD
HOUSTON, TX 77029

2b Employer Identification Number (EIN) 74-1363754

2c Sponsor's telephone number 713-672-7545

2d Business code (see instructions) 332900

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.	10/12/2010	KRISTAL CRITES
	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")
MCCORVEY SHEET METAL WORKS, LP

8610 WALLISVILLE RD
HOUSTON, TX 77029

3b Administrator's EIN
74-1363754

3c Administrator's telephone number
713-672-7545

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**	256
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**	188
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	58
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	248
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	249
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	248
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	18
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 2F 2H 2J 2K 2T 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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)		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)		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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**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
MCCORVEY SHEET METAL WORKS, LP. PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
MCCORVEY SHEET METAL WORKS, LP

D Employer Identification Number (EIN)
74-1363754

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
UNION CENTRAL 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
31-0472910	80837	791581	248	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
6749	0

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
IMS SECURITIES INC
10205 WESTHEIMER RD STE 500
HOUSTON, TX 77042-3139

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2796			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TAMMY RAYMOND BRINDLEY
ST2900,SUMMIT TWR,11 GREENWAY PLAZA
HOUSTON, TX 77046

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3953			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	

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	1968712

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ N/A

b	Premiums paid to carrier	6b	
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	0
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)	0
d	Total of balance and additions (add **b** and **c(6)**)			7d	0
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)	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

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 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.**	**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
MCCORVEY SHEET METAL WORKS, LP. PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MCCORVEY SHEET METAL WORKS, LP

D Employer Identification Number (EIN)
74-1363754

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

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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)

UNION CENTRAL LIFE INSURANCE COMPAN

1876 WAYCROSS
CINCINNATI, OH 45240

31-0472910

(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	RECORDKEEPER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

FIRST HOUSTON CAPITAL

800 GESSNER STE 150
HOUSTON, TX 77024

20-4812781

(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?
28	MANAGED ADVISOR	0	Yes [X] No [ ]	Yes [X] No [ ]	7830	Yes [ ] No [X]

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

STIFEL NICOLAUS

501 N. BROADWAY
ST. LOUIS, MO 63102

43-0538770

(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?
28	MANAGED ADVISOR	0	Yes [X] No [ ]	Yes [X] No [ ]	8189	Yes [ ] No [X]

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

ALLIANCE BERNSTEIN LP

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

13-4064930

(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?
28	MANAGED ADVISOR	0	Yes [X] No [ ]	Yes [X] No [ ]	7263	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 [ ]

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

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(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

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
MCCORVEY SHEET METAL WORKS, LP. PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MCCORVEY SHEET METAL WORKS, LP

D Employer Identification Number (EIN)
74-1363754

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: UCL MUTUAL FUND SEP ACCT LVIII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

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)
31-0472910-058	P	47060

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLIX

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

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)
31-0472910-049	P	28823

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLVIII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

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)
31-0472910-048	P	51933

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XXI

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

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)
31-0472910-037	P	83096

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT III

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

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)
31-0472910-010	P	111372

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XVII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

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)
31-0472910-028	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT V

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

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)
31-0472910-013	P	143235

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT VIII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-016	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 292153

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT VI

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-014	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT VII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-015	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 148102

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLVII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-047	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 470

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXV

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-065	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-023	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50877

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXVIII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-068	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136115

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XVIII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-029	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80166

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT CI

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-101	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT CIII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-103	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 135397

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XI

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-022	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 273775

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XXIII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-034	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXXIX

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-089	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 107

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT L

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-050	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 357730

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXI

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-061	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXIX

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-069	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27745

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-062	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111

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

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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

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
MCCORVEY SHEET METAL WORKS, LP. PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MCCORVEY SHEET METAL WORKS, LP

D Employer Identification Number (EIN)
74-1363754

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7571	12157
(2) Participant contributions	1b(2)	3094	5682
(3) Other	1b(3)	2867	2867
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1370536	1968712
(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)	3046604	4058031
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)		

			(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	4430672	6047449
	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	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4430672	6047449

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)		
	(B) Participants	2a(1)(B)	164250	
	(C) Others (including rollovers)	2a(1)(C)	487402	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		651652
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	23007	
	(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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		23007
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	86867	
	(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)		86867
	(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)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	814909	
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		814909
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		458852
	(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)		-178314
c	Other income	2c		0
d	Total income. Add all **income** amounts in column (b) and enter total	2d		1856973
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	209662	
	(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)		209662
f	Corrective distributions (see instructions)	2f		2919
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)	578	
	(3) Investment advisory and management fees	2i(3)	27037	
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		27615
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		240196
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		1616777
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: FERGUSON CAMP POLL **(2)** EIN: 76-0236864

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		50000
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

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
MCCORVEY SHEET METAL WORKS, LP. PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MCCORVEY SHEET METAL WORKS, LP

D Employer Identification Number (EIN)
74-1363754

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): 31-0472910

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):

AUDITED FINANCIAL STATEMENTS

MCCORVEY SHEET METAL WORKS, L.P.
PROFIT SHARING PLAN AND TRUST

YEAR ENDED DECEMBER 31, 2009

F E R G U S O N + C A M P + P O L L
A Professional Corporation of Certified Public Accountants, Consultants and Analysts

MCCORVEY SHEET METAL WORKS, L.P. PROFIT SHARING PLAN AND TRUST

AUDITED FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2009

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F E R G U S O N + C A M P + P O L L
A Professional Corporation of Certified Public Accountants, Consultants and Analysts

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of
McCorvey Sheet Metal Works, L.P. Profit Sharing Plan and Trust
Houston, Texas

We were engaged to audit the financial statements and supplemental schedules of the McCorvey Sheet Metal Works, L.P. Profit Sharing Plan and Trust, formerly McCorvey Sheet Metal Works, Inc. Profit Sharing Plan and Trust, as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedules 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 F, which was certified by Union Central Life Insurance Company, the trustee of the plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds certain investment assets and executes certain investment transactions of the Plan. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

The nonparticipant-directed investments, as identified in Note E, were not covered by the certification obtained by the Plan from Union Central Life Insurance Company, the trustee of the Plan. The financial institutions, where these nonparticipant-directed investments are held, were unable to provide the Plan with a special-purpose report on the internal control procedures in place over these investments. We were unable to perform auditing procedures at the financial institutions or to satisfy ourselves by other means with respect to transactions in these nonparticipant-directed investments.

Ferguson + Camp + Poll, PC

October 8, 2010

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MCCORVEY SHEET METAL WORKS, L.P. PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Investments at fair value (See Note C, D)	$ 6,026,743	$ 4,417,140
Total investments	6,026,743	4,417,140
RECEIVABLES:		
Employer contributions	12,157	7,571
Participant contributions	5,682	3,094
Other	2,867	2,867
Total receivables	20,706	13,532
TOTAL ASSETS	6,047,449	4,430,672
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,047,449	$ 4,430,672

The accompanying notes are an integral part of these financial statements.

MCCORVEY SHEET METAL WORKS, L.P. PROFIT SHARING PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2009
ADDITIONS:	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments (Note D)	$ 1,095,447
Interest and dividends	109,874
Total investment income	1,205,321
Contributions:	
Employer	487,402
Participant	164,250
Total contributions	651,652
TOTAL ADDITIONS	1,856,973
DEDUCTIONS:	
Deductions from net assets attributed to:	
Benefits paid to participants	209,662
Corrective distributions	2,919
Administrative expenses	27,615
TOTAL DEDUCTIONS	240,196
NET INCREASE	1,616,777
NET ASSETS AVAILABLE FOR PLAN BENEFITS:	
BEGINNING OF YEAR	4,430,672
END OF YEAR	$ 6,047,449

The accompanying notes are an integral part of these financial statements.

MCCORVEY SHEET METAL WORKS, L.P. PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

NOTE A - DESCRIPTION OF PLAN

The following description of the McCorvey Sheet Metal Works, L.P. Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan consists of a profit sharing feature and a 401(k) feature. The profit sharing feature is a discretionary, non-contributory defined contribution profit sharing plan covering all employees of McCorvey Sheet Metal Works, L.P. (the "Company") who have six months of service and are age twenty-one or older. The 401(k) salary deferral and employer matching contribution features are available to employees who meet the eligibility requirements of the profit sharing feature. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

For the 401(k) feature, each year participants may contribute any percentage of pretax annual compensation, as defined in the Plan, not to exceed federal maximum limits. The maximum amount of pretax annual compensation that could be deferred during plan year 2009 was $16,500. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers twenty-two (22) mutual funds as investment options for participants. The Company, at the discretion of its Board of Directors, may make matching contributions to the Plan. Such Company contributions are allocated to plan participants in the same ratio as each participant's eligible contributions, as defined in the Plan, bears to the total of such eligible contributions made by all participants. For the plan year ended December 31, 2009, the Company elected to contribute fifty percent (50%) of the first four percent (4%) of base compensation that a participant contributes to the Plan. Additional profit sharing amounts may be contributed at the option of the Company's Board of Directors and are invested in a portfolio of investments as directed by the Company. Contributions are subject to certain limitations.

For the profit sharing feature, Company contributions are discretionary and thus are only made each year that the Company decides to do so. This decision is made separately by the Company. When contributions are made, they are allocated to Plan participants in the same ratio as each participant's compensation, as defined in the Plan, bears to the total of such compensation for all participants. For the plan year ended December 31, 2009, the Company elected to make weekly contributions of thirty-two dollars and ninety-two cents ($32.92) for the period January 1, 2009 through September 24, 2009 and thirty-three dollars and twenty-five cents ($33.25) for the period September 25, 2009 through December 31, 2009 per eligible participant, less its matching contributions to the 401(k)feature.

NOTE A - DESCRIPTION OF PLAN (continued)

Participant Accounts

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

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company contributions portion of their accounts plus earnings thereon is based on years of service. A participant is 100 percent (100%) vested after six (6) years of credited service.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either 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 over a ten-year period. For 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.

Forfeited Accounts

At December 31, 2009, forfeited non-vested accounts totaled $7,451. These accounts will be reallocated to participants in the same manner as employer profit sharing contributions.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NOTE B - SUMMARY OF ACCOUNTING POLICIES (continued)

Income Recognition

Investments are reported at a 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 C for discussion of fair value measurements.

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

Payment of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

Administrative expenses consist primarily of accounting and legal fees and the custodial costs of securing the Plan. During the year ended December 31, 2009, significant administrative costs were absorbed by the Company.

Reclassifications

Certain prior year amounts have been reclassified to conform with current year presentation.

Subsequent Events

The Plan evaluated subsequent events through October 8, 2010, the date the financial statements were available to be issued.

NOTE C - FAIR VALUE MEASUREMENT

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures,* provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to 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 FASB ASC 820 are described as follows:

NOTE C - FAIR VALUE MEASUREMENT (continued)

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 asset 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 substantiality the full term of the asset or liability.

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

The asset 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 need to 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 December 31, 2009 and 2008.

Cash and cash equivalents: valued at carrying amounts which approximates fair value.

Common stock: valued at the closing price reported on the active market on which the individual securities are traded.

Mortgage backed securities: valued at the closing price reported on the active market on which the individual securities are traded.

Options: valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: valued at the net asset value (NAV) of shares held by the plan at year end.

Pooled separate accounts: valued at the net NAV of the shares held by the Plan at year end.

NOTE C - FAIR VALUE MEASUREMENT (continued)

The preceding method 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2009 and 2008.

	Asset at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 359,379	$ -0-	$ -0-	$ 359,379
Common stock	1,347,134	-0-	-0-	1,347,134
Mortgage backed securities	17,350	-0-	-0-	17,350
Mutual funds	2,341,249	-0-	-0-	2,341,249
Options (Note J)	(7,081)	-0-	-0-	(7,081)
Pooled separate accounts	1,968,712	-0-	-0-	1,968,712
Total investments at fair value	$ 6,026,743	$ -0-	$ -0-	$ 6,026,743

	Asset at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 486,861	$ -0-	$ -0-	$ 486,861
Common stock	965,599	-0-	-0-	965,599
Mortgage backed securities	7,935	-0-	-0-	7,935
Mutual funds	1,586,209	-0-	-0-	1,586,209
Options	-0-	-0-	-0-	-0-
Pooled separate accounts	1,370,536	-0-	-0-	1,370,536
Total investments at fair value	$ 4,417,140	$ -0-	$ -0-	$ 4,417,140

NOTE D - INVESTMENTS

The following table presents the individual securities that exceeded five percent (5%) of the Plan's net assets available for benefits at December 31, 2009 and 2008:

	December 31,	
	2009	2008
T. Rowe Price Blue Chip	$ 357,730	$ 228,903
Bernstein Intermediate Duration Portfolio	408,083	374,503
Russell Investment Co. Strategic Bond Fund CL 1 Shr.	572,151	457,688
	$ 1,337,964	$ 1,061,094

NOTE D - INVESTMENTS (continued)

The Plan's cash balance in a financial institution may at times exceed Federal Depository Insurance Coverage (FDIC) limits. The Plan's depository cash balance totaled $260,978 and $259,892 at December 31, 2009 and 2008, respectively.

During the year ended December 31, 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $1,095,447 as follows:

Common stock	$ 228,994
Mortgage backed securities	3,345
Mutual funds	408,251
Options (Note J)	(3,995)
Pooled separate accounts	458,852
Total appreciation in value	$ 1,095,447

NOTE E - NONPARTICIPANT-DIRECTED INVESTMENTS

Information about net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	December 31, 2009	December 31, 2008
Net Assets:		
Cash and cash equivalents	$ 359,379	$ 486,861
Common stock	1,347,134	965,599
Mortgage backed securities	17,350	7,935
Mutual funds	2,341,249	1,586,209
Options	(7,081)	-0-
	$ 4,058,031	$ 3,046,604

	December 31, 2009
Changes in net assets:	
Contributions	$ 291,995
Interest and dividends	109,874
Net appreciation	636,595
Administrative expenses	(27,037)
Benefits paid to participants	-0-
	$ 1,011,427

NOTE F - INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Union Central Life Insurance Company ("Union Central"), the trustee of certain plan assets, has certified to the completeness and accuracy of the retirement investment fund contracts with Union Central reflected in the statements of net assets available for benefits as of December 31, 2009 and 2008, the schedule of assets held for investment purposes as of December 31, 2009, and related investment activity reflected in the statement of changes in net assets available for plan benefits for the year ended December 31, 2009. Included in the statement of changes in net assets available for benefits for the year ended December 31, 2009, is net appreciation in investments of $458,852, which was certified by Union Central.

NOTE G - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA.

NOTE H - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated August 15, 1995, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE I - RISKS AND UNCERTAINTIES

The Plan provides for various investment options in any combination of stocks, bonds, fixed income securities, mutual funds, options and other investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits and the statement of changes in net assets available for plan benefits.

NOTE J - DERIVATIVE FINANCIAL INSTRUMENTS

The Plan holds certain derivative financial instruments to manage equity market risks. Plan management has elected not to apply hedge accounting to these instruments, but rather account for them as held as an investment. As noted in Note C, the Plan's derivative instruments are recorded at fair value and are included in investments. Gains and losses from changes in fair values of the derivatives are recognized currently in net appreciation (see Note D), and generally offset changes in the values of related assets.

SUPPLEMENTAL SCHEDULE

McCorvey Sheet Metal Works, LP Profit Sharing Plan and Trust
EIN 74-1363754
PLAN NUMBER 002
Plan Year January 1, 2009 to December 31, 2009

SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
*	Union Central Life Insurance Company	Neuberger Berman Guardian		$ 111,372
*	Union Central Life Insurance Company	DWS International		143,235
*	Union Central Life Insurance Company	MFS VIT Investors Trust Series		148,102
*	Union Central Life Insurance Company	MFS VIT Emerging Growth Series		292,153
*	Union Central Life Insurance Company	Summit S&P 500 Index		273,775
*	Union Central Life Insurance Company	Calvert High Yield		50,877
*	Union Central Life Insurance Company	American Century Value		80,166
*	Union Central Life Insurance Company	MFS VIT Total Return Series		83,096
*	Union Central Life Insurance Company	Wasatch Small Cap Value		51,933
*	Union Central Life Insurance Company	Wasatch Small Cap Growth		28,823
*	Union Central Life Insurance Company	T. Rowe Price Blue Chip		357,730
*	Union Central Life Insurance Company	T. Rowe Price Mid Cap Value		47,060
*	Union Central Life Insurance Company	American Century Mid Cap Value		136,115
*	Union Central Life Insurance Company	Alger American Mid Cap Growth		27,745
*	Union Central Life Insurance Company	Calvert Income		135,397
*	Union Central Life Insurance Company	MS IF US Real Estate		470
*	Union Central Life Insurance Company	Summit S&P Mid Cap		112
*	Union Central Life Insurance Company	Royce Royal Return		111
*	Union Central Life Insurance Company	3rd Avenue Emerging Mkt		107
*	Union Central Life Insurance Company	T. Rowe Price 2050		111
*	Union Central Life Insurance Company	T. Rowe Price 2040		111
*	Union Central Life Insurance Company	T. Rowe Price 2030		111
	Stifel Nicolaus	Various accounts		1,503,270
	Fidelity	Various accounts		846,716
	Berstein Global	Various accounts		1,249,317
	Frost National Bank	Capital stock	120,824	197,750
	Community Bank of Texas	Deposit account	260,978	260,978
			TOTAL	$ 6,026,743

* Party of interest

Plan Name: McCorvey Sheet Metal Works, LP Profit Sharing Plan and Trust
Plan# 002
EIN: 74-1363754

Schedule H, Part IV, Item 4i - Schedule of Assets Held for Investment Purpose
Plan Year End: 12/31/09
The following is a list of assets by the Plan as of 12/31/09

Identity of Issue / Description of Asset	# Units	Cost	Current Value *(Cash Basis)*	Price
The Union Central Life Insurance Company UCL Mutual Fund Separate Account III (Currently invested in Neuberger Berman Guardian - Investor Class) EIN: 31-0472910-010	42,641 units	N/A	111,372	2.61185
The Union Central Life Insurance Company UCL Mutual Fund Separate Account V (Currently invested in DWS International VIP) EIN: 31-0472910-013	74,368 units	N/A	143,235	1.92602
The Union Central Life Insurance Company UCL Mutual Fund Separate Account VII (Currently invested in MFS VIT Investors Trust Series - Initial Class) EIN: 31-0472910-015	74,108 units	N/A	148,102	1.99845
The Union Central Life Insurance Company UCL Mutual Fund Separate Account VIII (Currently invested in MFS VIT Emerging Growth Series - Initial Class) EIN: 31-0472910-016	147,005 units	N/A	292,153	1.98736
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XI (Currently invested in Calvert VP S&P 500 Index) EIN: 31-0472910-022	143,750 units	N/A	273,775	1.90452
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XII (Currently invested in Calvert High Yield) EIN: 31-0472910-023	32,887 units	N/A	50,877	1.54699
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XVIII (Currently invested in American Century Value - Investor Class) EIN: 31-0472910-029	52,098 units	N/A	80,166	1.53876
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XXIII (Currently invested in Calvert VP S&P MidCap 400 Index) EIN: 31-0472910-034	2 units	N/A	112	54.71031

Identity of Issue / Description of Asset	# Units		Cost	(Cash Basis)	Price
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XXI (Currently invested in MFS VIT Total Return Series - Initial Class) EIN: 31-0472910-037	60,292	units	N/A	83,096	1.37823
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XLVII (Currently invested in MSIF U.S. Real Estate Portfolio - Class B) EIN: 31-0472910-047	42	units	N/A	470	11.07455
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XLVIII (Currently invested in Wasatch Small Cap Value) EIN: 31-0472910-048	38,053	units	N/A	51,933	1.36475
The Union Central Life Insurance Company UCL Mutual Fund Separate Account XLIX (Currently invested in Wasatch Small Cap Growth) EIN: 31-0472910-049	22,173	units	N/A	28,823	1.29991
The Union Central Life Insurance Company UCL Mutual Fund Separate Account L (Currently invested in T. Rowe Price Blue Chip Growth - Advisor Class) EIN: 31-0472910-050	356,668	units	N/A	357,730	1.00298
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LVIII (Currently invested in T. Rowe Price Mid Cap Value - Advisor Class) EIN: 31-0472910-058	27,250	units	N/A	47,060	1.72699
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LXI (Currently invested in T. Rowe Price Retirement 2030 - Advisor Class) EIN: 31-0472910-061	7	units	N/A	111	15.18612
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LXII (Currently invested in T. Rowe Price Retirement 2040 - Advisor Class) EIN: 31-0472910-062	7	units	N/A	111	15.20536
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LXV (Currently invested in Royce Total Return - Financial Intermediary Class) EIN: 31-0472910-065	10	units	N/A	111	10.80761
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LXVIII (Currently invested in American Century Mid Cap Value-Investor Class) EIN: 31-0472910-068	121,724	units	N/A	136,115	1.11823

Identity of Issue / Description of Asset	# Units	Cost	*(Cash Basis)*	Price
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LXIX (Currently invested in Alger American MidCap Growth-Class O) EIN: 31-0472910-069	30,761 units	N/A	27,745	0.90195
The Union Central Life Insurance Company UCL Mutual Fund Separate Account LXXXIX (Currently invested in Third Avenue International Value) EIN: 31-0472910-089	7 units	N/A	107	15.57633
The Union Central Life Insurance Company UCL Mutual Fund Separate Account CI (Currently invested in T. Rowe Price Retirement 2050, Advisor Class) EIN: 31-0472910-101	13 units	N/A	111	8.51498
The Union Central Life Insurance Company UCL Mutual Fund Separate Account CIII (Currently invested in Calvert Income, Class I) EIN: 31-0472910-103	114,542 units	N/A	135,397	1.18208
Stifel Nicholas (Various Accounts)			1,503,270	
Fidelity (Various Accounts)			846,716	
Bernstein Global (Various Accounts)			1,249,317	
Frost National Bank (Capital Stock)		120,824	197,750	
Community Bank of Texas		260,978	260,978	
Total Assets Value as of Plan Year End			6,026,743	