## 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).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	rt I Annual Report Identification Information			10/01/		
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	-	and ending	12/31/	2010 	
A	This return/report is for: single-employer plan	multiple-e	multiple-employer plan (not multiemployer)			
В	This return/report is for: first return/report	final retur	n/report			
	an amended return/report	short plan	year return/report (less than 12 m	onths)		
C	Check box if filing under: Form 5558	automatio	extension		DFVC progra	am
	special extension (enter description	on)				
Pa	rt II Basic Plan Information—enter all requested inform	ation				
1a	Name of plan			1b	Three-digit	
JEFF	CO CONCRETE CONTRACTORS, INC. 401(K) RETIREMENT PLA	AN			plan number	001
				10	(PN) Feffective date of	f plan
				'	01/01/1	
2a	Plan sponsor's name and address (employer, if for single-employer	· plan)		2b	Employer Identi	fication Number
JEFF	CO CONCRETE CONTRACTORS, INC.			<u> </u>	(EIN) 63-085	
1094	5 COMMERCIAL DRIVE			2C	Plan sponsor's 1 205-34	telephone number 5-3443
TUS	CALOOSA, AL 35405-9070			2d	Business code	(see instructions)
					238900	)
3a JEFF	Plan administrator's name and address (if same as Plan sponsor, e CO CONCRETE CONTRACTORS, INC. 10945 COM	enter "Same MERCIAL I	e") ORIVE	3b	Administrator's 63-085	
	TUSCALOO			3c		telephone number
					205-34	5-3443
	the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Sponso		0000	4c	PN	
	Total number of participants at the beginning of the plan year			. 5a		41
b	Total number of participants at the end of the plan year			. 5b		45
С	Total number of participants with account balances as of the end o	f the plan y	ear (defined benefit plans do not	0.0		
	complete this item)			. 5c		7
_	Were all of the plan's assets during the plan year invested in eligib		,			Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use F		•			
Pa	rt III Financial Information	_				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	7a	15638	51		191871
b	Total plan liabilities	. 7b		0		0
C	Net plan assets (subtract line 7b from line 7a)	. 7с	1563	51		191871
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) <sup>7</sup>	<u>Fotal</u>
а	Contributions received or receivable from: (1) Employers	. 8a(1)		0		
	(2) Participants		968	35		
	(3) Others (including rollovers)			0		
b	Other income (loss)		2583	35		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	-				35520
d	Benefits paid (including direct rollovers and insurance premiums			0		
	to provide benefits)	. 8d		0		
е	Certain deemed and/or corrective distributions (see instructions)	. <u>8e</u>		0		
f	Administrative service providers (salaries, fees, commissions)			0		
g	Other expenses			0		0
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					35520
!	Net income (loss) (subtract line 8h from line 8c)			0		33320
	Transfers to (from) the plan (see instructions)	. Qi		0		

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IV	Plan Characteristics	

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

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

art V	Compliance Questions							
) [	uring the plan year:		Yes	No		Amou	ınt	
	s there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							465
	Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)	10b		X				
С	Vas the plan covered by a fidelity bond?	10c		X				
	id the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud r dishonesty?	10d		X				
i	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, issurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X					398
f H	as the plan failed to provide any benefit when due under the plan?	10f		X				
g [	oid the plan have any participant loans? (If "Yes," enter amount as of year end.)							
	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		X				
	10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
rt V	Pension Funding Compliance							
	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	No
2 1	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?.		Yes X	No
(	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
g	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru ranting the waiver	th						g 
	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	401	<u> </u>			
	nter the minimum required contribution for this plan year			12b				
	nter the amount contributed by the employer to the plan for this plan year			12c				
	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount)		L	12d			_	
e v	/ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	)	N/A
rt V	Plan Terminations and Transfers of Assets							
a⊦	as a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>-</u>				Yes X	No
lf	"Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
	/ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought f the PBGC?						Yes 🔀	No
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t hich assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	1				
130	(1) Name of plan(s):		13	c(2) El	N(s)	13	3c(3) P	N(s)
autio	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
nder <sub>l</sub>	enalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret chedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.	urn/rej	port, ir	cludin	g, if appli			

SIGN	Filed with authorized/valid electronic signature.	03/24/2011	LYNDA ORR
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	03/24/2011	LYNDA ORR
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor