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:
- [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
SEVENSON 401(K)/PROFIT SHARING

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1987

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
SEVENSON ENVIRONMENTAL SERVICES INC

2749 LOCKPORT ROAD
NIAGARA FALLS, NY 14305

2b Employer Identification Number (EIN)
16-0997941

2c Sponsor's telephone number
716-284-0431

2d Business code (see instructions)
562000

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.	10/04/2010	JOYCE WIENKE
	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")
SEVENSON ENVIRONMENTAL SERVICES INC

2749 LOCKPORT ROAD
NIAGARA FALLS, NY 14305

3b Administrator's EIN
16-0997941

3c Administrator's telephone number
716-284-0431

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**	364
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**	313
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	29
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	342
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	342
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	313
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 2J 2K 2F 2G 3D

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)	X	**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
SEVENSON 401(K)/PROFIT SHARING

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SEVENSON ENVIRONMENTAL SERVICES INC

D Employer Identification Number (EIN)
16-0997941

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)

GELLER GROUP LLC

468 SEVENTH AVENUE
NEW YORK, NY 10018

20-4134933

(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	NONE	1700	Yes [X] No [ ]	Yes [X] No [ ]	0	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 ☐

(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

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(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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.**

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
SEVENSON 401(K)/PROFIT SHARING

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SEVENSON ENVIRONMENTAL SERVICES INC

D Employer Identification Number (EIN)
16-0997941

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: GARTMORE MORLEY STABLE VALUE FUND

b Name of sponsor of entity listed in (a): UNION & BOND TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6274329-001	C	6358254

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

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a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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
SEVENSON 401(K)/PROFIT SHARING

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SEVENSON ENVIRONMENTAL SERVICES INC

D Employer Identification Number (EIN)
16-0997941

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)	2001925	2001343
(2) Participant contributions	1b(2)	279645	342926
(3) Other	1b(3)	681	66776
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	41165	40839
(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)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	643837	654655
(9) Value of interest in common/collective trusts	1c(9)	5917832	6328370
(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)	19232306	27087345
(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	28117391	36522254
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		8029
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	8029
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	28117391	36514225

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)	2001343	
(B) Participants	2a(1)(B)	2018823	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4020166
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1707	
(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)	47162	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		48869
(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)	386232	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		386232
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(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)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(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)		5248850
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		9704117
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1304399	
(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)		1304399
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)	2884	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2884
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1307283
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		8396834
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: CHODOR & ASSOCIATES CPA'S, P.C. (2) EIN: 27-0312364

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		1000000
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
SEVENSON 401(K)/PROFIT SHARING

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SEVENSON ENVIRONMENTAL SERVICES INC

D Employer Identification Number (EIN)
16-0997941

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** 0

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): 04-6568107

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):

SEVENSON
401(k)/PROFIT SHARING PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2009

SEVENSON
401(k)/PROFIT SHARING PLAN

DECEMBER 31, 2009

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Form 5500 Schedule H, line 4i 12

CHODOR & ASSOCIATES CPAS, P.C.
CERTIFIED PUBLIC ACCOUNTANTS
601 WEST 26TH STREET, SUITE 830
NEW YORK, NEW YORK 10001
E-Mail: Julie.chodor@jchodorcpas.com

REPORT OF INDEPENDENT AUDITORS

To The Sponsor of the
Sevenson
401(k)/Profit Sharing Plan

We have audited the accompanying statement of net assets available for benefits of the Sevenson 401(k)/Profit Sharing Plan (the "Plan") 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. 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 Plan as of December 31, 2009, and December 31, 2008 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 schedule of assets (Held At End of Year) Form 5500 Schedule H, line 4i is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is 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. The supplemental schedule is the responsibility of the Plan's management. This supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects when considered in relation to the basic 2008 financial statements taken as a whole.

Chodor & Associates CPAs, P.C.
Certified Public Accountants

New York, New York
September 20, 2010

Sevenson 401(k) Plan
Statements of Net Assets Available for Benefits
For the Years Ended December 31, 2009 and 2008

	2009	2008
Assets:		
Investments: (Note 8)	$ 34,141,093	$ 25,509,695
Receivables:		
Participant contributions	342,926	279,645
Employer Contributions	2,001,343	2,001,925
Loan receivables	56,509	18,870
Other receivables	10,267	681
Total receivables	2,411,045	2,301,121
Total assets	36,552,138	27,810,816
Liabilities:		
Benefits Payable	8,029	-
Total liabilities	8,029	-
Net assets available for benefits at fair value	36,544,109	27,810,816
Adjustments from fair value to contract value for fully benefit-responsive investment contracts	(29,884)	306,575
Net assets available for benefits	$ 36,514,225	$ 28,117,391

See accompanying notes to financial statements

Sevenson 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2009

	2009
Additions to net assets attributed to:	
Investment income:	
Interest	47,162
Net appreciation in fair value of investments	5,636,789
	5,683,951
Contributions:	
Participant	2,018,823
Employer	2,001,343
	4,020,166
Total additions	9,704,117
Deductions from net assets attributed to:	
Benefits paid to participants	1,304,399
Fees	2,884
Total deductions	1,307,283
Net increase	8,396,834
Net assets available for benefits:	
Beginning of year	28,117,391
End of year	$ 36,514,225

See accompanying notes to financial statements

SEVENSON
401(k)/PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 and 2008

1. Description of the Plan

Effective January 1, 1987, Sevenson Environmental Services, Inc. (the "Company") started the Sevenson 401(k)/Profit Sharing Plan (the "Plan"). The Plan was amended and restated for EGTRRA, effective July 27, 2009. The Plan is a defined contribution plan covering eligible employees who have (i) completed one year of service and (ii) attained age 21. The plan continues to comply with current legislation to ensure tax favored treatment.

Employees who are leased employees or whose employment is governed by the terms of a collective bargaining agreement or who are participants in the SCC Prevailing Wage Pension Plan, are not eligible to participate in the Plan. The plan allows other companies to adopt its provisions. Other companies who participate in the Plan are: SCC Contracting Inc.; Waste Stream Technology, Inc.; Sevenson Industrial Services, Inc. and Sevenson Environmental Services of PA, Inc.

The Company has appointed individuals as trustees of the Plan. On December 31, 2009, the assets of the Plan, with the exception of participant loans, were held by IBG, a division of Fidelity Brokerage Services Inc.

2. Summary of Significant Accounting Policies

a. The accompanying financial statements have been prepared on the accrual basis and present net assets available for benefits and changes in those net assets of the Plan.

b. Investments are stated at fair value. The fair value of the marketable investment funds is based on quotations obtained from IBG. On December 29, 2005, The Financial Accounting Standards Board ("FASB") issued FASB Staff Position, FSP AAG INV-1 and SOP 94-4-1, Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Audit Guide and Defined-Contribution Health and Welfare and Pension Plans (the "FSP"). The FSP permits the use of contract value accounting for benefit-responsive investment contracts. The fund has adopted the FSP as of and for the year ended December 31, 2009 and 2008. The adoption of this guidance does not affect the reported net investment income, total return or net assets.

As described by the FSP, investments held by an investment company are required to be reported at fair value. However, contract value is the relevant measurement attribute for the portion of the net assets of an investment company attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the underlying defined-contribution plans. As required by the FSP, the accompanying schedule of investments reflects both the fair value as well as the adjustment to contract value for each investment contract deemed fully benefit responsive. The statement of assets and liabilities presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statements of operations and changes in net assets were prepared on a contract value basis.

c. The preparation of financial statements in conformity with generally accepting accounting principles requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from those estimates.

3. Contributions

The Plan allows each participant to elect to defer up to 70% of the participant's annual compensation to the Plan. However, a participant's total deferrals in any taxable year may not exceed a certain dollar limit which is set by law. Employee elective deferrals vest immediately.

The Plan provides for a non-elective employer contribution equal to 50% of the salary deferral of each eligible non-highly compensated participants. Only salary deferrals of up to 8% will be considered in applying this provision.

Further, the Plan allows additional discretionary employer profit sharing contributions and, to the extent necessary, employer contributions to provide the minimum top heavy contribution.

Employer discretionary profit sharing contributions vest ratably over seven years, while matching contributions vest ratably over six years.

For benefit purposes, compensation for highly compensated employees will exclude overtime pay and bonus pay.

Forfeitures may be used by the Plan for several purposes such as the payment of Plan expenses. Forfeitures attributable to matching or discretionary profit sharing contributions not used toward the payment of Plan expenses will be used to reduce employer contributions.

4. Payment of Benefits

Participants' benefits under the Plan are payable to participants, their beneficiaries or their estates upon the severance of employment, normal retirement, disability, death or hardship. Married participants will automatically receive a joint and 50% survivor annuity unless another alternative form of payment is elected. Unmarried participants will receive a life annuity unless another alternative form of payment is elected. Any vested benefit of $1,000 or less will be paid by a lump sum.

Participants may withdraw the amounts in their participants' transfer/rollover accounts at any time.

5. Loans to Participants

The Plan provides for loans to participants which are repaid through payroll deductions. Loans (i) bear a reasonable rate of interest, (ii) are secured by the participant's account, (iii) are available to all participants on a reasonably equivalent basis, (iv) are limited to 50% of the participant's vested account balance, (v) provide for repayment over a period not to exceed five years unless such loan is used to purchase a primary residence and (vi) are limited to an amount not to exceed $50,000.

A loan will not be issued for an amount less than $1,000 and no loan will be issued to a participant with an existing loan outstanding. Spousal consent is required for loans made to a participant.

6. Termination

The employer shall have the right to terminate the Plan. Upon termination, all amounts credited to participants' accounts will become 100% vested. Participants' accounts will be distributed in a manner permitted by the Plan as soon as practicable.

7. Tax Status

The Plan's assets are qualified pursuant to the appropriate section of the Internal Revenue Code, and accordingly, the Plan's net investment income is exempt from income taxes. On March 18, 2010, the Plan received a favorable tax determination letter from the Internal Revenue Service with respect to the new restatement. The Plan sponsor believes that the Plan qualifies and operates as designed.

8. Investments

The Company has adopted and implemented a daily valuation, multi-family fund program for eligible employees. Under the daily valuation program participants are able to invest their accounts under a menu of mutual funds.

Under the daily valuation program a participant may (i) access his or her account value at anytime and (ii) direct the investment of his or her existing account and future contributions by a toll-free telephone number or via the internet at any time among the mutual funds offered under the Plan. Under the program the automated voice response system is electronically linked to IBG to effect fund transfers. IBG provides trade confirmations for any and all buys, sells and exchanges (i.e., deposits, transfers, distributions) of funds under the daily valuation program.

Schedule of investments that represent 5% or more of Plan assets:

Description	December 31,	
	2009	2008
Spartan US Equity Index Fund	3,060,165	2,316,994
Calamos Growth Class A	3,248,529	1,811,010
Mutual Series Discovery Cl A Fund	3,359,570	2,991,831
Fidelity Low Priced Stock Fund	2,739,810	1,661,280
Fidelity US Bond Index Fund	5,082,424	4,183,027
Morley Stable Value Fund	6,328,370	5,917,832
Selected American Shares Fund	4,647,374	3,233,009

9. Fair Value Measurements:

As of the beginning of the plan year ended December 31, 2008, the Plan implemented FASB 157, *Fair Value Measurements*. FASB 157 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB 157 are described below:

Basis of Fair Value Measurement

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following tables present by level, within the fair value hierarchy, the Plan investment assets at fair value, as of December 31, 2009. As required by FASB 157, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

Total Plan investment assets at fair value classified within level 3 were $654,655 as of December 31, 2009, which consists of the Plan's loans to participants. Such amounts were approximately 2% of total investment assets of the Plan's statements of net assets available for benefits at fair value as of December 31, 2009.

$(000)'s Description	12/31/09	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$27,087	$27,087		
SVF	6,358		$6,358	
Loans to Participants	655			$655
Total	$34,100	$27,087	$6,358	$655

Participant Loans based upon stated interest rates, payment history, collateralization and default rates of participant loans held by the Plan. ***(Based on April 2009 FASB 157 Guidance issued by the Employee Benefit Audit Quality Center and subject to professional judgment and interpretation)***

- SVF are Stable Value Funds classified by the Trustee of the Fund as Level 2 in their financial statements.

Level 3 Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plans Level 3 investment assets for the year ended December 31, 2009.

($000s)

Description	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)	
	Loans to Participants	Total
Beginning balance	$644	$644
Purchases, issuances, and settlements	11	11
Ending balance	$655	$655

10. PARTY IN INTEREST TRANSACTIONS:

Certain board of Trustee members are currently participants in the Plan.

11. RISKS AND UNCERTAINTIES:

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

Sevenson 401(k) Profit Sharing Plan
Form 5500 Schedule H, Line 4i
Schedule of Assets (Held At End of Year)
December 31, 2009

Description	Investments at Fair Value	Adjustment from Fair Value to Contract Value	Investments at Contract Value
Mutual Fund Investments			
Calamos Growth Class A Fund	3,248,529		
Spartan US Equity Index Investor Fund	3,060,165		
Fidelity Advisor Diversified Int'l Fund	1,286,205		
Fidelity Low Priced Stock Fund	2,739,810		
Mutual Series Global Discovery Class A Fund	3,359,570		
Selected American Shares Class S Fund	4,647,374		
Fidelity US Bond Index Fund	5,082,424		
Dodge & Cox Int'l Stock Fund	718,201		
Dreyfus Small Cap Stock Index	1,814,697		
Pimco Real Return Fund Class R	717,819		
Morgan Stanley Inst. Inc Global Real Estate Prt 1	412,551		
	27,087,345		
Morley Stable Value 50 BP Fund	6,358,254	(29,884)	6,328,370
Cash	40,839		
Participant Loans (Interest Range 5% -9.25%)	654,655		
TOTAL	$ 34,141,093		

See accompanying notes to financial statements

SEVENSON
401(k)/PROFIT SHARING PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2009

SEVENSON
401(k)/PROFIT SHARING PLAN

DECEMBER 31, 2009

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REPORT OF INDEPENDENT AUDITORS

To The Sponsor of the
Sevenson
401(k)/Profit Sharing Plan

We have audited the accompanying statement of net assets available for benefits of the Sevenson 401(k)/Profit Sharing Plan (the "Plan") 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. 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 Plan as of December 31, 2009, and December 31, 2008 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 schedule of assets (Held At End of Year) Form 5500 Schedule H, line 4i is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is 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. The supplemental schedule is the responsibility of the Plan's management. This supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects when considered in relation to the basic 2008 financial statements taken as a whole.

Chodor & Associates CPAs, P.C.
Certified Public Accountants

New York, New York
September 20, 2010

Sevenson 401(k) Plan
Statements of Net Assets Available for Benefits
For the Years Ended December 31, 2009 and 2008

	2009	2008
Assets:		
Investments: (Note 8)	$ 34,141,093	$ 25,509,695
Receivables:		
Participant contributions	342,926	279,645
Employer Contributions	2,001,343	2,001,925
Loan receivables	56,509	18,870
Other receivables	10,267	681
Total receivables	2,411,045	2,301,121
Total assets	36,552,138	27,810,816
Liabilities:		
Benefits Payable	8,029	-
Total liabilities	8,029	-
Net assets available for benefits at fair value	36,544,109	27,810,816
Adjustments from fair value to contract value for fully benefit-responsive investment contracts	(29,884)	306,575
Net assets available for benefits	$ 36,514,225	$ 28,117,391

See accompanying notes to financial statements

Sevenson 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2009

	2009
Additions to net assets attributed to:	
Investment income:	
Interest	47,162
Net appreciation in fair value of investments	5,636,789
	5,683,951
Contributions:	
Participant	2,018,823
Employer	2,001,343
	4,020,166
Total additions	9,704,117
Deductions from net assets attributed to:	
Benefits paid to participants	1,304,399
Fees	2,884
Total deductions	1,307,283
Net increase	8,396,834
Net assets available for benefits:	
Beginning of year	28,117,391
End of year	$ 36,514,225

See accompanying notes to financial statements

SEVENSON
401(k)/PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 and 2008

1. Description of the Plan

Effective January 1, 1987, Sevenson Environmental Services, Inc. (the "Company") started the Sevenson 401(k)/Profit Sharing Plan (the "Plan"). The Plan was amended and restated for EGTRRA, effective July 27, 2009. The Plan is a defined contribution plan covering eligible employees who have (i) completed one year of service and (ii) attained age 21. The plan continues to comply with current legislation to ensure tax favored treatment.

Employees who are leased employees or whose employment is governed by the terms of a collective bargaining agreement or who are participants in the SCC Prevailing Wage Pension Plan, are not eligible to participate in the Plan. The plan allows other companies to adopt its provisions. Other companies who participate in the Plan are: SCC Contracting Inc.; Waste Stream Technology, Inc.; Sevenson Industrial Services, Inc. and Sevenson Environmental Services of PA, Inc.

The Company has appointed individuals as trustees of the Plan. On December 31, 2009, the assets of the Plan, with the exception of participant loans, were held by IBG, a division of Fidelity Brokerage Services Inc.

2. Summary of Significant Accounting Policies

a. The accompanying financial statements have been prepared on the accrual basis and present net assets available for benefits and changes in those net assets of the Plan.

b. Investments are stated at fair value. The fair value of the marketable investment funds is based on quotations obtained from IBG. On December 29, 2005, The Financial Accounting Standards Board ("FASB") issued FASB Staff Position, FSP AAG INV-1 and SOP 94-4-1, Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Audit Guide and Defined-Contribution Health and Welfare and Pension Plans (the "FSP"). The FSP permits the use of contract value accounting for benefit-responsive investment contracts. The fund has adopted the FSP as of and for the year ended December 31, 2009 and 2008. The adoption of this guidance does not affect the reported net investment income, total return or net assets.

As described by the FSP, investments held by an investment company are required to be reported at fair value. However, contract value is the relevant measurement attribute for the portion of the net assets of an investment company attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the underlying defined-contribution plans. As required by the FSP, the accompanying schedule of investments reflects both the fair value as well as the adjustment to contract value for each investment contract deemed fully benefit responsive. The statement of assets and liabilities presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statements of operations and changes in net assets were prepared on a contract value basis.

c. The preparation of financial statements in conformity with generally accepting accounting principles requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from those estimates.

3. Contributions

The Plan allows each participant to elect to defer up to 70% of the participant's annual compensation to the Plan. However, a participant's total deferrals in any taxable year may not exceed a certain dollar limit which is set by law. Employee elective deferrals vest immediately.

The Plan provides for a non-elective employer contribution equal to 50% of the salary deferral of each eligible non-highly compensated participants. Only salary deferrals of up to 8% will be considered in applying this provision.

Further, the Plan allows additional discretionary employer profit sharing contributions and, to the extent necessary, employer contributions to provide the minimum top heavy contribution.

Employer discretionary profit sharing contributions vest ratably over seven years, while matching contributions vest ratably over six years.

For benefit purposes, compensation for highly compensated employees will exclude overtime pay and bonus pay.

Forfeitures may be used by the Plan for several purposes such as the payment of Plan expenses. Forfeitures attributable to matching or discretionary profit sharing contributions not used toward the payment of Plan expenses will be used to reduce employer contributions.

4. Payment of Benefits

Participants' benefits under the Plan are payable to participants, their beneficiaries or their estates upon the severance of employment, normal retirement, disability, death or hardship. Married participants will automatically receive a joint and 50% survivor annuity unless another alternative form of payment is elected. Unmarried participants will receive a life annuity unless another alternative form of payment is elected. Any vested benefit of $1,000 or less will be paid by a lump sum.

Participants may withdraw the amounts in their participants' transfer/rollover accounts at any time.

5. Loans to Participants

The Plan provides for loans to participants which are repaid through payroll deductions. Loans (i) bear a reasonable rate of interest, (ii) are secured by the participant's account, (iii) are available to all participants on a reasonably equivalent basis, (iv) are limited to 50% of the participant's vested account balance, (v) provide for repayment over a period not to exceed five years unless such loan is used to purchase a primary residence and (vi) are limited to an amount not to exceed $50,000.

A loan will not be issued for an amount less than $1,000 and no loan will be issued to a participant with an existing loan outstanding. Spousal consent is required for loans made to a participant.

6. Termination

The employer shall have the right to terminate the Plan. Upon termination, all amounts credited to participants' accounts will become 100% vested. Participants' accounts will be distributed in a manner permitted by the Plan as soon as practicable.

7. Tax Status

The Plan's assets are qualified pursuant to the appropriate section of the Internal Revenue Code, and accordingly, the Plan's net investment income is exempt from income taxes. On March 18, 2010, the Plan received a favorable tax determination letter from the Internal Revenue Service with respect to the new restatement. The Plan sponsor believes that the Plan qualifies and operates as designed.

8. Investments

The Company has adopted and implemented a daily valuation, multi-family fund program for eligible employees. Under the daily valuation program participants are able to invest their accounts under a menu of mutual funds.

Under the daily valuation program a participant may (i) access his or her account value at anytime and (ii) direct the investment of his or her existing account and future contributions by a toll-free telephone number or via the internet at any time among the mutual funds offered under the Plan. Under the program the automated voice response system is electronically linked to IBG to effect fund transfers. IBG provides trade confirmations for any and all buys, sells and exchanges (i.e., deposits, transfers, distributions) of funds under the daily valuation program.

Schedule of investments that represent 5% or more of Plan assets:

Description	December 31,	
	2009	2008
Spartan US Equity Index Fund	3,060,165	2,316,994
Calamos Growth Class A	3,248,529	1,811,010
Mutual Series Discovery Cl A Fund	3,359,570	2,991,831
Fidelity Low Priced Stock Fund	2,739,810	1,661,280
Fidelity US Bond Index Fund	5,082,424	4,183,027
Morley Stable Value Fund	6,328,370	5,917,832
Selected American Shares Fund	4,647,374	3,233,009

9. Fair Value Measurements:

As of the beginning of the plan year ended December 31, 2008, the Plan implemented FASB 157, *Fair Value Measurements*. FASB 157 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB 157 are described below:

Basis of Fair Value Measurement

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following tables present by level, within the fair value hierarchy, the Plan investment assets at fair value, as of December 31, 2009. As required by FASB 157, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

Total Plan investment assets at fair value classified within level 3 were $654,655 as of December 31, 2009, which consists of the Plan's loans to participants. Such amounts were approximately 2% of total investment assets of the Plan's statements of net assets available for benefits at fair value as of December 31, 2009.

$(000)'s Description	12/31/09	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$27,087	$27,087		
SVF	6,358		$6,358	
Loans to Participants	655			$655
Total	$34,100	$27,087	$6,358	$655

Participant Loans based upon stated interest rates, payment history, collateralization and default rates of participant loans held by the Plan. ***(Based on April 2009 FASB 157 Guidance issued by the Employee Benefit Audit Quality Center and subject to professional judgment and interpretation)***

- SVF are Stable Value Funds classified by the Trustee of the Fund as Level 2 in their financial statements.

Level 3 Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plans Level 3 investment assets for the year ended December 31, 2009.

($000s)

Description	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)	
	Loans to Participants	Total
Beginning balance	$644	$644
Purchases, issuances, and settlements	11	11
Ending balance	$655	$655

10. PARTY IN INTEREST TRANSACTIONS:

Certain board of Trustee members are currently participants in the Plan.

11. RISKS AND UNCERTAINTIES:

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

Sevenson 401(k) Profit Sharing Plan
Form 5500 Schedule H, Line 4i
Schedule of Assets (Held At End of Year)
December 31, 2009

Description	Investments at Fair Value	Adjustment from Fair Value to Contract Value	Investments at Contract Value
Mutual Fund Investments			
Calamos Growth Class A Fund	3,248,529		
Spartan US Equity Index Investor Fund	3,060,165		
Fidelity Advisor Diversified Int'l Fund	1,286,205		
Fidelity Low Priced Stock Fund	2,739,810		
Mutual Series Global Discovery Class A Fund	3,359,570		
Selected American Shares Class S Fund	4,647,374		
Fidelity US Bond Index Fund	5,082,424		
Dodge & Cox Int'l Stock Fund	718,201		
Dreyfus Small Cap Stock Index	1,814,697		
Pimco Real Return Fund Class R	717,819		
Morgan Stanley Inst. Inc Global Real Estate Prt 1	412,551		
	27,087,345		
Morley Stable Value 50 BP Fund	6,358,254	(29,884)	6,328,370
Cash	40,839		
Participant Loans (Interest Range 5% -9.25%)	654,655		
TOTAL	$ 34,141,093		

See accompanying notes to financial statements

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Sevenson 401(k)/Profit Sharing **EIN:** 16-0997941
Plan Sponsor's Name Sevenson Environmental Services Inc **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Calamos Growth Class A Fund	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	0	3,248,529
	Spartan US Equity Index Inv.	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	0	3,060,165
	Fidelity Adv. Diversified Int'l	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR	0	1,286,205
	Fidelity Low Priced Stock	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR	0	2,739,810
	Mutual Series Global Disc. Class	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	0	3,359,570
	Selected Amer. Shares Class	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	0	4,647,374
	Fidelity US Bond Index	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	0	5,082,424

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Dodge & Cox Int'l Stock	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	0	718,201
	Pimco Real Return Fund Class	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	0	717,819
	Dreyfus Small Cap Stock Index	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	0	1,814,697
	Morgan Stanley Inst. Inc. Global	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	0	412,551
	Morley Stable Value 50 BP Fund	REGISTERED INVESTMENT COMPANY NO MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	0	6,358,254