Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.	
		dentification Information				
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	09	and ending 1	2/31/2	2009
Α.	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	first return/report	final retur	n/report		
		an amended return/report	short plar	year return/report (less than 12 mor	nths)	
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program
	9	special extension (enter descripti	on)			
Da	rt II Basic Plan Infori	mation—enter all requested inform				
	Name of plan	mation—enter all requested inform	ialion		1h	Three-digit
	•	RPORATION 401 (K) PROFIT SHAR	ING PLAN		1.5	plan number
	ANTED CONTINUE TING CON					(PN) • 001
					1c	Effective date of plan
						01/01/2006
	•	ress (employer, if for single-employer	r plan)		2b	Employer Identification Number
FEDE	ERATED CONTRACTING COR	RPORATION				(EIN) 13-4009058
4477	ODININELL DI AGE				2c	Plan sponsor's telephone number
	GRINNELL PLACE NX, NY 10474				2d	718-378-3400 Business code (see instructions)
					24	238290
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN
FEDE	ERATED CONTRACTING COR	RPORATION 1177 GRINN BRONX, NY		E		13-4009058
		BROWA, NT	10474		3c	Administrator's telephone number 718-378-3400
1 i	the name and/or FIN of the pla	an sponsor has changed since the la	et roturn/ro	aport filed for this plan, ontor the	4h	FIN
		er from the last return/report. Sponse		port filed for this plan, enter the	40	EIN
					4c	PN
5a	Total number of participants a	t the beginning of the plan year			5a	11
b	Total number of participants a	t the end of the plan year			5b	12
С	Total number of participants w	rith account balances as of the end c	of the plan v	vear (defined benefit plans do not		
					5c	12
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)		X Yes No
b				ndent qualified public accountant (IQI		abla u
				ions.)		Yes No
Da	rt III Financial Inform		-orm 5500-	SF and must instead use Form 55	00.	
		alion				# . =
7	Plan Assets and Liabilities		_	(a) Beginning of Year		(b) End of Year
	Total plan assets		7a	208625	_	422529
b	·			C		0
<u>C</u>		7b from line 7a)	7с	208625	5	422529
8	Income, Expenses, and Trans			(a) Amount		(b) Total
а	Contributions received or rece (1) Employers	ivable from:	8a(1)	90563	3	
	.,		` '	60950	⊣	
					_	
L	• • • • • • • • • • • • • • • • • • • •	3)		00004	- 1	
b	,			62391		040004
C		8a(2), 8a(3), and 8b)	8c			213904
d		rollovers and insurance premiums	8d	()	
е		tive distributions (see instructions)	8e	C		
f		rs (salaries, fees, commissions)		()	
g)	
h	·	8e, 8f, and 8g)				0
i		e 8h from line 8c)				213904
i		ee instructions)		(
		,	ו או		,	

Part IV	Plan	Charac	teristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2K 3D

D .	11 (11)	e plan provides wellare benefits, enter the applicable wellare heat	ure codes from the	List Of Flatt Chara	Cleris	lic Cot	ues III	uie iiisuut	MONS.					
Part	٧	Compliance Questions												
10	Dui	ing the plan year:				Yes	No		Amoun	t				
а		s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial	•		10a		X							
b		re there any nonexempt transactions with any party-in-interest? (Cine 10a.)		•	10b		X							
С	Wa	s the plan covered by a fidelity bond?			10c	X				100000				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau or dishonesty?													
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)													
f	Has	the plan failed to provide any benefit when due under the plan? .			10f		X							
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X							
_	If th	is is an individual account plan, was there a blackout period? (Sec	e instructions and 2	9 CFR	10h		X							
i		Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			10i									
Part '	VI	Pension Funding Compliance												
11	ls th 550	is a defined benefit plan subject to minimum funding requirements 0))	s? (If "Yes," see ins	tructions and com	plete	Sched	lule SE	3 (Form	Ye	es No				
12	ls t	his a defined contribution plan subject to the minimum funding req	uirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	es X No				
	•	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	,											
		waiver of the minimum funding standard for a prior year is being a nting the waiver												
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule M					Day		Teal					
		er the minimum required contribution for this plan year		-			12b							
		er the amount contributed by the employer to the plan for this plan					12c							
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a min	us sign to the left	of a		12d							
е	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N/A				
Part \	VII	Plan Terminations and Transfers of Assets												
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?					☐ Ye	es X No				
	If "Y	es," enter the amount of any plan assets that reverted to the empl	lover this vear				13a			<u> </u>				
	We	re all the plan assets distributed to participants or beneficiaries, transpare PBGC?					ontrol	•	Ye	es X No				
		uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to	1							
13	3c(1) Name of plan(s):				13	c(2) El	N(s)	13c	(3) PN(s)				
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonab	le cau	ıse is	establ	ished.	1					
Under SB or	per Sch	nalties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retu	ırn/rep	oort, in	cludin	g, if applic	,					
SIGN	F	iled with authorized/valid electronic signature.	07/21/2010	BRUCE KELLEY										
HERE	- [f individual signing as plan administrator								

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pansion Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public inspection

	T MILLOUI DEFINIT GUALANTY CORPORADOR	► Complete all entries in acco	ordance w	th the instructions to the Form 55	00-SF.	inspec	tion		
	Part I Annual Report Id	dentification information							_
	r calendar plan year 2009 or fisc		01/01/	2009 and ending		12/31/2009	-		_
A	This return/report is for:	x single-employer plan	multiple	employer plan (not multiemployer)		one-participant p	lan	-	_
В	This return/report is for:	first return/report	=	ırn/report					
	Ĭ	an amended return/report	=	in year return/report (less than 12 mo					
C	Check box if filing under:	Form 5558	-		intn s)		l		
•	Check box it hang drider.	<u></u>		ic extension		DFVC program			
		special extension (enter descrip							
	art II Basic Plan Inform	mation—enter all requested infor	mation						_
78	Name of plan Federated Contracti	ine demonstration			1b	Three-digit		******	_
						plan number	ļ		
	401 (k) Profit Shar	ring Plan			4-	(PN) •		01	
					10	Effective date of plan 01/01/2006	n		
28	Plan sponsor's name and addr	ess (employer, if for single-employeding Corporation	er olan)		2h	Employer Identificati	- NI		_
	rederated Contracti	ing Corporation	, p.e.,		20	(EIN) 13 - 400905		umber	
					2c	Plan sponsor's telep		number	_
	1177 Grinnell Place	•				(718)378-340	0		
	Bronx				2d	Business code (see	nstru	ictions)	
3a		address (if same as Plan sponsor,	enter "Sam	NY 10474	25	238290			
	SAME	and the same as their sponsor,	enter San	e)) DD	Administrator's EIN	l		
					3c	Administrator's telep	hone	number	
_									
4	If the name and/or EIN of the pla	in sponsor has changed since the la	ast return/re	eport filed for this plan, enter the	4b	EIN			
	name, cirt, and the plan number	r from the last return/report. Spons	or's name		40	BN:			_
5a	Total number of participants at	the heginning of the plan year			4c	PN			_
b					<u>5a</u>				11
					5b			1	1.2
C	complete this item)	th account balances as of the end o	of the plan	year (defined benefit plans do not	5c			-	. ~
6a							- 1		12
	Are you claiming a waiver of th	oring the plan year invested in edgil	fan indene	(See instructions.)ndent qualified public accountant (IC		<u>X</u>	Yes	B N	0
_	under 29 CFR 2520.104-46? (S	see instructions on waiver eligibility	and condit	ions.)		<u>X</u>	Yes	B N	٥
	If you answered "No" to either	er 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.			· 🗀 😲	•
P	rt III Financial Informa	ition							_
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Y	ar		_
a	Total plan assets	***************************************	7a	208,62	5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		22,52	9
þ	Total plan liabilities	****	. 7b		0		_	40,50	0
C	Net pian assets (subtract line 7)	from line 7a)	. 7c	208,62				22,52	_
8	Income, Expenses, and Transfe			(a) Amount	+-	/b\ 7-4-1	7	44,54	_
a	Contributions received or received	/able from:		/=/ Antount	+	(b) Total	-		
		••••••	8a(1)	90,56	3				
	(2) Participants		. 8a(2)	60,95	이				
				<u>.</u>	o 🚆				
b	Other income (loss)		. 8b	62,39	1				
C		a(2), 8a(3), and 8b)			+		3.	13,90	_
d	Benefits paid (including direct ro	ollovers and insurance premiums			+-		+	-3,30	-
	to provide benefits)		. 8d	- 340	0	≃-			
•		ve distributions (see instructions)	. 8e	*	0 3	2			
f		(salaries, fees, commissions)		-	0 -	<u></u>			
9	Other expenses		. 8g		0				
h	Total expenses (add lines 8d, 8d	e, 8f, and 8g)	. 8h	÷·	†		-		0
1	Net income (loss) (subtract line	8h from line 8c)	. 8i	The second secon		 	7,	13,90	<u> </u>
		instructions)			4		4	-3,30	-

Form 5500-SF 20	200	19
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PAGE	2-	1

Par							-			+.	
9a	If th	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
b		2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								:	
Part	-	Compliance Questions								<u> </u>	
10	During the plan year:										
		s there a failure to transmit to the plan any participant contribu	utions within the time.	and all all all all all all all all all al		Yes	No	<u> </u>	Amo	unt	
	- 23	CCR 25 10.3-1027 (See Instructions and DOL's Voluntary Fid	luciary Correction Pro-	aram)	10a		х	-			
b	VV€	re there any nonexempt transactions with any party-in-interes	t? (Do not include tra-	sencions ronoded	10b		 х		-		
C	W	as the plan covered by a fidelity bond?			10c	х		 		+-	
d	Dic	the plan have a loss, whether or not reimbursed by the plan's lishonesty?	fidelity hand that we	e coursed by froud	10d	^	х			10	0,000
	We ins ins	re any fees or commissions paid to any brokers, agents, or ot Irance service or other organization that provides some or all ructions.)	her persons by an ins of the benefits under t	urance carrier, he plan? (See	10a		x				
f	Ha	s the plan failed to provide any benefit when due under the pla	an?	*******	10f		х	<u> </u>		 -	
g		the plan have any participant loans? (If "Yes," enter amount a						ļ	*	+-	
h	If th	is is an individual account plan, was there a blackout period? 0.101-3.)	(See instructions and	29 CFR	10g		X				
i	if 1	Oh was answered "Yes," check the box if you either provided to applied under 29 CFR 2520.10	he required notice or a	ne of the	10h		Х			+	
Part		Pension Funding Compliance			101					+	
11	is th	is a defined benefit plan subject to minimum funding requirem	ents? (if "Yes," see in	structions and comp	plete S	Schede	ile SB	(Form			n .
12	le t	is a defined contribution plan subject to the minimum funding				••••••			<u> </u>		No X No
a If y	if a gran	es," complete 12a or 12b, 12c, 12d, and 12e below, as applic valver of the minimum funding standard for a prior year is bein ting the walveromplete lines 3, 9, and 10 of Schedule	ng amortized in this pl e MB (Form 5500), ar	Mont nd skip to line 13.	h		nter the	e date of	the lette Year	r ruli	ng
		r the minimum required contribution for this plan year					12b				
đ	Sub	r the amount contributed by the employer to the plan for this pract the amount in line 12c from the amount in line 12b. Enter	the result (enter a mir	ous sian to the left o	f a		12c			+-	
8	neg: Will	tive amount) the minimum funding amount reported on line 12d be met by t	he funding deadline?.	***************************************	••••••	L	1	Yes	П №	+	NA
art \		Plan Terminations and Transfers of Assets						1	111111111111	++-	<u> </u>
3a	Has	a resolution to terminate the plan been adopted during the pla	n vear or any prior ve	ar?					П	/ge	X No
		es," enter the amount of any plan assets that reverted to the e					13a		 _		-4 110
D	Wer	e all the plan assets distributed to participants or beneficiaries, e PBGC?	. transferred to another	r plan, or brought u	nder t	he cor		, 	П	'es	X No
C	lf du	ring this plan year, any assets or liabilities were transferred fro h assets or liabilities were transferred. (See instructions.)	om this plan to anothe	r plan(s), identify the	plan	(s) to	•••		ш.		
13	lc(1)	Name of plan(s):				13c	2) EIN	l (s)	13	c(3) i	PN(s)
		11.0	<u></u>	.		77.7					
-1.4.			:1			=			_	+-	-
			W-11-11								
Inder B or	pen: Schi	penalty for the late or incomplete filing of this return/reputies of perjury and other penalties set forth in the instructions the MB completed and signed by an enrolled actuary, as well as correct, and complete.	I declare that I have	evenined this setur	- /	:		M 11-	able, a s	Sched	dule ind
			 	<u> </u>						1	
Sign Here		<i>10</i>	17/10/10	Bruce Kelle							
	+	iguature of plan administrator	Date	Enter name of ind	ividus	l signi	ng as	plan adm	inistrato	r	
8IGN HERE	- 1		1=1			<u></u>					
		ignature of employer/plan sponsor	Date	Enter name of ind	ividua	l signi	ng as	employe	or plan	spon	sor