# 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:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
YONKERS CONTRACTING CO., INC. PROFIT SHARING TRUST

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 12/31/1973

**2a** Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
YONKERS CONTRACTING CO., INC. PROFIT SHARING TRUST

969 MIDLAND AVENUE
YONKERS, NY 10704

**2b** Employer Identification Number (EIN)
13-2981331

**2c** Sponsor's telephone number
914-965-1500

**2d** Business code (see instructions)
238100

**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. | 06/23/2010 | MICHAEL KELLER |
| | **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")
YONKERS CONTRACTING CO., INC. PROFIT SHARING TRUST

969 MIDLAND AVENUE
YONKERS, NY 10704

**3b** Administrator's EIN
13-2981331

**3c** Administrator's telephone number
914-965-1500

**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** | 152 |
| **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** | 119 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 14 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 133 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 133 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 133 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 7 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 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)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

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

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | X | **R** (Retirement Plan Information) |
| **(2)** | | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |
| **(3)** | | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |

**b General Schedules**

| | | |
|---|---|---|
| **(1)** | X | **H** (Financial Information) |
| **(2)** | | **I** (Financial Information – Small Plan) |
| **(3)** | | **A** (Insurance Information) |
| **(4)** | X | **C** (Service Provider Information) |
| **(5)** | | **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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2009**<br>**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
YONKERS CONTRACTING CO., INC. PROFIT SHARING TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
YONKERS CONTRACTING CO., INC. PROFIT SHARING TRUST

**D** Employer Identification Number (EIN)
13-2981331

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

DANZIGER & MARKHOFF LLP

123 MAIN STREET
WHITE PLAINS, NY 10601

13-3010201

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 29 | | 18326 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

LILLING & COMPANY, INC.

10 CUTTERMILL ROAD
GREAT NECK, NY 11021

13-3447681

| (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? |
|---|---|---|---|---|---|---|
| 10 | | 5000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

CARRET & COMPANY, LLP

40 WEST 57TH STREET
NEW YORK, NY 10019

06-1685285

| (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? |
|---|---|---|---|---|---|---|
| 27 | | 15611 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

TOCQUEVILLE ASSET MANAEMENT

40 WEST 57TH STREET
NEW YORK, NY 10019

13-3547557

| (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? |
|---|---|---|---|---|---|---|
| 27 | | 25234 | 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 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
YONKERS CONTRACTING CO., INC. PROFIT SHARING TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
YONKERS CONTRACTING CO., INC. PROFIT SHARING TRUST

**D** Employer Identification Number (EIN)
13-2981331

## 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 | 82823 | 59854 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 262700 | 308687 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 892300 | 115973 |
| **(2)** U.S. Government securities | 1c(2) | 1053801 | 1096421 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | 1215862 | 1737643 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | 3389583 | 4727416 |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 129918 | 108640 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 7026987 | 8154634 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | 34000 | 33500 |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 3058 | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 37058 | 33500 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 6989929 | 8121134 |

## 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) | 558687 | |
| | **(B)** Participants | 2a(1)(B) | | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 558687 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 197406 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 7513 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 204919 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 125439 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 125439 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | 897213 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 897213 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| **c** Other income | 2c | | 6868 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1793126 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 589581 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 589581 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | 23326 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 49014 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 72340 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 661921 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 1131205 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: LILLING & COMPANY, INC. (2) EIN: 13-3447681

**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 | | | |

**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
YONKERS CONTRACTING CO., INC. PROFIT SHARING TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
YONKERS CONTRACTING CO., INC. PROFIT SHARING TRUST

**D** Employer Identification Number (EIN)
13-2981331

## 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**

**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): 13-6645765

**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** 23

## 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):

# YONKERS CONTRACTING COMPANY, INC.
# PROFIT SHARING TRUST

*REPORT ON AUDIT OF FINANCIAL STATEMENTS*

*DECEMBER 31, 2009*

# Lilling & Company LLP

Certified Public Accountants

## *INDEPENDENT AUDITOR'S REPORT*

To the Trustees
Yonkers Contracting Company, Inc.
Profit Sharing Trust

We were engaged to audit the accompanying statement of net assets available for benefits of Yonkers Contracting Company, Inc. Profit Sharing Trust as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedule of assets held for investment purposes as of December 31, 2009. These financial statements and schedule 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 The Manufacturers and Traders Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2009, and 2008, that the information provided to the plan administrator by the custodian 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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Lilling & Company

*CERTIFIED PUBLIC ACCOUNTANTS*

*Great Neck, New York*
*June 14, 2010*

Ten Cutter Mill Road, Great Neck, NY 11021-3201 • (516) 829-1099 • Fax (516) 829-1065

**YONKERS CONTRACTING COMPANY, INC.**
**PROFIT SHARING TRUST**

***STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS***
***DECEMBER 31,***

| | 2009 | 2008 |
|---|---|---|
| ***ASSETS*** | | |
| ***Investments (at fair value)*** | $ 7,748,941 | $ 6,662,030 |
| ***Receivables*** | | |
| Employers' contributions | 308,687 | 262,700 |
| Accrued interest and dividends | 37,152 | 19,434 |
| | 345,839 | 282,134 |
| ***Cash*** | 59,854 | 82,823 |
| ***TOTAL ASSETS*** | 8,154,634 | 7,026,987 |
| ***LIABILITIES*** | | |
| Accounts payable | 33,500 | 37,058 |
| ***NET ASSETS AVAILABLE FOR BENEFITS*** | $ 8,121,134 | $ 6,989,929 |

*See notes to financial statements*

**YONKERS CONTRACTING COMPANY, INC.**
**PROFIT SHARING TRUST**

***STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS***
***YEAR ENDED DECEMBER 31, 2009***

| | |
|---|---|
| ***ADDITIONS TO NET ASSETS ATTRIBUTED TO:*** | |
| Investment Income | |
| Net change in fair value of investments | $ 1,022,651 |
| Interest and dividends | 211,789 |
| | 1,234,440 |
| Contributions | |
| Employers' | 558,687 |
| ***TOTAL ADDITIONS*** | 1,793,127 |
| ***DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:*** | |
| Benefits paid to participants | 589,582 |
| Administrative expenses | 72,340 |
| ***TOTAL DEDUCTIONS*** | 661,922 |
| ***NET CHANGE*** | 1,131,205 |
| ***NET ASSETS AVAILABLE FOR BENEFITS*** | |
| ***-BEGINNING OF YEAR*** | 6,989,929 |
| ***-END OF YEAR*** | $ 8,121,134 |

*See notes to financial statements*

## 1. DESCRIPTION OF PLAN

The following description of the Yonkers Contracting Company, Inc. Profit Sharing Trust ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution profit sharing plan covering substantially all employees of Yonkers Contracting Company, Inc. and certain related affiliated companies (collectively the "Company") who have six months of service and 500 hours worked, are age 21 or older and are not covered by a collective bargaining agreement. Entry date is June 30 and December 31 of each Plan Year, following the date of satisfaction of the Plan's eligibility requirements. The Plan is subject to the provisions of the Employees Retirement Income Security Act of 1974, as amended (ERISA). The investment decisions for the Plan are the responsibility of the Plan administrator. The Plan investments are non-participant directed. All contributions to the Plan are at the discretion of the Company. Employees may make rollover contributions to the Plan.

### Contributions

The Company may contribute an amount from its current or accumulated profits as determined by the board of directors. The Company has no obligation to contribute any amount under the Plan. For the year ended December 31, 2009 the Company contributed approximately $559,000. Participants must be employed on the last day of the Plan Year to be credited with an allocable share of contribution.

### Forfeitures

Forfeitures, if any, are allocated to participants in the same manner as employer contributions.

### Participant Accounts

Each participant's individual account is credited with an allocation of (a) the Company's contribution, (b) Plan earnings, and (c) forfeitures of terminated participant's non-vested accounts. Earnings are allocated on a pro-rata basis. Contributions are allocated in accordance with Social Security integration. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### Vesting

Participants' vesting in their respective account balances are based on years of continuous service as follows:

| Years of Service | Amount Vested |
|---|---|
| Less than 1 year of service | 0% |
| Less than 2 years of service | 20% |
| Less than 3 years of service | 40% |
| Less than 4 years of service | 60% |
| Less than 5 years of service | 80% |
| 6 or more years | 100% |

### Payment of Benefits

On termination of service due to death, disability or retirement, a participant becomes 100% vested in their account balance and may receive benefits in one or more of the following forms of payment: 1) a qualified lump sum; 2) in installment payments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a qualified lump-sum distribution.

### Participant Loans

Participants may borrow from their fund accounts up to a specified limit of their vested account balance. A loan is collateralized by the balance in the participant's account. The interest rate is the prime rate plus 1% per annum. Loan payments are made through payroll deductions.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Accounting Standards Codification

The Financial Accounting Standards Board ("FASB") has issued FASB Statement No. 168, *The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles*, effective for periods ending after September 15, 2009. This Statement establishes the FASB Accounting Standards Codification ("ASC") as the single source of authoritative United States generally accepted accounting and reporting standards for nongovernmental entities and these financial statements are referenced accordingly.

**Basis of Accounting**

The financial statements of the Plan are prepared under the accrual method of accounting. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Payment of Benefits**

Benefits are recorded when paid.

**Investment Valuation and Income Recognition**

The Plan's investments in U.S. government securities, corporate bonds and debentures, common stocks and money market funds are stated at fair market value, based on their respective quoted market prices. Participant loans are valued at amortized cost, which approximates fair value. Purchases and sales of securities are recorded on a trade date basis.

**Use of Estimates**

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

## 3. INVESTMENTS

The following table presents investments at December 31, 2009 and 2008. Investments that represent 5% or more of the Plan's net assets are separately identified.

| Investments, at fair value | 2009 | 2008 |
|---|---|---|
| Money Market Funds | $ - | $ 892,300 |
| Investments under 5% | 7,748,941 | 5,769,730 |
| | $7,748,941 | $6,662,030 |

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well held during the year) resulted in an increase in value of $1,022,651.

## 4. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedule as of and for the years ended December 31, 2009 and 2008 was obtained from data that has been prepared and certified to as complete and accurate by the Plan's custodian, The Manufacturers and Traders Trust Company.

| | 2009 | 2008 |
|---|---|---|
| Investments at fair value | $7,640,301 | $6,532,112 |
| Net change in fair value of investments | 1,022,651 | (1,914,592) |
| Interest and dividends | 211,789 | 221,022 |

## 5. 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 of Plan termination, participants will become 100% vested in their accounts.

## 6. TAX STATUS

The Plan operates under the provisions of a Plan document that obtained a favorable determination letter from the Internal Revenue Service. The Plan, as then designed and subsequently amended, is in compliance with the applicable requirements of the Internal Revenue Code.

## 7. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in market conditions in the near term could materially affect participants' account balances and the value of investments reported in the statements of net assets available for benefits.

## 8. PARTY-IN-INTEREST TRANSACTIONS

The Manufacturers and Traders Trust Company is the custodian of the Plan's investments and therefore certain transactions qualify as party-in-interest transactions. Fees of approximately $8,700 were paid directly to The Manufacturers and Traders Trust Company from the Plan during the year ended December 31, 2009.

## 9. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits.

| December 31, 2009 | Fair Value | Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Unobservable Inputs (Level 3) |
|---|---|---|---|
| Common Stocks | $ 4,545,396 | $ 4,545,396 | $ - |
| Corporate and Foreign Bonds | 1,737,643 | 1,737,643 | - |
| U. S. Government Agencies | 1,096,422 | 1,096,422 | - |
| Money Market Funds | 114,212 | 114,212 | - |
| Mutual Funds | 96,368 | 96,368 | - |
| Preferred Stocks | 50,260 | 50,260 | - |
| Participants' Loans | 108,640 | - | 108,640 |
| | $ 7,748,941 | $7,640,301 | $108,640 |

| December 31, 2008 | Fair Value | Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Unobservable Inputs (Level 3) |
|---|---|---|---|
| Common Stock | $3,296,867 | $3,296,867 | $ - |
| Corporate and Foreign Bonds | 991,190 | 991,190 | - |
| U. S. Government Agencies | 964,282 | 964,282 | - |
| Money Market Funds | 892,300 | 892,300 | - |
| Mutual Funds | 92,710 | 92,710 | - |
| U. S. Treasury Obligations | 294,763 | 294,763 | - |
| Participants' Loans | 129,918 | - | 129,918 |
| | $6,662,030 | $6,532,112 | $129,918 |

FASB ASC Topic 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There were no level 2 inputs used.

Level 1 - The fair value of investments is based on quoted net asset values of the shares held by the Plan at year end.

Level 2 - The fair value of investments is based on inputs other than quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Participant loans are not actively traded and significant other observable inputs are not available. The fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2009 are reported in net change in fair value of investments.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Common stocks, corporate bonds and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

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

Participant loans: Valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**Level 3 Increases and Decreases**

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2009 and 2008:

| | Participants' Loans | Total |
|---|---|---|
| December 31, 2008 | | |
| Beginning balance | $ 98,639 | $ 98,639 |
| Increases and decreases, (net) | 31,279 | 31,279 |
| Ending balance | $ 129,918 | $ 129,918 |
| December 31, 2009 | | |
| Beginning balance | $129,918 | $129,918 |
| Increases and decreases, (net) | ( 21,278) | ( 21,278) |
| Ending balance | $108,640 | $108,640 |

## 10. SUBSEQUENT EVENTS

In preparing the accompanying financial statements, the Plan administrator has reviewed events that have occurred after December 31, 2009, through the date of issuance of these financial statements on June 14, 2010. The trustees of the Plan have approved and completed the merger of this Plan with the Company's 401k Plan in 2010.

*SUPPLEMENTAL SCHEDULE*

**YONKERS CONTRACTING COMPANY, INC.**
**PROFIT SHARING TRUST**

***FORM 5500 - SCHEDULE H, LINE 4i -***
***SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES***
***DECEMBER 31, 2009***

| (a) | (b) Identity of Issue, borrower, lessor, or similar party | (c) Description of investment | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | ***Common Stock*** | | | |
| | 3M Co. | 1,000 shares | $ 65,759 | $ 82,670 |
| | Abbott Laboratories | 1,350 shares | 54,390 | 72,887 |
| | Adobe Sys Inc Com | 700 shares | 18,777 | 25,746 |
| | Aflac Inc | 1,600 shares | 60,666 | 74,000 |
| | Air Products & Chemicals Inc | 900 shares | 56,628 | 72,954 |
| | Alcoa Inc. Com | 1,600 shares | 33,659 | 25,792 |
| | Allstate Corp | 800 shares | 40,933 | 24,032 |
| | Am Ex Co | 900 shares | 24,706 | 36,468 |
| | Andarko Petroleum Corp | 600 shares | 31,549 | 37,452 |
| | Apple Inc. | 500 shares | 89,922 | 105,366 |
| | Applied Materials Inc Com | 1,300 shares | 25,045 | 18,122 |
| | Automatic Data Processing Inc | 458 shares | 18,926 | 19,612 |
| | Avent Inc Com | 1,050 shares | 26,123 | 31,668 |
| | Bard C R Inc Com | 600 shares | 21,677 | 46,740 |
| | Becton Dickinson & Co Com | 450 shares | 27,785 | 35,487 |
| | Bed Bath & Beyond Inc. Com | 900 shares | 36,485 | 34,749 |
| | Boeing Co Com | 700 shares | 30,482 | 37,891 |
| | Caterpillar Inc | 600 shares | 21,435 | 34,194 |
| | Caterpillar Inc | 400 shares | 28,317 | 22,796 |
| | CB Richard Ellis Group Inc-A | 1,900 shares | 45,009 | 25,783 |
| | Charles River Labs Intl Inc Com | 1,000 shares | 30,163 | 55,680 |
| | Chesapeake Energy Corp Co. | 800 shares | 24,032 | 20,704 |
| | Chevron Corp | 400 shares | 31,268 | 30,796 |
| | Cisco Systems Inc | 4,050 shares | 66,701 | 96,957 |
| | Citigroup Inc. Com | 2,100 shares | 70,591 | 6,951 |
| | Coca Cola Co Com | 2,050 shares | 101,663 | 116,850 |
| | Cognizant Tech Sol Corp | 1,200 shares | 55,027 | 54,396 |
| | Colgate Palmolive Co Com | 1,400 shares | 85,112 | 106,795 |
| | Comcast Corp New A | 1,350 shares | 30,770 | 22,761 |
| | Conoco Phillips | 354 shares | 11,542 | 18,079 |

**YONKERS CONTRACTING COMPANY, INC.**
**PROFIT SHARING TRUST**

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***SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES***
***DECEMBER 31, 2009***

| (a) | (b) Identity of Issue, borrower, lessor, or similar party | (c) Description of investment | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Corning Inc | 1,425 shares | 16,839 | 27,517 |
| | Covance Inc Com | 500 shares | 15,655 | 27,285 |
| | CVS/Caremark Corp | 1,583 shares | 28,725 | 50,988 |
| | Dentsply International Inc Com | 750 shares | 22,421 | 26,378 |
| | Diamond Offshore Drilling Com | 250 shares | 6,475 | 24,605 |
| | Dominion Resources Inc | 500 shares | 15,325 | 19,460 |
| | Dupont EI De Nemours & Co Com | 500 shares | 13,438 | 16,835 |
| | Ebay Inc Com | 2,500 shares | 58,323 | 58,825 |
| | EMC Corp Mass Com | 1,200 shares | 17,232 | 20,964 |
| | Emerson Electric Co | 400 shares | 11,848 | 17,040 |
| | Exxon Mobil Corp. | 2,550 shares | 94,057 | 173,884 |
| | Flextronics Intl Ltd | 3,600 shares | 23,358 | 26,316 |
| | Franklin Resources Inc. | 200 shares | 13,599 | 21,070 |
| | General Dynamics Corp Com | 350 shares | 24,325 | 23,859 |
| | General Electric Company | 4,000 shares | 107,020 | 60,520 |
| | General Mills Inc. | 400 shares | 22,612 | 28,324 |
| | Gilead Sciences Inc Com | 500 shares | 14,072 | 21,635 |
| | Goldman Sachs Group Inc Com | 125 shares | 9,503 | 21,105 |
| | Google Inc Cl A | 150 shares | 83,414 | 92,997 |
| | Harley-Davidson Inc | 500 shares | 29,199 | 12,600 |
| | Hartford Financial Svcs Grp Inc. | 1,150 shares | 60,088 | 26,749 |
| | Heinz H J Co Com | 500 shares | 21,178 | 21,380 |
| | Henry Schein Inc Com | 1,000 shares | 33,972 | 52,600 |
| | Hewlett-Packard Co | 1,000 shares | 29,835 | 51,510 |
| | Home Depot Inc Com | 700 shares | 15,847 | 20,251 |
| | Honeywell Intl Inc Com | 600 shares | 20,416 | 23,520 |
| | IBM Corporation | 1,000 shares | 114,793 | 130,900 |
| | Intel Corp Com | 1,650 shares | 32,781 | 33,660 |
| | Intuitive Surgical Inc | 200 shares | 25,399 | 60,686 |
| | Isis Pharmaceuticals Com | 4,000 shares | 41,509 | 44,440 |
| | Johnson & Johnson | 1,400 shares | 76,708 | 90,174 |

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**YONKERS CONTRACTING COMPANY, INC.**
**PROFIT SHARING TRUST**

***FORM 5500 - SCHEDULE H, LINE 4i -***
***SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES***
***DECEMBER 31, 2009***

| (a) | (b) Identity of Issue, borrower, lessor, or similar party | (c) Description of investment | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | JP Morgan Chase & Co | 700 shares | 31,699 | 29,169 |
| | Kellogg Co. Com | 1,400 shares | 52,918 | 53,200 |
| | Kraft Foods Inc Cl A | 3,500 shares | 98,841 | 95,130 |
| | L 3 Communications Corp Com | 300 shares | 18,861 | 26,085 |
| | Manitowoc Co Inc Com | 2,300 shares | 20,094 | 22,931 |
| | McDonald's Corporation | 359 shares | 9,558 | 22,416 |
| | McGraw Hill Companies Inc | 1,600 shares | 58,038 | 53,616 |
| | Medco Health Solutions Inc | 1,000 shares | 20,025 | 63,910 |
| | Medtronic Inc | 500 shares | 14,540 | 21,990 |
| | Microsoft Corp | 3,800 shares | 104,425 | 115,824 |
| | Monsanto Company | 900 shares | 74,033 | 73,575 |
| | National-Oilwell Varco Inc. | 750 shares | 18,612 | 33,067 |
| | Pepsico Inc Com | 1,400 shares | 68,563 | 85,120 |
| | Potash Corp. of Saskatchewan | 600 shares | 58,220 | 65,100 |
| | Praxair Inc Com | 900 shares | 47,717 | 72,279 |
| | Pfizer Inc. | 689 shares | 33,660 | 12,533 |
| | Proctor & Gamble Co com | 1,800 shares | 83,590 | 109,134 |
| | Prudential Financial Inc | 1,400 shares | 63,025 | 69,664 |
| | Qualcomm Inc Com | 1,700 shares | 56,658 | 78,642 |
| | Quest Diagnostics Inc | 1,600 shares | 73,486 | 96,608 |
| | Salix Pharmaceuticals Ltd | 3,000 shares | 27,060 | 76,170 |
| | Schlumberger Ltd | 800 shares | 59,062 | 52,072 |
| | Southern Co Com | 500 shares | 15,495 | 16,660 |
| | Sysco Corp | 1,000 shares | 31,631 | 27,940 |
| | Target Corp Com | 850 shares | 40,858 | 41,114 |
| | Teva Pharmaceuticals ADR | 3,000 shares | 64,123 | 67,416 |
| | Texas Instruments Inc | 1,100 shares | 27,732 | 28,666 |
| | The Mosaic Company | 1,200 shares | 85,534 | 71,676 |
| | The Travelers Companies Inc | 400 shares | 16,469 | 19,944 |
| | Thoratec Corp | 2,000 shares | 33,633 | 53,840 |

*See independent auditor's report*

**YONKERS CONTRACTING COMPANY, INC.**
**PROFIT SHARING TRUST**

***FORM 5500 - SCHEDULE H, LINE 4i -***
***SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES***
***DECEMBER 31, 2009***

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | Identity of Issue, borrower, lessor, or similar party | Description of investment | Cost | Current value |
| | Transocean Limited | 209 shares | 5,750 | 17,305 |
| | United Technologies Corp Com | 1,450 shares | 79,585 | 100,645 |
| | U S Bancorp Del Com New | 1,000 shares | 33,300 | 22,510 |
| | Wells Fargo & Co | 1,000 shares | 34,580 | 26,990 |
| | | | 3,926,483 | 4,545,396 |
| | ***Corporate and Foreign Bonds*** | | | |
| | Alcoa Inc. 6.000% 1/15/2012 | 10,000 | 9,980 | 10,510 |
| | Am Ex Bank 5.50% 10/17/2012 | 75,000 | 78,530 | 80,207 |
| | American General 5.625% 8/17/2011 | 75,000 | 77,331 | 66,293 |
| | Anheuser Busch Cos 4.70% 4/15/2012 | 50,000 | 48,250 | 52,145 |
| | Bellsouth Corp 6.000% 10/15/2011 | 20,000 | 20,534 | 21,626 |
| | Boeing Cap Corp 5.80% 1/15/2013 | 30,000 | 30,508 | 32,670 |
| | Cisco Systems 5.25% 2/22/2011 | 70,000 | 70,316 | 73,453 |
| | Computer Sciences 7.375% 6/15/2011 | 15,000 | 15,603 | 16,143 |
| | Conoco Phillips 4.75% 10/15/2012 | 30,000 | 31,856 | 32,146 |
| | Consolidated Nat Gas 6.25% | 70,000 | 72,765 | 75,356 |
| | FPL Group Cap Inc. 5.625% 9/01/2011 | 50,000 | 50,028 | 53,187 |
| | Gen Elec Cap Corp 5.375% | 50,000 | 49,676 | 51,987 |
| | Goldman Sachs Group 6.875% | 50,000 | 51,350 | 53,022 |
| | Home Depot Inc 4.625% 8/15/2010 | 50,000 | 48,500 | 51,186 |
| | HSBC Finance Corp. 6.750% | 15,000 | 14,915 | 15,853 |
| | Jefferies Group Inc 5.875% 6/08/2014 | 75,000 | 76,297 | 77,020 |
| | Kraft Foods Inc 6.25% 6/01/2012 | 50,000 | 52,868 | 53,887 |
| | Loews Corp 5.25% 3/15/2016 | 70,000 | 70,178 | 71,089 |
| | Lowes Companies Inc 8.250% | 15,000 | 16,378 | 15,482 |
| | Mellon Finl Co 6.375% 2/15/2010 | 10,000 | 9,092 | 10,051 |
| | Merrill Lynch & Co 4.50% | 75,000 | 76,512 | 77,100 |
| | Morgan Stanley 4.75% 4/01/2014 | 75,000 | 75,947 | 75,431 |
| | Morgan Stanley 5.41% 2/01/2011 | 55,000 | 56,400 | 54,481 |

*See independent auditor's report*

**YONKERS CONTRACTING COMPANY, INC.**
**PROFIT SHARING TRUST**

***FORM 5500 - SCHEDULE H, LINE 4i -***
***SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES***
***DECEMBER 31, 2009***

| (a) | (b) Identity of Issue, borrower, lessor, or similar party | (c) Description of investment | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | SBC Communications 5.875% | 10,000 | 9,933 | 10,814 |
| | SLM Corp CPI 2.225% 11/21/2013 | 50,000 | 51,219 | 39,670 |
| | State Street Corp 7.650% 6/15/2010 | 10,000 | 11,061 | 10,291 |
| | Suntrust Banks Inc 7.750% 5/01/2010 | 10,000 | 10,999 | 10,185 |
| | Viacom Inc 6.625% 5/15/2011 | 15,000 | 15,413 | 15,719 |
| | Prudential Financial 6.10% 6/15/2017 | 75,000 | 77,980 | 77,633 |
| | SBC Communications 6.25% | 50,000 | 51,766 | 52,948 |
| | Schwab Charles Corp 4.95% | 75,000 | 75,487 | 79,120 |
| | Target Group NT 5.875% 3/01/2012 | 50,000 | 50,825 | 54,176 |
| | Tele/TCI Common Inc 9.80% | 75,000 | 82,875 | 84,885 |
| | Time Warner Inc 6.875% 5/01/2012 | 70,000 | 71,050 | 76,632 |
| | Verizon Comm 5.35% 2/15/2011 | 50,000 | 50,222 | 52,137 |
| | Vodafone Group PLC 5.625% | 50,000 | 49,883 | 53,108 |
| | | | 1,712,527 | 1,737,643 |
| | ***U.S. Government Agencies*** | | | |
| | Fed Farm Cr Bk 4.30% 5/28/2019 | 100,000 | 96,600 | 99,875 |
| | Fed Home Ln Bk 2.85% 1/14/2014 | 100,000 | 99,200 | 100,094 |
| | Fed Home Ln Bk 3.72% 3/26/2013 | 50,000 | 50,640 | 50,391 |
| | Fed Home Ln Bk 4.34% 6/11/2019 | 100,000 | 96,600 | 99,688 |
| | Fed Home Ln Bk 5.125% 8/14/2013 | 50,000 | 50,633 | 55,047 |
| | Fed Home Ln Mtg 3.25% 3/03/2014 | 100,000 | 99,825 | 100,244 |
| | Fed Home Ln Mtg 3.250% 2/18/2014 | 100,000 | 99,976 | 100,377 |
| | Fed Home Ln Mtg Corp 5.625% | 35,000 | 33,637 | 37,045 |
| | Fed Natl Mtg Assn 2.00% 12/30/2019 | 50,000 | 49,925 | 48,922 |
| | Fed Natl Mtg Assn 3.10% 3/19/2014 | 100,000 | 100,100 | 101,344 |
| | Fed Natl Mtg Assn 3.20% 3/18/2014 | 100,000 | 100,100 | 101,000 |
| | Fed Natl Mtg Assn 4.00% 1/28/2013 | 75,000 | 75,000 | 79,383 |
| | Fed Natl Mtg Assn 4.14 2/04/2015 | 75,000 | 74,944 | 75,188 |
| | FHLMC Remic 2594-YA 4.000% | 45,041 | 42,873 | 46,925 |
| | FNMA Remic 05-63-PA 5.500% | 899 | 897 | 899 |
| | | | 1,070,950 | 1,096,422 |

*See independent auditor's report*

**YONKERS CONTRACTING COMPANY, INC.**
**PROFIT SHARING TRUST**

***FORM 5500 - SCHEDULE H, LINE 4i -***
***SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES***
***DECEMBER 31, 2009***

| (a) | (b) Identity of Issue, borrower, lessor, or similar party | (c) Description of investment | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | ***Mutual Funds*** | | | |
| | Ishares Dow Jones US Telecom | 2,017 shares | 47,863 | 40,380 |
| | Ishares FTSE/Xinhua China 25 | 600 shares | 29,183 | 25,356 |
| | Ishares MSCI Australia Index Fund | 1,000 shares | 27,568 | 22,840 |
| | Ishares S&P Europe 350 Index FD | 200 shares | 11,711 | 7,792 |
| | | | 116,325 | 96,368 |
| | ***Preferred Equity Securities*** | | | |
| | Bank One Cap VI Pfd 7.20% | 2,000 shares | 50,100 | 50,260 |
| | ***Money Market Funds*** | | | |
| * | The Manufacturers and Traders Trust Company | Money market | 114,212 | 114,212 |
| | | | 6,990,597 | 7,640,301 |
| | ***Participants' loans*** | Loans to participants with interest rates of 4.25 % to 9.25% per annum | 108,640 | 108,640 |
| | | | $ 7,099,237 | $ 7,748,941 |

* - Indicates Party-in-interest

**YONKERS CONTRACTING COMPANY, INC.**
**PROFIT SHARING TRUST**

***FORM 5500 - SCHEDULE H, LINE 4i -***
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***DECEMBER 31, 2009***

| (a) | (b) Identity of Issue, borrower, lessor, or similar party | (c) Description of investment | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | ***Common Stock*** | | | |
| | 3M Co. | 1,000 shares | $ 65,759 | $ 82,670 |
| | Abbott Laboratories | 1,350 shares | 54,390 | 72,887 |
| | Adobe Sys Inc Com | 700 shares | 18,777 | 25,746 |
| | Aflac Inc | 1,600 shares | 60,666 | 74,000 |
| | Air Products & Chemicals Inc | 900 shares | 56,628 | 72,954 |
| | Alcoa Inc. Com | 1,600 shares | 33,659 | 25,792 |
| | Allstate Corp | 800 shares | 40,933 | 24,032 |
| | Am Ex Co | 900 shares | 24,706 | 36,468 |
| | Andarko Petroleum Corp | 600 shares | 31,549 | 37,452 |
| | Apple Inc. | 500 shares | 89,922 | 105,366 |
| | Applied Materials Inc Com | 1,300 shares | 25,045 | 18,122 |
| | Automatic Data Processing Inc | 458 shares | 18,926 | 19,612 |
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| | Cisco Systems Inc | 4,050 shares | 66,701 | 96,957 |
| | Citigroup Inc. Com | 2,100 shares | 70,591 | 6,951 |
| | Coca Cola Co Com | 2,050 shares | 101,663 | 116,850 |
| | Cognizant Tech Sol Corp | 1,200 shares | 55,027 | 54,396 |
| | Colgate Palmolive Co Com | 1,400 shares | 85,112 | 106,795 |
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**YONKERS CONTRACTING COMPANY, INC.**
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| | Covance Inc Com | 500 shares | 15,655 | 27,285 |
| | CVS/Caremark Corp | 1,583 shares | 28,725 | 50,988 |
| | Dentsply International Inc Com | 750 shares | 22,421 | 26,378 |
| | Diamond Offshore Drilling Com | 250 shares | 6,475 | 24,605 |
| | Dominion Resources Inc | 500 shares | 15,325 | 19,460 |
| | Dupont EI De Nemours & Co Com | 500 shares | 13,438 | 16,835 |
| | Ebay Inc Com | 2,500 shares | 58,323 | 58,825 |
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| | Google Inc Cl A | 150 shares | 83,414 | 92,997 |
| | Harley-Davidson Inc | 500 shares | 29,199 | 12,600 |
| | Hartford Financial Svcs Grp Inc. | 1,150 shares | 60,088 | 26,749 |
| | Heinz H J Co Com | 500 shares | 21,178 | 21,380 |
| | Henry Schein Inc Com | 1,000 shares | 33,972 | 52,600 |
| | Hewlett-Packard Co | 1,000 shares | 29,835 | 51,510 |
| | Home Depot Inc Com | 700 shares | 15,847 | 20,251 |
| | Honeywell Intl Inc Com | 600 shares | 20,416 | 23,520 |
| | IBM Corporation | 1,000 shares | 114,793 | 130,900 |
| | Intel Corp Com | 1,650 shares | 32,781 | 33,660 |
| | Intuitive Surgical Inc | 200 shares | 25,399 | 60,686 |
| | Isis Pharmaceuticals Com | 4,000 shares | 41,509 | 44,440 |
| | Johnson & Johnson | 1,400 shares | 76,708 | 90,174 |

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| | Kellogg Co. Com | 1,400 shares | 52,918 | 53,200 |
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| | L 3 Communications Corp Com | 300 shares | 18,861 | 26,085 |
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| | Medco Health Solutions Inc | 1,000 shares | 20,025 | 63,910 |
| | Medtronic Inc | 500 shares | 14,540 | 21,990 |
| | Microsoft Corp | 3,800 shares | 104,425 | 115,824 |
| | Monsanto Company | 900 shares | 74,033 | 73,575 |
| | National-Oilwell Varco Inc. | 750 shares | 18,612 | 33,067 |
| | Pepsico Inc Com | 1,400 shares | 68,563 | 85,120 |
| | Potash Corp. of Saskatchewan | 600 shares | 58,220 | 65,100 |
| | Praxair Inc Com | 900 shares | 47,717 | 72,279 |
| | Pfizer Inc. | 689 shares | 33,660 | 12,533 |
| | Proctor & Gamble Co com | 1,800 shares | 83,590 | 109,134 |
| | Prudential Financial Inc | 1,400 shares | 63,025 | 69,664 |
| | Qualcomm Inc Com | 1,700 shares | 56,658 | 78,642 |
| | Quest Diagnostics Inc | 1,600 shares | 73,486 | 96,608 |
| | Salix Pharmaceuticals Ltd | 3,000 shares | 27,060 | 76,170 |
| | Schlumberger Ltd | 800 shares | 59,062 | 52,072 |
| | Southern Co Com | 500 shares | 15,495 | 16,660 |
| | Sysco Corp | 1,000 shares | 31,631 | 27,940 |
| | Target Corp Com | 850 shares | 40,858 | 41,114 |
| | Teva Pharmaceuticals ADR | 3,000 shares | 64,123 | 67,416 |
| | Texas Instruments Inc | 1,100 shares | 27,732 | 28,666 |
| | The Mosaic Company | 1,200 shares | 85,534 | 71,676 |
| | The Travelers Companies Inc | 400 shares | 16,469 | 19,944 |
| | Thoratec Corp | 2,000 shares | 33,633 | 53,840 |

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***DECEMBER 31, 2009***

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | Identity of Issue, borrower, lessor, or similar party | Description of investment | Cost | Current value |
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| | U S Bancorp Del Com New | 1,000 shares | 33,300 | 22,510 |
| | Wells Fargo & Co | 1,000 shares | 34,580 | 26,990 |
| | | | 3,926,483 | 4,545,396 |
| | ***Corporate and Foreign Bonds*** | | | |
| | Alcoa Inc. 6.000% 1/15/2012 | 10,000 | 9,980 | 10,510 |
| | Am Ex Bank 5.50% 10/17/2012 | 75,000 | 78,530 | 80,207 |
| | American General 5.625% 8/17/2011 | 75,000 | 77,331 | 66,293 |
| | Anheuser Busch Cos 4.70% 4/15/2012 | 50,000 | 48,250 | 52,145 |
| | Bellsouth Corp 6.000% 10/15/2011 | 20,000 | 20,534 | 21,626 |
| | Boeing Cap Corp 5.80% 1/15/2013 | 30,000 | 30,508 | 32,670 |
| | Cisco Systems 5.25% 2/22/2011 | 70,000 | 70,316 | 73,453 |
| | Computer Sciences 7.375% 6/15/2011 | 15,000 | 15,603 | 16,143 |
| | Conoco Phillips 4.75% 10/15/2012 | 30,000 | 31,856 | 32,146 |
| | Consolidated Nat Gas 6.25% | 70,000 | 72,765 | 75,356 |
| | FPL Group Cap Inc. 5.625% 9/01/2011 | 50,000 | 50,028 | 53,187 |
| | Gen Elec Cap Corp 5.375% | 50,000 | 49,676 | 51,987 |
| | Goldman Sachs Group 6.875% | 50,000 | 51,350 | 53,022 |
| | Home Depot Inc 4.625% 8/15/2010 | 50,000 | 48,500 | 51,186 |
| | HSBC Finance Corp. 6.750% | 15,000 | 14,915 | 15,853 |
| | Jefferies Group Inc 5.875% 6/08/2014 | 75,000 | 76,297 | 77,020 |
| | Kraft Foods Inc 6.25% 6/01/2012 | 50,000 | 52,868 | 53,887 |
| | Loews Corp 5.25% 3/15/2016 | 70,000 | 70,178 | 71,089 |
| | Lowes Companies Inc 8.250% | 15,000 | 16,378 | 15,482 |
| | Mellon Finl Co 6.375% 2/15/2010 | 10,000 | 9,092 | 10,051 |
| | Merrill Lynch & Co 4.50% | 75,000 | 76,512 | 77,100 |
| | Morgan Stanley 4.75% 4/01/2014 | 75,000 | 75,947 | 75,431 |
| | Morgan Stanley 5.41% 2/01/2011 | 55,000 | 56,400 | 54,481 |

*See independent auditor's report*

**YONKERS CONTRACTING COMPANY, INC.**
**PROFIT SHARING TRUST**

***FORM 5500 - SCHEDULE H, LINE 4i -***
***SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES***
***DECEMBER 31, 2009***

| (a) | (b) Identity of Issue, borrower, lessor, or similar party | (c) Description of investment | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | SBC Communications 5.875% | 10,000 | 9,933 | 10,814 |
| | SLM Corp CPI 2.225% 11/21/2013 | 50,000 | 51,219 | 39,670 |
| | State Street Corp 7.650% 6/15/2010 | 10,000 | 11,061 | 10,291 |
| | Suntrust Banks Inc 7.750% 5/01/2010 | 10,000 | 10,999 | 10,185 |
| | Viacom Inc 6.625% 5/15/2011 | 15,000 | 15,413 | 15,719 |
| | Prudential Financial 6.10% 6/15/2017 | 75,000 | 77,980 | 77,633 |
| | SBC Communications 6.25% | 50,000 | 51,766 | 52,948 |
| | Schwab Charles Corp 4.95% | 75,000 | 75,487 | 79,120 |
| | Target Group NT 5.875% 3/01/2012 | 50,000 | 50,825 | 54,176 |
| | Tele/TCI Common Inc 9.80% | 75,000 | 82,875 | 84,885 |
| | Time Warner Inc 6.875% 5/01/2012 | 70,000 | 71,050 | 76,632 |
| | Verizon Comm 5.35% 2/15/2011 | 50,000 | 50,222 | 52,137 |
| | Vodafone Group PLC 5.625% | 50,000 | 49,883 | 53,108 |
| | | | 1,712,527 | 1,737,643 |
| | ***U.S. Government Agencies*** | | | |
| | Fed Farm Cr Bk 4.30% 5/28/2019 | 100,000 | 96,600 | 99,875 |
| | Fed Home Ln Bk 2.85% 1/14/2014 | 100,000 | 99,200 | 100,094 |
| | Fed Home Ln Bk 3.72% 3/26/2013 | 50,000 | 50,640 | 50,391 |
| | Fed Home Ln Bk 4.34% 6/11/2019 | 100,000 | 96,600 | 99,688 |
| | Fed Home Ln Bk 5.125% 8/14/2013 | 50,000 | 50,633 | 55,047 |
| | Fed Home Ln Mtg 3.25% 3/03/2014 | 100,000 | 99,825 | 100,244 |
| | Fed Home Ln Mtg 3.250% 2/18/2014 | 100,000 | 99,976 | 100,377 |
| | Fed Home Ln Mtg Corp 5.625% | 35,000 | 33,637 | 37,045 |
| | Fed Natl Mtg Assn 2.00% 12/30/2019 | 50,000 | 49,925 | 48,922 |
| | Fed Natl Mtg Assn 3.10% 3/19/2014 | 100,000 | 100,100 | 101,344 |
| | Fed Natl Mtg Assn 3.20% 3/18/2014 | 100,000 | 100,100 | 101,000 |
| | Fed Natl Mtg Assn 4.00% 1/28/2013 | 75,000 | 75,000 | 79,383 |
| | Fed Natl Mtg Assn 4.14 2/04/2015 | 75,000 | 74,944 | 75,188 |
| | FHLMC Remic 2594-YA 4.000% | 45,041 | 42,873 | 46,925 |
| | FNMA Remic 05-63-PA 5.500% | 899 | 897 | 899 |
| | | | 1,070,950 | 1,096,422 |

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**YONKERS CONTRACTING COMPANY, INC.**
**PROFIT SHARING TRUST**

***FORM 5500 - SCHEDULE H, LINE 4i -***
***SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES***
***DECEMBER 31, 2009***

| (a) | (b) Identity of Issue, borrower, lessor, or similar party | (c) Description of investment | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | ***Mutual Funds*** | | | |
| | Ishares Dow Jones US Telecom | 2,017 shares | 47,863 | 40,380 |
| | Ishares FTSE/Xinhua China 25 | 600 shares | 29,183 | 25,356 |
| | Ishares MSCI Australia Index Fund | 1,000 shares | 27,568 | 22,840 |
| | Ishares S&P Europe 350 Index FD | 200 shares | 11,711 | 7,792 |
| | | | 116,325 | 96,368 |
| | ***Preferred Equity Securities*** | | | |
| | Bank One Cap VI Pfd 7.20% | 2,000 shares | 50,100 | 50,260 |
| | ***Money Market Funds*** | | | |
| * | The Manufacturers and Traders Trust Company | Money market | 114,212 | 114,212 |
| | | | 6,990,597 | 7,640,301 |
| | ***Participants' loans*** | Loans to participants with interest rates of 4.25 % to 9.25% per annum | 108,640 | 108,640 |
| | | | $ 7,099,237 | $ 7,748,941 |

* - Indicates Party-in-interest