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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WILLIAMS BROTHERS CONSTRUCTION CO., INC EMPLOYEES PROFIT SHARING & STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1981

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
WILLIAMS BROTHERS CONSTRUCTION CO. INC

P O BOX 66428
HOUSTON, TX 77266

3800 MILAM
HOUSTON, TX 77006

2b Employer Identification Number (EIN)
74-1223844

2c Sponsor's telephone number
713-522-9821

2d Business code (see instructions)
237310

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.	09/29/2010	ELIZABETH VINCENT
	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")
WILLIAMS BROTHERS CONSTRUCTION CO. INC

P O BOX 66428
HOUSTON, TX 77266

3b Administrator's EIN
74-1223844

3c Administrator's telephone number
713-522-9821

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**	2975
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**	1499
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	1439
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2938
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	2938
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2938
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	291
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 2O 2Q

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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
WILLIAMS BROTHERS CONSTRUCTION CO., INC EMPLOYEES PROFIT SHARING & STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAMS BROTHERS CONSTRUCTION CO. INC

D Employer Identification Number (EIN)
74-1223844

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)

JPMORGAN CHASE BANK

P O BOX 260180
BATON ROUGE, LA 70826

75-2270994

(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?
65	NONE	2610	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

CHARLES SCHWAB INSTITUTIONAL

211 MAIN ST
SAN FRANCISCO, CA 94105

94-1737782

(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?
19	NONE	923	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

ANGELES INVESTMENT ADVISORS

429 SANTA MONICA BLVD, SUITE 500
SANTA MONICA, CA 90401

95-4839031

(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	NONE	23538	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

(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 ☐

(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

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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
WILLIAMS BROTHERS CONSTRUCTION CO., INC EMPLOYEES PROFIT SHARING & STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAMS BROTHERS CONSTRUCTION CO. INC

D Employer Identification Number (EIN)
74-1223844

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5285000	6842314
(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)	4419379	2534343
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3578263	5002104
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3434040	3176538
(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)		
(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)	100864284	114350845
	(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	117580966	131906144
	Liabilities			
g	Benefit claims payable	1g	6715758	2679143
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	1802	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	6717560	2679143
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	110863406	129227001

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)	6842314	
	(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)		6842314
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2176	
	(B) U.S. Government securities	2b(1)(B)	195527	
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		197703
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	31834	
	(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)		31834
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2599310	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3283599	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-684289

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	15129791	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		15129791
	(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		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		21517353
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3127619	
	(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)		3127619
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)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)	26139	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		26139
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3153758
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		18363595
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) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: MAXWELL & BAIN **(2)** EIN: 76-0290301

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		5000000
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
WILLIAMS BROTHERS CONSTRUCTION CO., INC EMPLOYEES PROFIT SHARING & STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAMS BROTHERS CONSTRUCTION CO. INC

D Employer Identification Number (EIN)
74-1223844

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): _____ _____

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**

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):

THE WILLIAMS BROTHERS CONSTRUCTION CO., INC.
PROFIT SHARING & STOCK OWNERSHIP PLAN 001
EIN # 74-1223844

FINANCIAL STATEMENTS

DECEMBER 31, 2009 & 2008

WILLIAMS BROTHERS CONSTRUCTION CO., INC.
PROFIT SHARING & STOCK OWNERSHIP PLAN 001
EIN # 74-1223844

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MAXWELL & BAIN
Certified Public Accountants

Independent Auditors' Report

To The Participants and Trustees of
The Williams Brothers Construction Co., Inc.
Profit Sharing & Stock Ownership Plan 001
EIN # 74-1223844

We have audited the accompanying statement of net assets available for benefits of the Williams Brothers Construction Co., Inc. Profit Sharing & Stock Ownership Plan as of December 31, 2009 and December 31, 2008 and the related statement of changes in net assets available for benefits for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Williams Brothers Construction Co., Inc. Profit Sharing and Stock Ownership Plan as of December 31, 2009 and December 31, 2008 and the changes in net assets available for benefits for the year ended December 31, 2009 in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental information included in (IRS Form 5500) (1) assets (acquired and disposed of within year), (2) reportable transactions and (3) schedule of investments, together referred to as "supplemental information", are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Maxwell & Bain cpa's

Houston, Texas
July 19, 2010

P. O. BOX 12919 HOUSTON, TEXAS 77217 713-582-1298

WILLIAMS BROTHERS CONSTRUCTION CO., INC.
PROFIT SHARING & STOCK OWNERSHIP PLAN 001
EIN # 74-1223844
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31 2009	December 31 2008
ASSETS		
Investments, at market value - Note 3:		
Charles Schwab Bond Funds	$ 5,002,104	$ 3,578,263
Charles Schwab Equity Funds	3,014,998	3,434,040
Charles Schwab Other Funds	161,540	0
Cash	435,264	2,936,688
Employer common stock	114,350,845	100,864,284
Total assets	$ 122,964,751	$ 110,813,275
Employer's contribution receivable - Note 2	6,842,314	5,285,000
Cash	2,099,079	1,482,691
	$ 131,906,144	$ 117,580,966
LIABILITIES		
Federal withholding taxes payable	$ 0	$ 1,802
Total liabilities	$ 0	$ 1,802
Net assets available for benefits	$ 131,906,144	$ 117,579,164

The accompanying notes are an integral part of these financial statements.

WILLIAMS BROTHERS CONSTRUCTION CO., INC.
PROFIT SHARING & STOCK OWNERSHIP PLAN 001
EIN # 74-1223844

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED

DECEMBER 31, 2009

Additions to net assets:	
Sponsor contribution - Note 2	$ 6,842,314
Interest	197,703
Dividends	31,834
Increase in unrealized appreciation on investments held at end of year & maturity of investments - Notes 3, 6	15,129,791
Gain (loss) on sale of plan investments	(684,289)
Deductions from net assets:	
Benefits paid to terminated participants - Note 8	(7,164,234)
Service fees	(26,139)
Increase in net assets	14,326,980
Net assets:	
Beginning of year, January 1, 2009	117,579,164
End of year, December 31, 2009	$131,906,144

The accompanying notes are an integral part of these financial statements.

WILLIAMS BROTHERS CONSTRUCTION CO., INC.
PROFIT SHARING & STOCK OWNERSHIP PLAN 001
EIN # 74- 1223844
NOTES TO FINANCIAL STATEMENTS

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements are prepared on the accrual basis of accounting. Significant accounting and reporting policies of the Williams Brothers Construction Co., Inc. Profit Sharing & Stock Ownership Plan (the "Plan") are summarized below.

Valuation of investments

Investments held by the Plan at year end are stated at current market values. Valuation for publicly traded investment securities are determined by reference to published market quotations and employer stock has been valued by an independent professional appraiser. The net change in unrealized appreciation/depreciation on investments held at year end is allocated to the participants' accounts on an annual basis.

Income taxes

Approval was previously granted by the Internal Revenue Service for continued qualified tax-exempt status for the Plan and a favorable determination letter had been received regarding amendments through December 15, 1998. The Plan conforms to the requirements of the Employee Retirement Income Security Act of 1974 and is exempt from tax under Section 501 (a) of the Internal Revenue Code of 1954. Application for a new determination letter was made January 2010 (see Note 2). Accordingly, no provision for income taxes has been provided for in the accompanying financial statements.

Administrative expenses

All administrative expenses of the Plan, exclusive of brokerage charges associated with the purchase and sale of investment securities, are paid by Williams Brothers Construction Co., Inc. (the "Company") as plan sponsor.

Estimates

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

History

The Plan is for the benefit of the Company's employees and is administered by a committee appointed by the Board of Directors of the Company.

Williams Bros Const Co, Inc P/S & ESOP

NOTE 2: GENERAL DESCRIPTION OF THE PLAN: 001

EIN # 74-1223844

The Plan was originally adopted effective as of February 1, 1964 and was subsequently amended February 1, 1981, from the Plan and Trust Agreement of the Williams Brothers Construction Co., Inc. Employee Profit Sharing Plan to form the Williams Brothers Construction Co., Inc. Profit Sharing and Employee Stock Ownership Plan and Trust. The purpose of the revised plan was to enable participants to share in the profitability and growth of the Company and to provide a means for participants to accumulate capital and supplement retirement benefits. There was no change in the eligibility requirements or vesting schedule as of the restatement of the Plan.

Effective January 31, 1984, in order for the Plan to qualify as an employee stock ownership plan (ESOP) under Section 4975(e) (7) of the Internal Revenue Code, certain amendments were made to the Trust Agreement, also the Articles of Incorporation of Williams Brothers Construction Co., Inc. were amended to restrict ownership of the stock to the employees of the corporation.

Effective January 23, 1991, the Plan was amended to be a profit sharing plan under section 401(a) of the Internal Revenue Code. The plan year changed to December 31, at the end of 1991 to conform with the plan sponsor's year end.

Effective January 1, 1998, the Plan was amended to be a profit sharing and employee stock ownership plan, enabling participating employees to share in the growth and prosperity of the Company with an opportunity to accumulate capital for their future economic security. The Plan is a stock bonus plan under Section 401(a) of the Code and an employee stock ownership plan under Section 4975(e)(7) of the Code and Section 407(d)(6) of ERISA. The Company has previously received a favorable determination letter from the Internal Revenue Service. The Plan has since been amended and the Plan sponsor has requested a new determination letter, based upon the Plan's legal counsel's belief that the Plan is designed and is currently being operated in compliance with the applicable provisions of the Internal Revenue Code.

Eligibility and vesting

Employees are eligible to participate in the Plan on the first day of the Plan year in which the employee has his first anniversary of employment provided that he completes at least 1,000 hours of employment over the consecutive twelve-month period beginning with the initial employment date.

Vesting in the Company's contributions and Plan earnings thereon is determined by the participant's years of service with the Company. Initial vesting is 20% after two years of service and then increases 20% per year thereafter. Accordingly, participants are fully vested at the end of six years or when they are withdrawn from the Plan due to death, retirement or total disability. In addition, nonvested benefits are forfeited only after one year of continuous break in service. There is a restoration of forfeited amounts if a participant who did not incur a one-year break in service prior to February 1, 1985, is reemployed prior to the occurrence of a five consecutive-year break.

NOTE 2: GENERAL DESCRIPTION OF THE PLAN (Continued):

EIN # 74-1223844

Contributions

Employer contributions are established annually by the Company's Board of Directors. Contributions are allocated to individual participants' accounts on a pro-rata basis according to their earnings for the year. The Plan provides that participating employees may not make voluntary contributions. For 2009, a contribution of $6,842,314 has been declared and partially paid at report date.

Diversification

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company stock into investments which are more diversified. Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25% of the number of post-1986 shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50%. Participants who elect to diversify receive a cash distribution

Participant accounts

The Plan description, as amended, provides that two separate accounts are to be maintained for each participant. A Stock Ownership Account is maintained for all employer contributions received in Williams Brothers Construction Company common stock and a Profit Sharing Account is also maintained for each participant. Each participant's account is allocated its pro-rata share of investment income or loss (including the net change in unrealized appreciation/depreciation on investments held at year end) and forfeitures.

In event of a participant's retirement, disability or death, the participant's vested benefits may be distributed in a single distribution following his termination of services or the anniversary date of the Plan year. In the event of termination of service for other reasons, the distribution of a participant's vested benefits can commence after the anniversary date of the fifth plan year following the plan year in which his service terminates and can be made in one lump sum payment, or be left in the plan until 59 1/2 years of age at which time withdrawals may begin. Benefits are recorded when paid.

At December 31, 2009, the amount allocated to accounts of participants who are withdrawing or diversifying the plan is $2,679,143 (that are eligible for distribution) and will be available for payment through July 2010 - See Note 6.

Termination of the Plan

The Company presently intends to continue the Plan indefinitely, but reserves the right to discontinue the Plan if business of other conditions should arise which indicate that the Plan should be discontinued (subject to the provisions of ERISA). If terminated, the Plan provides

NOTE 2: GENERAL DESCRIPTION OF THE PLAN (Continued):

that participants will become fully vested and receive payment of their individual account balances.

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 reasonable possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant's account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 3: INVESTMENTS

Investments held by the Plan consist of the following:

December 31, 2009

Identity of Issue	Description of investment	Cost	Market Value
Charles Schwab Profit Sharing Equities Funds	Mutual funds	$ 2,154,706	$ 2,194,047
Charles Schwab Profit Sharing Bond Funds	Mutual funds	3,503,524	3,631,924
Charles Schwab Profit Sharing Other Funds	Mutual funds	95,380	115,374
Charles Schwab ESOP Equities Funds	Mutual funds	810,808	820,951
Charles Schwab ESOP Bond Funds	Mutual funds	1,322,058	1,370,180
Charles Schwab ESOP Other Funds	Mutual funds	38,174	46,166
Employer common stock (comprises more than 5% of total assets)	18,995 shares	43,492,649	114,350,845
Cash at Charles Schwab & Bank of America	depositories	435,264	435,264
Total investments		$ 51,852,563	$ 122,964,751

Market over Cost 12-31-09	$ 71,112,188
Market over Cost 21-31-08	55,982,397
Net change in Fair Value	$ 15,129,791

Williams Bros Const Co, Inc P/S & ESOP
Plan # 001
EIN # 1223844

NOTE 3: INVESTMENTS (continued):

December 31, 2008

Identity of Issue	Description of investment	Cost	Market Value
Charles Schwab Profit Sharing Equities Funds	Mutual funds	$ 3,532,317	$ 2,434,007
Charles Schwab Profit Sharing Bond Funds	Mutual funds	2,575,717	2,660,747
Charles Schwab ESOP Equities Funds	Mutual funds	968,349	1,000,033
Charles Schwab ESOP Bond Funds	Mutual funds	1,325,158	917,516
Employer common stock (comprises more than 5% of total assets)	18,995 shares	43,492,649	100,864,284
Cash at Charles Schwab & Bank of America	depositories	2,936,688	2,936,688
Total investments		$ 54,830,878	$ 110,813,275

On May 5, 2009, the Company purchased 1,507 shares from the majority stockholder, and subsequently retired those shares in 2010, plus an additional 1,162.79 shares retired, thus increasing the Plan's percentage of voting shares.

NOTE 4: UNLOCATED EMPLOYEES

In prior years, the Plan maintained a separate account for unlocated terminated employees. The former employees' funds were then dispersed when claimed by such employee. All unclaimed funds have now been forfeited to the benefit of current employees. However, should a former employee from time to time make claim to these funds that were forfeited, such benefit will be paid from future employer contributions. The total contingent liability to the plan sponsor at December 31, 2009, is less than $50,000.

NOTE 5: FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The following tables present fair value measurement information for certain financial instruments. The carrying values of contribution receivables, cash and cash equivalents, and Charles Schwab mutual funds (all Level 1) included in the accompanying

Williams Bros Const Co, Inc P/S & ESOP

NOTE 5: FAIR VALUE MEASUREMENTS (continued): Plan # 001

EIN # 74-1223844

statement of net assets available for benefits approximated fair value at December 31, 2009 and 2008, and are thus not included in the following table.

	Fair Value	Fair Value Measurements at Reporting Date using: Significant Unobservable Inputs (Level 3)
December 31, 2009		
Sponsor company common stock	$ 114,350,845	$ 114,350,845
December 31, 2008		
Sponsor company common stock	$ 100,864,284	$ 100,864,284

SFAS No. 157, *Fair Value Measurements*, 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 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. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 3 Fair Value Measurements

The fair value of the sponsor company common stock is determined by annual independent appraisals. The following table provides further details of this Level 3 fair value measurement.

Sponsor Company Common Stock

December 31, 2009

Beginning balance	$ 100,864,284
Total gains or losses (unrealized) included in changes in net assets available for benefits	$ 13,486,561
Ending balance	$ 114,350,845
Total gains or losses for the year included in changes in net assets available for benefits attributable to the change in unrealized gains or losses relating to investments still held at the reporting date	$ 13,486,561

Williams Bros Const Co P/S & ESOP

NOTE 5: FAIR VALUE MEASUREMENTS (continued): Plan # 001

EIN # 74-1223844

Sponsor Company Common Stock

December 31, 2008

Beginning balance	$	91,650,493
Total gains or losses (unrealized) included in changes in net assets available for benefits	$	9,213,791
Ending balance	$	100,864,284
Total gains or losses for the year included in changes in net assets available for benefits attributable to the change in unrealized gains or losses relating to investments still held at the reporting date	$	9,213,791

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 unrealized appreciation in fair value of investments.

NOTE 6: ADMINISTRATION OF PLAN ASSETS

The Plan's assets, which consist principally of Sponsor Company common shares, are held by the Trustee of the Plan.

Company contributions are held and managed by the Trustee, which invests cash received, with investment advisor and makes distributions to participants.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Administrative expenses for the Trustee's fees are paid directly by the Company.

During 2009, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value as follows:

Investments at Fair Value as Determined by Quoted Market Price:		
Mutual bond funds	$	59,808
Mutual stock funds		1,555,436
Mutual other funds		27,986
		1,643,230
Investment at Appraisal:		
Company common stock		13,486,561
Net change in fair value	$	15,129,791

Williams Bros Construction Co P/S & ESOP
Plan # 001
EIN # 74-1223844

NOTE 7: SUBSEQUENT EVENTS

Subsequent events were evaluated by management through July 19, 2010, which was the date the financial statements were available to be issued. No reportable subsequent events were noted.

NOTE 8: RECONCILIATION OF FINANCIAL STATEMENT

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and December 31, 2008 to Schedule H of Form 5500:

	December 31, 2008	December 31, 2009
Net assets available for benefits per the financial statements	$ 117,579,164	$ 131,906,144
Amounts allocated to withdrawing participants	$ (6,715,758)	$ (2,679,143)
Net assets available for benefits per Schedule H to the Form 5500	$ 110,863,406	$ 129,227,001

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Benefits paid to participants per the financial statements	$ 7,164,234
Add: Amounts allocated to withdrawing participants at December 31, 2009	$ 2,679,143
Less: Amounts allocated to withdrawing participants at December 31, 2008	$ (6,715,758)
Benefits paid to participants per Schedule H of Form 5500	$ 3,127,619

Amounts allocated to withdrawing participants are recorded on the Schedule H of Form 5500 for benefit claims that have been processed and approved for payment prior to December 31 but not yet paid as of that date.

WILLIAMS BROTHERS CONSTRUCTION CO., INC
PROFIT SHARING AND STOCK OWNERSHIP PLAN 001
EIN# 74-1223844

SCHEDULE 1 - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR)

Description	Date Acquired	Date Sold	Cost of Acquisition	Proceeds of Disposition
Blackrock Inflation	March 2009	July 2009	$ 250,000	$ 264,796
Artisan International Fund	June 2009	October 2009	$ 3,978	$ 4,700
Vanguard Energy	June 2009	July 2009	$ 4,236	$ 3,959
Blackrock Inflation	March 2009	July 2009	$ 90,000	$ 95,127
Artisan International Fund	June 2009	December 2009	$ 1,524	$ 1,800

WILLIAMS BROTHERS CONSTRUCTION CO., INC.
PROFIT SHARING & STOCK OWNERSHIP PLAN 001
EIN # 74-1223844

SCHEDULE 2 - REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2009

As defined by Section 2520.103-6 of the Department of Labor Rules and Regulations governing reporting and disclosure under the Employee Retirement Income Security Act of 1974, the following are reportable transactions (all transactions over 5% of beginning Plan assets $5,878,958) of the Williams Brothers Construction Co., Inc. Profit Sharing & Stock Ownership Plan.

Description	Amount
Williams Brothers Construction Co., Inc. employer contribution	$6,842,314

WILLIAMS BROTHERS CONSTRUCTION CO., INC.
PROFIT SHARING & STOCK OWNERSHIP PLAN 001
EIN# 74-1223844

SCHEDULE 3 – SCHEDULE OF INVESTMENTS

December 31, 2009

Identity of Issue	Description of investment	Cost	Market Value
Charles Schwab Profit Sharing Equities Funds	Mutual funds	$ 2,154,706	$ 2,194,047
Charles Schwab Profit Sharing Bond Funds	Mutual funds	3,503,524	3,631,924
Charles Schwab Profit Sharing Other Funds	Mutual funds	95,380	115,374
Charles Schwab ESOP Equities Funds	Mutual funds	810,808	820,951
Charles Schwab ESOP Bond Funds	Mutual funds	1,322,058	1,370,180
Charles Schwab ESOP Other Funds	Mutual funds	38,174	46,166
Employer common stock (comprises more than 5% of total assets)	18,995 shares	43,492,649	114,350,845
Cash at Charles Schwab & Bank of America	depositories	435,264	435,264
Total investments		$ 51,852,563	$ 122,964,751

WILLIAMS BROTHERS CONSTRUCTION CO., INC
PROFIT SHARING AND STOCK OWNERSHIP PLAN 001
74-1223844

SCHEDULE 1 – SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR)
Schedule H(4)

Description	Date Acquired	Date Sold	Cost of Acquisition	Proceeds of Disposition
Blackrock Inflation	March 2009	July 2009	$ 250,000	$ 264,796
Artisan International Fund	June 2009	October 2009	$ 3,978	$ 4,700
Vanguard Energy	June 2009	July 2009	$ 4,236	$ 3,959
Blackrock Inflation	March 2009	July 2009	$ 90,000	$ 95,127
Artisan International Fund	June 2009	December 2009	$ 1,524	$ 1,800

DATE W. P. No.

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WILLIAMS BROTHERS CONSTRUCTION CO., INC.
PROFIT SHARING & STOCK OWNERSHIP PLAN 001
74-1223844

SCHEDULE 3 – SCHEDULE OF INVESTMENTS
Schedule H (4i)

December 31, 2009

Identity of Issue	Description of investment	Cost	Market Value
Charles Schwab Profit Sharing Equities Funds	Mutual funds	$ 2,154,706	$ 2,194,047
Charles Schwab Profit Sharing Bond Funds	Mutual funds	3,503,524	3,631,924
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WILLIAMS BROTHERS CONSTRUCTION CO., INC.
PROFIT SHARING & STOCK OWNERSHIP PLAN 001
74-1223844

SCHEDULE 2 – REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2009
Schedule H(4;)

As defined by Section 2520.103-6 of the Department of Labor Rules and Regulations governing reporting and disclosure under the Employee Retirement Income Security Act of 1974, the following are reportable transactions (all transactions over 5% of beginning Plan assets $5,878,958) of the Williams Brothers Construction Co., Inc. Profit Sharing & Stock Ownership Plan.

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