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
AULD & WHITE CONSTRUCTORS, LLC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1992

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
AULD & WHITE CONSTRUCTORS, LLC

4168 SOUTHPOINT PARKWAY SUITE 101
JACKSONVILLE, FL 32216

2b Employer Identification Number (EIN)
20-3774396

2c Sponsor's telephone number
904-296-2555

2d Business code (see instructions)
236200

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	TONY MIDDLETON
	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") AULD & WHITE CONSTRUCTORS, LLC 4168 SOUTHPOINT PARKWAY SUITE 101 JACKSONVILLE, FL 32216	**3b** Administrator's EIN 20-3774396 **3c** Administrator's telephone number 904-296-2555

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**	132
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**	102
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	8
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	110
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	110
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	107
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	17
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:
3D 2E 2J 2K 2F 2G 2T 3H

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	Insurance	**(1)**	Insurance
(2)	Code section 412(e)(3) insurance contracts	**(2)**	Code section 412(e)(3) insurance contracts
(3) X	Trust	**(3)** X	Trust
(4)	General assets of the sponsor	**(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		**b General Schedules**		
(1) X	**R** (Retirement Plan Information)	**(1)** X	**H** (Financial Information)	
(2)	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)**	**I** (Financial Information – Small Plan)	
		(3)	**A** (Insurance Information)	___
		(4) X	**C** (Service Provider Information)	
(3)	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(5)** X	**D** (DFE/Participating Plan Information)	
		(6)	**G** (Financial Transaction Schedules)	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
AULD & WHITE CONSTRUCTORS, LLC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AULD & WHITE CONSTRUCTORS, LLC

D Employer Identification Number (EIN)
20-3774396

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SUNTRUST BANK

25 PARK PLACE
ATLANTA, GA 30303

(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?
21	TRUSTEE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
AULD & WHITE CONSTRUCTORS, LLC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AULD & WHITE CONSTRUCTORS, LLC

D Employer Identification Number (EIN)
20-3774396

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: SUNTRUST 500 INDEX FUND CLASS B

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

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)
59-3706441-001	C	400931

a Name of MTIA, CCT, PSA, or 103-12 IE: SUNTRUST STABLE ASSET FUND

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

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)
62-1240517-001	C	1030045

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
AULD & WHITE CONSTRUCTORS, LLC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AULD & WHITE CONSTRUCTORS, LLC

D Employer Identification Number (EIN)
20-3774396

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	1120603	1430976
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3657302	5150275
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	4777905	6581251
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
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	4777905	6581251

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)	369753	
	(B) Participants	2a(1)(B)	329768	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		699521
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	0	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	96681	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		96681
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		117964
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1200308
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2114474
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	311128	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		311128
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		311128
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1803346
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: ADAMS AND HARPER PA (2) EIN: 59-3134587

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		500000
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		X	

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
AULD & WHITE CONSTRUCTORS, LLC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AULD & WHITE CONSTRUCTORS, LLC

D Employer Identification Number (EIN)
20-3774396

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): 20-3691658

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):

INDEPENDENT AUDITORS' REPORT

AND

FINANCIAL STATEMENTS

of

Auld and White Constructors, LLC
401(k) Profit Sharing Plan

For the Periods Ended

December 31, 2009 and 2008

Auld and White Constructors, LLC
401(k) Profit Sharing Plan

Index

Independent Auditors' Report	3
Statements of Net Assets Available for Plan Benefits	4
Statements of Changes in Net Assets Available For Plan Benefits	5
Notes to Financial Statements	6 - 12
Supplemental Schedule:	
Schedule of Assets Held at Year End (Schedule H - Form 5500)	
Year 2009	14

ADAMS & HARPER, PA
Certified Public Accountants
1665 Kingsley Avenue, Suite 100
Orange Park, Florida 32073
Telephone (904) 269-7077 Fax (904) 264-0930
www.adams-harper-pa.com

Gary O. Harper, CPA
John A. Adams, CPA
Beth A. Linder, CPA
Kathlyn C. Jordan, CPA

Members:
American and Florida Institutes
of Certified Public Accountants

Independent Auditors' Report

To the Trustees and Participants of the
Auld and White Constructors, LLC 401(k) Profit Sharing Plan

We were engaged to audit the statements of net assets available for plan benefits of Auld and White Constructors, LLC 401(k) Profit Sharing Plan at December 31, 2009 and 2008, and the related statements of changes in net assets available for plan benefits for the years then ended and the supplemental schedule as of and for the 2009 year then ended as listed in the accompanying index. These financial statements and 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 4, which was certified by SunTrust Bank, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. The plan administrator has informed us that SunTrust Bank holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the existing trustee as of and for the years ended December 31, 2009 and 2008 that the information provided to the plan administrator by the respective trustees 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 schedule taken as a whole. The form and content of the information included in the financial statements and schedule, 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 of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Adams & Harper, PA

July 19, 2010

Auld and White Constructors, LLC 401(k) Profit Sharing Plan
Statements of Net Assets Available for Plan Benefits
At December 31, 2009 and 2008

ASSETS

	2009	2008
Contributions Receivable		
Employer	$ 114,762	$ 369,753
Investments at SunTrust Bank		
Participant Directed Accounts - Mutual Funds		
MFS Research Int'l - R3	591,939	398,697
Ridgeworth International Equity Index	131,491	68,947
Templeton Growth Fund	198,240	157,614
Dreyfus New Leaders Fund	100,481	81,745
Dreyfus Small Cap Value	226,086	174,010
Dreyfus Small Cap Stock Index Fund	107,742	63,952
Federated Mid Cap Index	273,863	154,215
Ridgeworth Small Cap Growth Stock	49,660	22,168
Fidelity Advisor Equity Income	617,743	426,181
Ridgeworth Aggressive Growth Stock	191,211	125,805
Ridgeworth Large Cap Growth Stock	424,359	305,430
T. Rowe Price Growth Stock Fund	820,218	535,551
Ridgeworth Life Vision Account Growth	56,707	19,144
Ridgeworth Life Vision Conservative	46,637	5,301
Ridgeworth Life Vision Growth and Income	204,411	158,693
Ridgeworth Life Vision Moderate Growth	182,291	137,086
MFS Research Bond Fund	221,599	495,729
Ridgeworth High Income Fund	434,104	219,648
Ridgeworth Prime Quality Money Market	193,663	71,536
	5,072,444	3,621,452
Participant Directed Accounts - Trust Funds		
SunTrust Retirement 500 Index Fund	400,931	288,527
SunTrust Retirement Stable Asset	1,016,377	832,076
	1,417,307	1,120,603
Sponsor Directed Accounts		
Forfeitures	91,501	35,850
TOTAL INVESTMENTS	6,581,251	4,777,905
TOTAL ASSETS	$ 6,696,014	$ 5,147,658

NET ASSETS

NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 6,696,014	$ 5,147,658

See auditors' report and notes to financial statements

Auld and White Constructors, LLC 401(k) Profit Sharing Plan
Statements of Changes in Net Assets Available for Plan Benefits
For The Years Ended December 31, 2009 and 2008

	2009	2008
ADDITIONS IN NET ASSETS ATTRIBUTED TO:		
Investment Income		
Net appreciation in market value of pooled separate accounts	$ 1,318,272	$ -
Dividends and earnings	96,681	169,604
Contributions		
Employees	329,768	444,994
Employer	114,762	369,753
Rollovers	-	62,404
TOTAL ADDITIONS	1,859,484	1,046,754
DEDUCTIONS IN NET ASSETS ATTRIBUTED TO:		
Investment Losses		
Net depreciation in market value of pooled separate accounts	-	2,250,501
Benefits paid to participants	311,128	128,673
Corrective distributions	-	11,356
TOTAL DEDUCTIONS	311,128	2,390,529
NET INCREASE (DECREASE) IN ASSETS AVAILABLE FOR PLAN BENEFITS	1,548,356	(1,343,775)
NET ASSETS AVAILABLE FOR PLAN BENEFITS, BEGINNING OF YEAR	5,147,658	6,491,433
NET ASSETS AVAILABLE FOR PLAN BENEFITS, END OF YEAR	$ 6,696,014	$ 5,147,658

See auditors' report and notes to financial statements

Auld and White Constructors, LLC 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2009 and 2008

NOTE 1: DESCRIPTION OF PLAN

The following description of the Auld and White Constructors, LLC 401(k) Profit Sharing Plan (the Plan) provides only general information. Interested parties should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

Auld and White Constructors, LLC (the Company) established the Plan effective as of January 1, 1992. The Plan operates as a defined contribution plan. It is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, (ERISA), as amended. Employees of Auld and White Constructors, LLC (the Company) and Auld & White Management, Inc. (a Related Employer as defined within the Plan agreement) are generally eligible to participate in the Plan after one year of service and attainment of age twenty-one. SunTrust Bank is the Plan's Trustee.

The Custodian of the Plan is SunTrust Bank (the Custodian). As of December 31, 2009 and 2008, the assets of the Plan are held by the Custodian in individual accounts directed by individual participants. The Custodian has been given the authority and power to, among other things, make investment decisions, borrow funds and take any other action it believes to be beneficial to the Plan so long as its authority does not exceed or restrict the primary authority of the individual participants/investors.

Each year the participants may contribute up to the federally mandated limits to their individual investment accounts within the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct their contributions into various investment options offered by the Plan. The Plan currently offers twenty-one options for participants. The Company makes discretionary matching contributions in a percentage defined by the Plan. The Company may also make discretionary profit sharing contributions to individual accounts. The employee must be eligible to be a Plan member in order to receive a discretionary profit sharing contribution.

NOTE 2: SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting, whereas the IRS Form 5500 is prepared on the cash basis of accounting.

Investment Valuation and Income Recognition

Investments are recorded at fair value as determined by quoted market prices of the securities held in the funds. Investments consisting of mutual funds are classified as level one inputs and investments consisting of trust funds are classified as level two inputs for fair value measurement purposes as required by FASB Codification 820-10.

Mutual fund investments are considered level one inputs for purposes of FASB Codification 820-10. These prices are readily available on an open market and can be quoted on an ongoing basis. Trust fund investments are considered level two inputs. Share trends are observed consistently throughout the day from multiple sources, with analysts making professional judgments based on the appreciation or depreciation of the fund on that given day. The change in share value is then entered into the Custodian's records each day, which then updates investment values on a daily basis.

The unrealized appreciation or decline of the investments, based upon the quoted market values at December 31, 2009 and 2008 are recorded as an increase or decrease in net assets available for plan benefits.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the accrual basis.

Contributions and Allocations

Contributions are recorded when received. Employee contributions (elective portion) are transferred to the Plan by the Company as part of their bi-weekly payroll processing routine.

Participants are limited to annual elective contributions in the amount of $ 16,500 for 2009 and $ 15,500 for 2008 except, these limits are increased for any participants who are age 50 or older by the end of the respective Plan Year and wish to make a "catch up" contribution. The limits are increased by $ 5,500 for 2009 and $ 5,000 for 2008 for such "catch up contributions".

Participant Accounts

Each participant's account is credited with an allocation of (a) participant contributions; (b) the Company's matching contributions; (c) the Company's profit sharing contributions; (d) plan earnings; and (e) 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 account balance. Participants are always vested 100% in their elective contributions and the related account earnings on these elective contributions. Non-elective contributions and any related earnings are vested over 6 years, starting after year 2 with 20% and increasing in 20% increments until fully vested after 6 years.

Participant Loans

The Plan does not allow for participant loans.

Payment of Benefits

Benefits are recorded when paid. Benefits are payable after leaving the Company due to retirement, termination, disability or death. Payment options include lump sum settlement, rollover to another qualified plan or deferral until attainment of retirement age.

Benefits are payable prior to leaving the Company if the participant is over 59½ or in event of specific financial hardship. Benefit payments are subject to administrative requirements and tax withholdings, depending upon the participant's account balance, marital status and other circumstances.

Investment Options

Upon enrollment in the Plan, a participant may direct employer contributions into twenty-one separate accounts, which include stock and mutual fund accounts. These accounts are held by the Custodian. Contributions are directed by each individual participant and may be changed at his or her discretion daily. Participants assume risks associated with the respective investments which they hold in their individual investment accounts.

Forfeitures

At December 31, 2009 and 2008, forfeited non-vested accounts totaled approximately $ 91,501 and $ 35,850, respectively. These accounts are used either to reduce future employer contributions to the Plan or allocated to the remaining participants, based upon the value of each remaining participant's vested account balance. The Company has the final discretion regarding the forfeitures.

Expenses of the Plan

The Plan's administrative expenses can be paid by either the Plan or the Company as provided by the Plan document. Presently, the Company is paying these expenses.

Risks and Uncertainties

The Plan provides for various investment options. 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 these 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 statement of net assets available for plan benefits and the statement of changes in net assets available for plan benefits.

Income Taxes

The Plan has received a favorable determination from the Internal Revenue Service and is therefore exempt from federal income tax under Internal Revenue Code Section 401. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Vesting

Vesting in the participants' accounts is based on whole years of continuous service using the following schedule:

(Years) Vesting Service	Vesting Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

In the event of death or total and permanent disability while under the Company's employment, all amounts credited to the participants as of the subsequent Plan anniversary date are considered fully vested.

Use of Estimates

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

Subsequent Events

Items for subsequent events have been considered through the date financial statements were available for issue.

Changes in Presentation

The Plan may change the presentation of selected assets or additions to or deductions from net assets to facilitate comparability between years. This change is simply for ease of comparison and does not result in any change or adjustment to net assets available for plan benefits.

NOTE 3: FINANCIAL INSTRUMENTS

Certain financial instruments potentially subject the Plan to concentrations of credit risk. These financial instruments consist of mutual funds. The Plan limits its credit risk by monitoring its accounts with what management believes to be high quality financial institutions.

NOTE 4: INFORMATION CERTIFIED BY TRUSTEES OF THE PLAN

The investments included in the statements of net assets available for plan benefits as of December 31, 2009 and 2008 and the individual line item amounts identified as net appreciation (depreciation) in the fair value of investments, dividends and earnings, and benefits paid to beneficiaries, which are included in the statements of changes in net assets available for plan benefits for the years ended December 31, 2009 and 2008, have been derived from information certified as complete and accurate by the Custodian in accordance with ERISA requirements.

NOTE 5: DEFERRED PAYMENTS

As of December 31, 2009 and 2008, there are 8 and 11 participants, respectively, that have separated from service and are not presently active Plan participants. These former participants have vested account balances totaling approximately $ 121,172 and $ 88,126, respectively, as of December 31, 2009 and 2008. The Plan will pay out these amounts at the direction of the former participants.

NOTE 6: TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated August 26, 2002, that the Plan is qualified and the Trust established under the Plan is tax exempt under Section 401 of the Internal Revenue Service Code. The Plan administrator and its qualified tax counsel do not anticipate that changes in the Plan after the date of the amendments covered by the Internal Revenue Service determination letter will affect the qualified and tax exempt status of the Plan.

NOTE 7: 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 the Plan is terminated, participants will become fully vested in their accounts.

NOTE 8: INVESTMENTS

The following schedule presents the investments that represent the Plan's net assets. The investments that account for 5% or more of the Plan's net assets are specifically identified in the adjacent column:

	2009		2008	
	Net Assets	5% Test	Net Assets	5% Test
MFS Research Int'l R3	$ 591,939	$ 591,939	$ 398,697	$ 398,697
Ridgeworth Int'l Equity Index I	131,491	-	68,947	-
Templeton Growth Fund	198,240	-	157,614	-
Dreyfus New Leaders Fund	100,481	-	81,745	-
Dreyfus Small Cap Value	226,086	-	174,010	-
Dreyfus Small Cap Stock Index Fund	107,742	-	63,952	-
Federated Mid Cap Index IS	273,863	-	154,215	-
Ridgeworth Small Cap Growth Stock	49,660	-	22,168	-
Fidelity Advisor Equity Income	617,743	617,743	426,181	426,181
Ridgeworth Aggressive Growth Stock	191,211	-	125,805	-
Ridgeworth Large Cap Growth Stock	424,359	424,359	305,430	305,430
SunTrust Retirement 500 Index Fund	400,931	400,931	288,527	288,527
T. Rowe Price Growth Stock Fund	820,218	820,218	535,551	535,551
Ridgeworth Life Vision Acg Growth	56,707	-	19,144	-
Ridgeworth Life Vision Conservative	46,637	-	5,301	-
Ridgeworth Life Vision Growth & Income	204,411	-	158,693	-
Ridgeworth Life Vision Mod Growth	182,291	-	137,086	-
MFS Research Bond Fund	221,599	-	495,729	495,729
Ridgeworth High Income Fund	434,104	434,104	219,648	-
Ridgeworth Prime Quality MM	193,663	-	71,536	-
SunTrust Retirement Stable Asset	1,016,377	1,016,377	832,076	832,076
	$ 6,489,751	$ 4,305,670	$ 4,742,055	$ 3,282,191
Calculate 5% of Total Assets	$ 324,488		$ 237,103	

NOTE 9: RECONCILIATION OF FINANCIALS TO IRS FORM 5500

Presented below is a reconciliation of the presented financial statements to the IRS Form 5500 submitted with this presentation:

	2009	2009
Statement of Net Assets Presentation		
Net Assets per Statement	$ 6,696,014	$ 5,147,658
Less: Receivables From Employer	(114,762)	(369,753)
Net Assets per IRS Form 5500	6,581,251	4,777,905
Statement of Changes in Net Assets Presentation		
Change in Net Assets per Statement	1,548,356	(1,343,775)
Less: Receivables From Employer	(114,762)	(369,753)
Plus: Cash Received in Current Year for Prior Year Employer Receivable	369,752	489,479
Net Income (Loss) per IRS Form 5500	$ 1,803,346	$ (1,224,049)

NOTE 10: RELATED PARTY TRANSACTIONS

For the years ended December 31, 2009 and 2008, the Plan Sponsor provided certain accounting and administrative services to the Plan for which no fees were charged.

During the years ended December 31, 2009 and 2008, certain Plan investment funds utilized by the Plan were managed by SunTrust Bank. As SunTrust Bank is the Custodian of the Plan, transactions involving the aforementioned funds, by definition, were party-in-interest transactions.

SUPPLEMENTAL SCHEDULE

Auld and White Constructors, LLC 401(k) Profit Sharing Plan
Schedule of Assets Held at Year End (Schedule H, line 4i - Form 5500)
As of December 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	MFS Research Int'l - R3	Registered Investment Company	$ 438,811	$ 591,939
	Ridgeworth International Equity Index	Registered Investment Company	147,366	131,491
	Templeton Growth Fund	Registered Investment Company	238,829	198,240
	Dreyfus New Leaders Fund	Registered Investment Company	124,979	100,481
	Dreyfus Small Cap Value	Registered Investment Company	318,413	226,086
	Dreyfus Small Cap Stock Index Fund	Registered Investment Company	105,562	107,742
	Federated Mid Cap Index	Registered Investment Company	292,900	273,863
	Ridgeworth Small Cap Growth Stock	Registered Investment Company	52,152	49,660
	Fidelity Advisor Equity Income	Registered Investment Company	753,100	617,743
	Federated Mid Cap Index	Registered Investment Company	163,213	191,211
	Ridgeworth Large Cap Growth Stock	Registered Investment Company	491,194	424,359
*	SunTrust Retirement 500 Index Fund	Registered Investment Company	395,673	400,931
	T. Rowe Price Growth Stock Fund	Registered Investment Company	792,667	820,218
	Ridgeworth Life Vision Account Growth	Registered Investment Company	55,895	56,707
	Ridgeworth Life Vision Conservative	Registered Investment Company	41,272	46,637
	Ridgeworth Life Vision Growth and Income	Registered Investment Company	222,898	204,411
	Ridgeworth Life Vision Moderate Growth	Registered Investment Company	187,704	182,291
	MFS Research Bond Fund	Registered Investment Company	217,062	221,599
	Ridgeworth High Income Fund	Registered Investment Company	434,079	434,104
	Ridgeworth Prime Quality Money Market	Registered Investment Company	193,663	193,663
*	SunTrust Retirement Stable Asset	Registered Investment Company	931,499	1,016,377
	TOTAL INVESTMENTS		$ 6,598,931	$ 6,489,751

EIN: 20-3774396
P/N: 001

See independent auditors' report

ASSETS HELD FOR INVESTMENT PURPOSES

Auld & White Constructors, LLC 401(k) Profit Sharing Plan
01-JAN-09 to 31-DEC-09

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MRSHX			438,811.01	591,939.15
1SU-INI			147,366.38	131,490.63
1TP-GF			238,829.15	198,240.02
1DISSX			105,562.49	107,742.39
1DSVAX			318,413.38	226,085.64
1DR-NLF			124,979.42	100,481.27
1FMDCX			292,899.88	273,862.68
1SU-SCG			52,152.05	49,660.03
1FA-EIF			753,100.16	617,742.58
1SCATX			163,213.14	191,210.61
1SU-CG			491,194.45	424,358.71
1SU-50B			395,672.74	400,930.53
1RRGSX			792,667.32	820,218.42
1SU-LVM			55,894.57	56,707.08
1SU-LVC			41,271.77	46,636.76
1SU-LVG			222,898.47	204,410.74
1SU-LVB			187,703.76	182,291.21
1MRBFX			217,061.91	221,599.15
1STHTX			434,079.31	434,103.78
1SU-PMM			193,662.82	193,662.83
1SU-SAF			931,498.53	1,016,376.68
			6,598,932.71	**6,489,750.89**
FORFEITURES			91,477.95	91,500.58

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 20-3774396

LEGEND

INVESTMENT OPTION:

1MRSHX	MFS Research International R3	1SU-INI	RidgeWorth International Equity Index I
1TP-GF	Templeton Growth Fund A	1DISSX	Dreyfus Small Cap Stock Index Fund
1DSVAX	Dreyfus Small Cap Value - A	1DR-NLF	Dreyfus Active MidCap Fund A
1FMDCX	Federated Mid Cap Index IS	1SU-SCG	RidgeWorth Small Cap Growth Stock I
1FA-EIF	Fidelity Advisor Equity Income T	1SCATX	RidgeWorth Aggressive Growth Stock I
1SU-CG	RidgeWorth Large Cap Growth Stock I	1SU-50B	SunTrust Retirement 500 Index Fd Class B
1RRGSX	T. Rowe Price Growth Stock Fund - R	1SU-LVM	RidgeWorth Agg Grth Allocation Strat I
1SU-LVC	RidgeWorth Conservative Allocation Str I	1SU-LVG	RidgeWorth Growth Allocation Strategy
1SU-LVB	RidgeWorth Moderate Allocation Strat I	1MRBFX	MFS Research Bond Fund - A
1STHTX	RidgeWorth High Income Fund I	1SU-PMM	RidgeWorth Prime Quality Money Market I
1SU-SAF	SunTrust Retirement Stable Asset Class B		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year