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

Part Annual Report Identification Information	1 611310	in Benefit Guaranty Corporation				This Form is Open to Pu Inspection	plic		
A This return/report is for: a multiemployer plan; a DFE (specity) a DFE (specity) a DFE (specity) a DFE (specity) b This return/report is: the first return/report; a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here.	Part I	Annual Report Iden	ntification Information		<u>.</u>	•			
B This return/report is:	For caler	ndar plan year 2009 or fiscal	plan year beginning 01/01/2009		and ending 12/31/2	009			
B This return/report is:	A This	eturn/report is for:	a multiemployer plan;	a multipl	le-employer plan; or				
C if the plan is a collectively-bargained plan, check here			a single-employer plan;	a DFE (s	specify)				
C if the plan is a collectively-bargained plan, check here	Part I Annual Report Identification Information								
C If the plan is a collectively-bargained plan, check here	B This r	eturn/report is:	the first return/report;	the final	return/report;				
D Check box if filing under:		·	an amended return/report	; a short p	olan year return/report (less th	an 12 months).			
D Check box if filing under:	C If the	plan is a collectively-bargain	ed plan, check here						
Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan CONSTRUCTION CONTRACTORS ASSOCIATION OF THE HUDSON VALLEY EMPLOYEES PROFIT SHARING PLAN AND TRUST CEffective date of plan 03/02/1985 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) 2b Employer Identification Number (EIN) 23-7228962 2a-7228962 2c Sponsor's telephone number 23-7228962 2a-7228962 2d Business code (see instructions) 23 Business code (see instructions) 24 Business code (see instructions) 25 Business code (see instructions) 26 Business code (see instructions) 27 Business code (see instructions) 28 Business code (see instructions) 29 Business code (see instructions) 28 Business code (see instructions) 29 Business code (see instructions) 28 Business code (see instructions) 28 Business code (see instructions) 29 Business code (see instructions)			· 🗂			<u> </u>			
Part II Basic Plan Information—enter all requested information 1a Name of plan	D Office	k box ii iiiiiig dildei.	H		,				
1a Name of plan CONSTRUCTION CONTRACTORS ASSOCIATION OF THE HUDSON VALLEY EMPLOYEES PROFIT SHARING PLAN AND TRUST 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CONSTRUCTION CONTRACTORS ASSOCIATION OF THE HUDSON VALLEY 2b Employer Identification Number (EIN) 23-7228962 2c Sponsor's telephone number 845-562-4280 2d Business code (see instructions) 237990 Caution: A penalty for the late or incomplete filling 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 Signature of plan administrator Date Enter name of individual signing as plan administrator	Dort	II Pacia Plan Inform	_ '	. ,					
CONSTRUCTION CONTRACTORS ASSOCIATION OF THE HUDSON VALLEY EMPLOYEES PROFIT SHARING PLAN 1	_	•	nation—enter all requested infon	mation		1h Three-digit plan			
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CONSTRUCTION CONTRACTORS ASSOCIATION OF THE HUDSON VALLEY 330 MEADOW AVENUE NEWBURGH, NY 12550 Caution: A penalty for the late or incomplete filling 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 Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor Date Enter name of individual signing as employer or plan sponsor		of plan 1b Three-digit plan 001							
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SIGN HERE Filed with authorized/valid electronic signature. SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as employer or plan sponsor SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor							dulaa		
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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 SIGN HERE									
SIGN HERE SIGN HERE SIGN HERE SIGN HERE SIGN HERE SIGN HERE		Filed with authorized/valid ele	ectronic signature.	signature. 06/18/2010 LUDWIG BAC		CH			
SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor HERE	HERE	Signature of plan administrator		Date	Enter name of individual signing as plan administrator				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor SIGN HERE						<u> </u>			
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor SIGN HERE									
SIGN HERE	HERE	Signature of employer/pla	an sponsor	Date	Enter name of individual sign	gning as employer or plan sp	onsor		
HERE -	D Check box if filing under: Form 5558;				<u> </u>				
	HERE	Signature of DFE		Date	Enter name of individual sign	gning as DFE			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009) v.092307.1

	(aaaa)	- 0		
	Form 5500 (2009) Plan administrator's name and address (if same as plan sponsor, enter "Same NSTRUCTION CONTRACTORS ASSOCIATION OF THE HUDSON VALLEY	Page 2		Iministrator's EIN 7228962
330	MEADOW AVENUE WBURGH, NY 12550		3c Ad	ministrator's telephone imber 5-562-4280
4 a	If the name and/or EIN of the plan sponsor has changed since the last return/re the plan number from the last return/report: Sponsor's name	eport filed for this plan, enter the name, EIN	and	4b EIN 4c PN
5	Total number of participants at the beginning of the plan year		5	2
6	Number of participants as of the end of the plan year (welfare plans complete of	only lines 6a, 6b, 6c, and 6d).	<u> </u>	
а	Active participants		6a	2
b	Retired or separated participants receiving benefits		6b	0
С	Other retired or separated participants entitled to future benefits		6c	0
Ч	Subtotal. Add lines 6a , 6b , and 6c		6d	2
е	Deceased participants whose beneficiaries are receiving or are entitled to rece	vive benefits	6e	0
f	Total. Add lines 6d and 6e		6f	2
g	Number of participants with account balances as of the end of the plan year (o complete this item)		6g	2
	Number of participants that terminated employment during the plan year with a less than 100% vested		6h	0
7	Enter the total number of employers obligated to contribute to the plan (only m		7	
b	If the plan provides pension benefits, enter the applicable pension feature code 2E f the plan provides welfare benefits, enter the applicable welfare feature codes f	from the List of Plan Characteristic Codes in	the inst	ructions:
	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are attachment.	9b Plan benefit arrangement (check all that (1) Insurance (2) Code section 412(e)(3) it (3) X Trust (4) General assets of the spached, and, where indicated, enter the number (2) ached, and, where indicated, enter the number (3) ached.	nsurand	ce contracts
а	Pension Schedules	b General Schedules		

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H (Financial Information)

A (Insurance Information)C (Service Provider Information)

I (Financial Information – Small Plan)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

R (Retirement Plan Information)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

(1)

(2)

(3)

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Information—Small Plan

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

Pension Benefit Guaranty Corporation			inspection
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009	and ending 12	2/31/2009	
A Name of plan CONSTRUCTION CONTRACTORS ASSOCIATION OF THE HUDSON VALLEY EMPLOYEES PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN)	•	001
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTRUCTION CONTRACTORS ASSOCIATION OF THE HUDSON VALLEY	D Employer Identifica 23-7228962	tion Number	(EIN)

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	327875	137234
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	327875	137234
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)	18122	
	(2) Participants	. 2a(2)		
	(3) Others (including rollovers)	. 2a(3)		
b	Noncash contributions	. 2b		
С	Other income	. 2c	3813	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		21935
е	Benefits paid (including direct rollovers)	. 2e	212576	
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions).	. 2h		
i	Other expenses	. 2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		212576
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		-190641
	Transfers to (from) the plan (see instructions)	. 2I		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
	Real estate (other than employer real property)			X	
d	Employer securities	3d		X	
	Participant loans			Χ	

Page 2-	1	

Schedule I (Form 5500) 2009

	_		Yes	No	Amou	nt
3f	Loans (other than to participants)	3f		X		
g	Tangible personal property	3g		Χ		
	_					
Pa	art II Compliance Questions					
4	During the plan year:		Yes	No	Amou	ınt
а	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 plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X		
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X		
е	Was the plan covered by a fidelity bond?	4e	X			20000
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 at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X		
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X		
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X			
ı	Has the plan failed to provide any benefit when due under the plan?	41		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n				
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year		_		Amount:	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider transferred. (See instructions.)	ntify tl	he plan			
	5b(1) Name of plan(s)			5b(2)	EIN(s)	5b(3) PN(s)

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	Annual Report Identific	cation Information						
	alendar plan year 2009 or fiscal plan			and ending				
	his return/report is for:	a multiemployer plan;		a multiple-employe	r plan; or			
	entropy and dependent and the analysis of the second	x a single-employer plan:	L	a DFE (specify)				
		_	_	7				
Вт	his return/report is:	the first return/report;	L	the final return/repo				
	*	an amended return/report	; L	a short plan year re	eturn/report (less than 12 mon	ths). ⊐		
CH	the plan is a collectively-bargained p	olan, check here		4		_		
	Check box if filing under:	Form 5558;		automatic extension	n; the DFVC pro	ogram;		
		special extension (enter d	escription)					
1 m - 1 m S	Basic Plan Information	n — enter all requested informa	ation					
	lame of plan				1b Three-digit plan			
	STRUCTION CONTRACTORS			ļ	number (PN) ▶	001		
VAI	LEY EMPLOYEES PROFIT	SHARING PLAN AND T	RUST		1c Effective date of plan			
					03/02/1985			
2a F	Plan sponsor's name and address (er	nployer, if for a single-employer	plan)		2b Employer Identification			
(Address should include room or suite	no.)		1	Number (EIN)			
	STRUCTION CONTRACTORS				23-7228962			
ASS	OCIATION OF THE HUDSO	N VALLEY			2c Sponsor's telephone			
					number			
					845-562-4280			
330	MEADOW AVENUE				2d Business code (see			
					instructions)			
					237990	every and of the second		
					Carried St. St. Co.			
NEV	BURGH		NY 12550			建模模式0.5 50		
Cau	tion: A penalty for the late or incom	nplete filing of this return/repo	ort will be assessed u	nless reasonable cau	se is established.			
Linde	r penalties of periury and other penalties so	et forth in the instructions, I declare th	nat I have examined this re	turn/report, including accor	mpanying schedules,			
state	ments and attachments, as well as the elec	tronic version of this return/report, ar	nd to the best of my knowle	dge and belief, it is true, c	orrect, and complete.			
SIGN		elfon	6/11/2010	Patricia				
HERE	Signature of plan administrator	r	Date	Enter name of individ	dual signing as plan administra	ator		
SIGN	a all		6/11/10	A-Alans	EIOP			
HERE	Signature of employer/plan sponsor	or	Date	Enter name of individua	l signing as employer or plan spor	nsor		
9 7/3E								
SIGN								
HERE	Signature of DFE		Date	Enter name of individ	dual signing as DFE			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)

Form 5500 (2009)	Page 2			
3a Plan administrator's name and address (if same as plan sponsor, ent	er "Same")	3b Ac	minis	trator's EIN
SAME			dminis	trator's telephone
4 (C) 1/ CIN (the above a bound since the local	t return/report filed for this plan ente	r the name. FIN		4 b EIN
4 If the name and/or EIN of the plan sponsor has changed since the last	t return/report filed for this plan, ente	r tile flame, Liiv		40 2111
and the plan number from the last return/report: a Sponsor's name				4c PN
5 Total number of participants at the beginning of the plan year		u.	5	
6 Number of participants as of the end of the plan year (welfare plans of	complete only lines 6a, 6b, 6c, and 6d) .	2.3	
a Active participants			6a	
b Retired or separated participants receiving benefits			6b	
C Other retired or separated participants entitled to future benefits			6c	1
d Subtotal. Add lines 6a, 6b, and 6c			6d	
e Deceased participants whose beneficiaries are receiving or are entitle	ed to receive benefits		6e	
f Total. Add lines 6d and 6e			6f	
g Number of participants with account balances as of the end of the pla complete this item)	n year (only defined contribution plar	ns	6g	
h Number of participants that terminated employment during the plan y	ear with accrued benefits that were			
less than 100% vested	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6h	
7 Enter the total number of employers obligated to contribute to the pla	n (only multiemployer plans complete	this item)	7	
8a If the plan provides pension benefits, enter the applicable pension fea 2E b If the plan provides welfare benefits, enter the applicable welfare fea	ature codes from the List of Plan Cha	racteristic Codes		

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b General Schedules

X

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

(1)

(2)

(3)

(4)

(1)

(2)

(3)

X

a Pension Schedules

Insurance

plan actuary

Trust

Code section 412(e)(3) insurance contracts

General assets of the sponsor

R (Retirement Plan Information)

Information) - signed by the plan actuary

MB (Multiemployer Defined Benefit Plan and Certain

SB (Single-Employer Defined Benefit Plan Actuarial

Money Purchase Plan Actuarial Information) - signed by the

Insurance

Н

ľ

С

D

Trust

Code section 412(e)(3) insurance contracts

(Financial Information)

(Insurance Information)

(Service Provider Information)

(Financial Information - Small Plan)

(DFE/Participating Plan Information)

(Financial Transaction Schedules)

General assets of the sponsor