## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee Benefit Plan** 

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

| P        | ension Benefit Guaranty Corporation | ▶ Complete all entries in accor         | dance wit    | h the instructions to the Form 550   | 0-SF.        |   |  |  |  |  |
|----------|-------------------------------------|---|--------------|--------------------------------------|--------------|---|--|--|--|--|
|          |                                     | dentification Information               |              |                                      |              |   |  |  |  |  |
| For      | calendar plan year 2009 or fisc     | al plan year beginning 01/01/200        | 9            | and ending 1                         | 2/31/2       | 2009  |  |  |  |  |
| Α.       | This return/report is for:          | X single-employer plan                  | multiple-e   | employer plan (not multiemployer)    |              | one-participant plan                          |  |  |  |  |
| В        | This return/report is for:          |   |              |                                      |              |   |  |  |  |  |
|          |                                     | an amended return/report                | short plar   | year return/report (less than 12 mor | nths)        |   |  |  |  |  |
| C        | Check box if filing under:          | X Form 5558                             | automatio    | extension                            | DFVC program |   |  |  |  |  |
|          | ŭ                                   | special extension (enter description    | on)          |                                      |              |   |  |  |  |  |
| Ps       | rt II Basic Plan Infor              | mation—enter all requested inform       |              |                                      |              |   |  |  |  |  |
|          | Name of plan                        | mation enter all requested inform       | iation       |                                      | 1h           | Three-digit                                   |  |  |  |  |
|          | MECHANICAL CONTRACTO                | PRS. INC. 401(K) PLAN                   |              |                                      |              | plan number                                   |  |  |  |  |
|          |                                     |   |              |                                      |              | (PN) • 001                                    |  |  |  |  |
|          |                                     |   |              |                                      | 1c           | Effective date of plan                        |  |  |  |  |
|          |                                     |   |              |                                      |              | 01/01/2006                                    |  |  |  |  |
|          | •                                   | ress (employer, if for single-employer  | · plan)      |                                      | 2b           | Employer Identification Number                |  |  |  |  |
| C & (    | MECHANICAL CONTRACTO                | DRS, INC.                               |              |                                      | 20           | (EIN) 59-2562772                              |  |  |  |  |
| 3630     | PEDDIE DRIVE, SUITE 300             |   |              |                                      | 20           | Plan sponsor's telephone number 850-580-2575  |  |  |  |  |
|          | AHASSEE, FL 32303                   |   |              |                                      | 2d           | Business code (see instructions)              |  |  |  |  |
|          |                                     |   |              |                                      |              | 238900  |  |  |  |  |
|          |                                     | address (if same as Plan sponsor, e     |              |                                      | 3b           | Administrator's EIN                           |  |  |  |  |
| C&C      | MECHANICAL CONTRACTO                | PRS, INC. 3630 PEDDI<br>TALLAHASS       |              |                                      | 20           | 59-2562772                                    |  |  |  |  |
|          |                                     |   |              |                                      | 30           | Administrator's telephone number 850-580-2575 |  |  |  |  |
| 4        | the name and/or EIN of the plant    | an sponsor has changed since the la     | st return/re | port filed for this plan, enter the  | 4b           | EIN   |  |  |  |  |
| 1        | name, EIN, and the plan number      | er from the last return/report. Sponso  | or's name    |                                      |              |   |  |  |  |  |
|          |                                     |   |              |                                      | 4c           | PN  |  |  |  |  |
| 5a       | Total number of participants a      | t the beginning of the plan year        |              | 5a                                   | 14           |   |  |  |  |  |
| b        |                                     | t the end of the plan year              |              |                                      | 5b           | 12  |  |  |  |  |
| С        |                                     | vith account balances as of the end o   |              |                                      | 5c           | 9   |  |  |  |  |
| 6a       | Were all of the plan's assets       | during the plan year invested in eligib | ole assets?  | (See instructions.)                  |              | X Yes No                                      |  |  |  |  |
|          |                                     | he annual examination and report of     |              |                                      |              |   |  |  |  |  |
|          |                                     | (See instructions on waiver eligibility |              | •                                    |              | X Yes   No                                    |  |  |  |  |
| -        |                                     | ner 6a or 6b, the plan cannot use F     | orm 5500-    | SF and must instead use Form 55      | 00.          |   |  |  |  |  |
|          | rt III   Financial Inform           | ation                                   |              | T                                    |              |   |  |  |  |  |
| 7        | Plan Assets and Liabilities         |   |              | (a) Beginning of Year                | _            | (b) End of Year                               |  |  |  |  |
| a        | Total plan assets                   |   | . <u>7a</u>  | 54086                                | -            | 64277   |  |  |  |  |
| b        | •                                   |   |              | (                                    |              | 0   |  |  |  |  |
| C        | Net plan assets (subtract line      | 7b from line 7a)                        | . 7с         | 54086                                | 5            | 64277   |  |  |  |  |
| 8        | Income, Expenses, and Trans         |   |              | (a) Amount                           |              | (b) Total                                     |  |  |  |  |
| а        | Contributions received or rece      |   | 90(1)        | 4006                                 |              |   |  |  |  |  |
|          | `, , ,                              |   | . 8a(1)      |                                      | -            |   |  |  |  |  |
|          |                                     |   |              | 8202                                 | _            |   |  |  |  |  |
| <b>L</b> | , ,                                 | 3)                                      | ` '          | 40.456                               | -            |   |  |  |  |  |
| b        | ,                                   |   |              | 12452                                | 4            | 0.4000  |  |  |  |  |
| C        |                                     | 8a(2), 8a(3), and 8b)                   | . 8c         |                                      |              | 24660   |  |  |  |  |
| d        | 1 \                                 | rollovers and insurance premiums        | . 8d         | 14109                                | )            |   |  |  |  |  |
| е        | Certain deemed and/or correct       | tive distributions (see instructions)   | 8e           |                                      | )            |   |  |  |  |  |
| f        | Administrative service provide      | rs (salaries, fees, commissions)        | 8f           | 360                                  | )            |   |  |  |  |  |
| g        | Other expenses                      |   | 8g           | C                                    | )            |   |  |  |  |  |
| h        | •                                   | 8e, 8f, and 8g)                         |              |                                      |              | 14469   |  |  |  |  |
| i        |                                     | e 8h from line 8c)                      |              |                                      |              | 10191   |  |  |  |  |
| j        |                                     | ee instructions)                        |              | (                                    |              |   |  |  |  |  |

| Pa | rt IV | / F     | Plan | Cha  | aracte  | eristi | cs     |  |
|----|-------|---------|------|------|---------|--------|--------|--|
| 9a | If th | ne plar | prov | ides | pensio  | n bene | fits,  | enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: |
|    | 2E    | 2F      | 2G   | 2J   | 2K      | 2T     | 3D     |  |
| b  | If th | ne plar | prov | ides | welfare | benef  | its, e | enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: |

| art                     |  | Compliance Questions   |                     |          | 1               |             |     |      |       |  |
|-------------------------|--|--|---------------------|----------|-----------------|-------------|-----|------|-------|--|
| 0                       |  | ng the plan year:  |                     | Yes      | No              |             | Am  | ount |       |  |
| а                       |  | there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  | 10a                 |          | Χ               |             |     |      |       |  |
| b                       |  | e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)  | 10b                 |          | X               |             |     |      |       |  |
| С                       | Was  | s the plan covered by a fidelity bond?   | 10c                 | X        |                 |             |     |      | 10000 |  |
| d                       |  | he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?   | 10d                 |          | Х               |             |     |      |       |  |
| е                       | insu   | e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)                                    | 10e                 | X        |                 |             |     |      | 443   |  |
| f                       | Has  | the plan failed to provide any benefit when due under the plan?  | 10f                 |          | X               |             |     |      |       |  |
| g                       | Did 1  | he plan have any participant loans? (If "Yes," enter amount as of year end.)   | 10g                 |          | X               |             |     |      |       |  |
| h                       |  | s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)   | 10h                 |          | Х               |             |     |      |       |  |
| i                       |  | h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3   | 10i                 |          |                 |             |     |      |       |  |
| art                     | VI   | Pension Funding Compliance   |                     |          |                 |             |     |      |       |  |
| 11                      | Is thi   | s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com  |                     |          |                 |             | . F | Yes  | X No  |  |
| 2                       |  | is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code  |                     |          |                 |             |     | Yes  | X No  |  |
| _                       |  | es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)   | 01 00               | otion    | 002 01 1        |             |     | ,    | ш     |  |
| а                       | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) <b>a</b> 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 letter ruling granting the waiver |  |                     |          |                 |             |     |      |       |  |
| lf y                    | you c  | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  |                     | _        |                 |             |     |      |       |  |
| b                       | Ente   | r the minimum required contribution for this plan year   |                     |          | 12b             |             |     |      |       |  |
| С                       | Enter the amount contributed by the employer to the plan for this plan year  |  |                     |          |                 |             |     |      |       |  |
| d                       |  | ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)   |                     |          | 12d             |             |     |      |       |  |
| е                       | Will t   | he minimum funding amount reported on line 12d be met by the funding deadline?   |                     |          |                 | Yes         |     | No   | N/A   |  |
| art                     | VII  | Plan Terminations and Transfers of Assets  |                     |          |                 |             |     |      |       |  |
| 3a                      | Has  | a resolution to terminate the plan been adopted during the plan year or any prior year?  |                     |          |                 |             |     | Yes  | X No  |  |
|                         | If "Ye   | es," enter the amount of any plan assets that reverted to the employer this year   |                     |          | 13a             |             |     |      |       |  |
| b                       | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?  |  |                     |          |                 |             |     | Yes  | X No  |  |
| С                       |  | ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)   | he pla              | n(s) to  | 1               |             |     |      |       |  |
| 13c(1) Name of plan(s): |  |  |                     | 13       | 3c(2) EIN(s) 13 |             |     |      | PN(s) |  |
|                         |  |  |                     |          |                 |             |     |      |       |  |
|                         |  |  |                     |          |                 |             |     |      |       |  |
| Caut                    | ion: A   | penalty for the late or incomplete filing of this return/report will be assessed unless reasonab   | le cau              | ıse is   | establ          | ished.      |     |      |       |  |
| Jnde<br>SB o            | r pena   | alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, true, correct, and complete. | urn/re <sub>l</sub> | oort, in | cludin          | g, if appli |     |      |       |  |
|                         |  |  |                     |          |                 |             |     |      |       |  |

| SIGN | Filed with authorized/valid electronic signature. | 10/14/2010 | ROSALIND YOVOVICH  |  |  |  |  |  |  |
|------|---|------------|--|--|--|--|--|--|--|
| HERE | 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 |  |  |  |  |  |  |

OMB Nos. 1210-0110

1210-0089

## Form 5500-SF

Department of the Treasury Internal Revenue Service

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the

2009

Department of Leber Employee Sensits Security Administration This Form is Open to Public Internal Revenue Code (the Code). Inspection raion Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF Part Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 X single-employer plan A This return/report is for. multiple-employer plan (not multiemployer) one-participant plan first return/report final return/report B This return/report is for: an amended return/report short plan year return/report (less than 12 months) C Check box if filing under: Form 5556 automatic extension □ DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested Information 1a Name of plan Three-digit C & C MECHANICAL CONTRACTORS, INC. 401(K) PLAN olan number 001 (PN) 🕨 Effective date of plan 01/01/2006 29 Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number (EIN) 59-2562772 Plan sponsor's telephone number (850) 580-2575 3630 PEDDIE DRIVE, SUITE 300 Business code (see Instructions) 238900 TALLAHASSEE 32303 38 Plan administrator's name and address (If same as Plan sponsor, enter "Same") 3b Administrator's EIN 3C Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4¢ PN 5a Total number of participants at the beginning of the plan year...... 14 5a D Total number of participants at the end of the plan year...... 12 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).. X Yes No Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 54.086 64.277 a Total plan assets .. 7a Total plan liabilities..... 7b 54,086 C Net plan assets (subtract line 7b from line 7a). 7c 64,277 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: 4,006 (1) Employers .... 8a(1) 8,202 (2) Participents ...... 8a(2) (3) Others (including rollovers)..... 89(3) 12,452 b Other income (loss)..... 24,660 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ...... Benefits paid (including direct rollovers and insurance premiums 14,109 to provide benefits)...... Aci Certain deemed and/or corrective distributions (see instructions)... 20 360 Administrative service providers (salaries, fees, commissions)..... Other expenses..... 84 14,469 h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 10,191 Net income (loss) (subtract line 8h from line 8c)......

Transfers to (from) the plan (see instructions)

|           | Form 5500-SF 2009  | P                      | age 2  |         |  |                 |                            |                  |                    |              |
|-----------|--|------------------------|--|---------|--|-----------------|----------------------------|------------------|--------------------|--------------|
| Par<br>9a | Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes   | from the               | List of Plan Chare                             | cterie  | stic Co  | des in          | the instr                  | ctions           | ):                 | ···          |
| b         | 2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes to   | rom the                | List of Plan Chara                             | cteris  | tic Co   | des in          | the instru                 | ctions:          | <u>.</u>           |              |
| Par       | V Compliance Questions   |                        | <u>,                                      </u> |         |  |                 |                            | ***              |                    |              |
| 10        | During the plan year:  |                        |  |         | Yes  | No              | T                          | Amo              | ount               |              |
| â         | Was there a failure to transmit to the plan any participant contributions within the 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Corrections)   |                        |  | 10a     |  | Х               |                            |                  |                    |              |
| b         | Were there any nonexempt transactions with any party-in-interest? (Do not incluon line 10a.)   |                        |  | 10b     |  | х               |                            |                  |                    |              |
| C         | Was the plan covered by a fidelity bond?   | **********             |  | 10c     | х  |                 | 1                          |                  | 1                  | 0,000        |
| đ         | Did the plan have a loss, whether or not reimburged by the plan's fidelity bond, to dishonesty?  |                        |  | 10d     |  | х               |                            |                  |                    |              |
| 9         | Were any fees or commissions paid to any brokers, agents, or other persons by insurance service or other organization that provides some or all of the benefits instructions.)                                     | under the              | plan? (See                                     | 10e     | x  |                 |                            |                  |                    | 443          |
| f         | Has the plan failed to provide any benefit when due under the plan?  |                        |  | 10f     |  | x               |                            |                  |                    |              |
| g         | Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  |                        |  | 10g     |  | Х               |                            |                  |                    |              |
| h         | If this is an individual account plan, was there a blackout period? (See instruction 2520,101-5.)  | ns and 2               | 9 CFR  | 10h     |  | x               |                            | i i              | 7 36               |              |
| i         | If 10h was answered "Yes," check the box if you either provided the required not exceptions to providing the notice applied under 29 CFR 2520.101-3  | ice or or              | e of the                                       | 10i     |  |                 |                            |                  | 1 1 1/2            | ·            |
| Part      | VI Pension Funding Compliance  |                        |  |         |  |                 |                            |                  |                    |              |
| 11        | is this a defined benefit plan subject to minimum funding requirements? (If "Yes, 5500))   | see ins                | ructions and comp                              | plete   | Sched  | lule SE         | 3 (Farm                    | . П              |                    | X No         |
| 12        | is this a defined contribution plan subject to the minimum funding requirements  | of sectio              | n 412 of the Code                              | ar se   | ction :  | 302 of          | ERISA?.                    | . 🛮              | Yes                | X No         |
|           | (If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)   |                        |  |         | _  |                 |                            |                  |                    |              |
|           | if a waiver of the minimum funding standard for a prior year is being amortized in<br>granting the waiver  |                        |  |         |  |                 | he date of                 |                  |                    | ng           |
| b<br>b    | Enter the minimum required contribution for this plan year   |                        |  |         | Г  | 12b             | 1                          |                  |                    | •            |
|           |  |                        |  | 12c     | <del>                                     </del> |                 | 7,514.10                   |                  |                    |              |
| đ         | C Enter the amount contributed by the employer to the plan for this plan year  |                        |  |         |  |                 |                            |                  |                    | Ţ,           |
| е         | Will the minimum funding amount reported on line 12d be met by the funding dec   |                        |  |         | _  |                 | Yes                        | <b>1</b>         | No F               | N/A          |
| Part      |  |                        |  |         |  |                 |                            |                  |                    |              |
| 13a       | Has a resolution to terminate the plan been adopted during the plan year or any  | prior yea              | r?   |         |  |                 |                            |                  | Yes                | X No         |
|           | If "Yes," enter the amount of any plan assets that reverted to the employer this y   | •ar                    |  | ******* |  | 13a             |                            |                  |                    |              |
| b         | Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?   | another                | plan, or brought u                             | inder   | the co   |                 |                            |                  | Yes                | X No         |
|           | If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See Instructions.)   | another                | plan(s), identify th                           | e pla   | n(s) to  | •               |                            |                  |                    |              |
|           | 13c(1) Name of plan(s):  |                        |  |         | 13   | c(2) E          | IN(s)                      | _                | 13c(3)             | PN(s)        |
|           |  |                        |  |         |  |                 |                            |                  |                    |              |
|           |  |                        |  |         |  |                 |                            |                  |                    |              |
|           | tion: A penalty for the late or incomplete filing of this return/report will be as   |                        |  |         |  |                 |                            |                  |                    |              |
| 8B 6      | er penalties of perjury and other penalties set forthlin the instructions. I declare that it schedule MB completed and signed by an enrolled actuary, as well as the electric, it is true, correct, and corpolete. | t I have o<br>onic ven | examined this return/r                         | m/rej   | port, ir<br>t, and                               | dudin<br>to the | g, if applic<br>best of my | cable,<br>y know | a Sche<br>Iledge : | idule<br>and |
| SIG       |  | de                     | Josep  | Y       | ع  | . <u>E</u>      | xad                        | 1                |                    |              |
| HEF       | Signature of plan administrator Date   | • .                    | Enter name of in                               | dividu  | iai sig  | ning a          | s plan adr                 | ministr          | ator               |              |
| SIG       | 10/13  | /10_                   | 305e   | 27      | ے  | <u>. K</u>      | zc 9d                      | u                |                    |              |
| LIEC      |  |                        |  |         |  |                 |                            | 1                | ·                  |              |