# 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
CHAPPAQUA TRANSPORTATION INC PROFIT SHARING PLAN

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

**1c** Effective date of plan 07/01/1992

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

130 HUNTS LANE
CHAPPAQUA, NY 10514

**2b** Employer Identification Number (EIN)
13-2596447

**2c** Sponsor's telephone number
914-238-6338

**2d** Business code (see instructions)
485410

**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. | 10/19/2010 | JOSEPH CIPRIANI |
| | **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")
CHAPPAQUA TRANSPORTATION INC

130 HUNTS LANE
CHAPPAQUA, NY 10514

**3b** Administrator's EIN
13-2596447

**3c** Administrator's telephone number
914-238-6338

**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** | 153 |
| **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** | 169 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 20 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 189 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 189 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 98 |
| **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 2F 2G 2J 2K 2T 3D 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**9a** Plan funding arrangement (check all that apply)

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

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

| | | |
|---|---|---|
| **(1)** | X | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | | 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)** | X | 1 | **A** (Insurance Information) |
| **(4)** | | | **C** (Service Provider Information) |
| **(5)** | X | | **D** (DFE/Participating Plan Information) |
| **(6)** | | | **G** (Financial Transaction Schedules) |

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
CHAPPAQUA TRANSPORTATION INC PROFIT SHARING PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500.
CHAPPAQUA TRANSPORTATION INC

**D** Employer Identification Number (EIN)
13-2596447

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
ING

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 71-0294708 | 86509 | GH0539 | 113 | 01/01/2009 | 12/31/2009 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 4026 | 0 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

ING FINANCIAL PARTNERS
PO BOX 9270
DES MOINES, IA 50306

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 4026 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 120848 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 1499550 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GENERAL ACCOUNT

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 162780 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 246799 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 4193 | | |
| | (4) Transferred from separate account | 7c(4) | 225358 | | |
| | (5) Other (specify below) | 7c(5) | 39659 | | |
| | ▶ LOAN PAYMENTS | | | | |
| | (6) Total additions | | | 7c(6) | 516009 |
| d | Total of balance and additions (add **b** and **c(6)**) | | | 7d | 678789 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 68965 | | |
| | (2) Administration charge made by carrier | 7e(2) | 400 | | |
| | (3) Transferred to separate account | 7e(3) | 430099 | | |
| | (4) Other (specify below) | 7e(4) | 58478 | | |
| | ▶ LOAN DISBURSEMENTS | | | | |
| | (5) Total deductions | | | 7e(5) | 557942 |
| f | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 120847 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | | | **10b** | |

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

# 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
CHAPPAQUA TRANSPORTATION INC PROFIT SHARING PLAN

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

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
CHAPPAQUA TRANSPORTATION INC

**D** Employer Identification Number (EIN)
13-2596447

## 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: MAP CONTRACT SEPARATE ACCT D

**b** Name of sponsor of entity listed in (a): ING LIFE INS & ANNUITY

| **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) |
|---|---|---|
| 71-0294708-000 | P | 1499550 |

**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

| **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 |
|---|---|

**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
CHAPPAQUA TRANSPORTATION INC PROFIT SHARING PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
CHAPPAQUA TRANSPORTATION INC

**D** Employer Identification Number (EIN)
13-2596447

## 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) | | |
| **(2)** Participant contributions | 1b(2) | | 37 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(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) | 79368 | 96647 |
| **(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) | 1041767 | 1499550 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 162780 | 120848 |
| **(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 | 1283915 | 1717082 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 1283915 | 1717082 |

## 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) | 37106 | |
| | **(B)** Participants | 2a(1)(B) | 202968 | |
| | **(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) | | 240074 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(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) | 6588 | |
| | **(F)** Other | 2b(1)(F) | 4193 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 10781 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(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) | | 253047 |
| (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 | | 503902 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 68965 | |
| (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) | | 68965 |
| **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) | 1770 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 1770 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 70735 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 433167 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WILLIAM GREENE & COMPANY, LLP (2) EIN: 13-4144008

**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 | | 100000 |
| **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
CHAPPAQUA TRANSPORTATION INC PROFIT SHARING PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
CHAPPAQUA TRANSPORTATION INC

**D** Employer Identification Number (EIN)
13-2596447

## 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): 71-0294708

**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):

Chappaqua Transportation, Inc.

Profit Sharing Plan

******

Financial Statements

******

December 31, 2009

**CONTENTS**


| | |
|---|---|
| INDEPENDENT AUDITORS' REPORT | -2- |
| FINANCIAL STATEMENTS | |
| Statements of Net Assets Available for Benefits | -3- |
| Statement of Changes in Net Assets Available for Benefits | -4- |
| NOTES TO FINANCIAL STATEMENTS | -5-12- |
| SUPPLEMENTAL SCHEDULE | |
| Schedule H – Financial Schedule (IRS Form 5500) | |
| Schedule of Assets (Held at End of Year) | -13- |

WILLIAM
WG
GREENE & CO LLP

William Greene & Company, LLP
*Certified Public Accountants*

55 Katonah Avenue
Katonah, NY 10536

914-232-8461
Fax: 914-232-8906
cpa@wgreeneco.com
www.wgreeneco.com

William Greene, CPA*
Bruce E. Schachter, CPA*
Alan J. Weiss, CPA*, CVA
Robert E. Williams CPA*
**Licensed in NY & CT*

# INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Chappaqua Transportation, Inc.
Profit Sharing Plan
Chappaqua, New York 10514

We were engaged to audit the financial statements and supplemental schedule of Chappaqua Transportation, Inc. Profit Sharing Plan as of December 31, 2009 and 2008 and for the year ended December 31, 2009 as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by The ING Life Insurance and Annuity Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

WILLIAM GREENE & COMPANY, LLP

Katonah, New York
August 17, 2010

Chappaqua Transportation, Inc.
Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31,

| | 2009 | 2008 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value: | | |
| Participant directed investments | $1,620,398 | $1,204,547 |
| Participants' notes receivable | 96,647 | 79,368 |
| Total investments at fair value | 1,717,045 | 1,283,915 |
| Participant contributions receivable | 37 | - |
| Net assets available for benefit at fair value | 1,717,082 | 1,283,915 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts | (2,149) | 3,735 |
| Net assets available for benefits | 1,714,933 | 1,287,650 |
| **LIABILITIES** | - | - |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $1,714,933 | $1,287,650 |

Chappaqua Transportation, Inc.
Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2009

| | Investment Funds | Participants' Notes Receivable | Employer's Contributions Receivable | Participants' Contributions Receivable | Total |
|---|---|---|---|---|---|
| **ADDITIONS TO NET ASSETS** | | | | | |
| Investment income: | | | | | |
| Net appreciation (depreciation) in fair value of investments | $ 247,163 | $ - | $ - | $ - | $ 247,163 |
| Interest | 4,193 | 6,588 | - | - | 10,781 |
| | 251,356 | 6,588 | - | - | 257,944 |
| Contributions: | | | | | |
| Employer's Contributions | 37,106 | - | - | - | 37,106 |
| Participants' Contributions | 202,931 | - | - | 37 | 202,968 |
| Total Additions | 491,393 | 6,588 | - | 37 | 498,018 |
| **DEDUCTIONS FROM NET ASSETS** | | | | | |
| Benefits paid to participants | 68,965 | - | - | - | 68,965 |
| Administrative Expenses | 1,770 | - | - | - | 1,770 |
| Total deductions | 70,735 | - | - | - | 70,735 |
| Net increase prior to interfund transfers | 420,658 | 6,588 | - | 37 | 427,283 |
| **INTERFUND TRANSFERS:** | | | | | |
| Loans to participants | (50,351) | 50,351 | - | - | - |
| Repayment of loans by Participants | 39,660 | (39,660) | - | - | - |
| Total interfund transfers | (10,691) | 10,691 | - | - | - |
| **NET INCREASE IN NET ASSETS:** | 409,967 | 17,279 | - | 37 | 427,283 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | | | | | |
| January 1, 2009 | 1,208,282 | 79,368 | - | - | 1,287,650 |
| December 31, 2009 | $1,618,249 | $ 96,647 | $ - | $ 37 | $1,714,933 |

## NOTE 1 – DESCRIPTION OF PLAN

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

### General

The Plan is a defined contribution 401(k) retirement plan covering employees of Chappaqua Transportation, Inc. and Chappaqua/Dutchess Transportation, Inc. (the "Company") who have at least one year of service and are age 21 or older. The Plan became effective July 1, 1992 and was amended effective on January 1, 2009 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

### Contributions

Eligible plan participants may contribute through salary reduction a specific percentage of annual compensation or a fixed amount as defined by the Plan, limited by the Internal Revenue Code to $16,500 ($22,000 for employees reaching age 50 by the end of the year) for the year ended December 31, 2009.

The Company is not required to make mandatory contributions but may make matching contributions equal to a discretionary percentage of a Participant's compensation or a discretionary dollar amount or profit sharing contributions.

### Administrative Expenses

The Plan sponsor, Chappaqua Transportation, Inc. pays all administrative expenses that are attributable to the Plan, except for fees which are incidental to participant loans or investment accounts.

### Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's contributions, if any, and plan earnings. Allocations are based on participant earnings or account balances, as defined. Participant benefits are funded exclusively from the individual participant's account.

### Vesting

Participants are immediately vested in their salary reduction contributions, rollovers and investment earnings thereon.

Any Company contributions made on the Participants' behalf are subject to the following vesting schedule based on years of service: less than 2 years – 0%; year 2 – 20%; year 3 – 40%; year 4 – 60%; year 5 – 80%; year 6 – 100%.

NOTE 1 – DESCRIPTION OF PLAN (continued)

**Investment Options**

Upon enrollment in the Plan, participants may direct the investment of their contributions into various investment options offered by the Plan. Investment options available to participants include a guaranteed interest account and numerous mutual funds. Participants may change their investment options on the first day of any payroll period.

**Payment of Benefits**

On termination of service due to death, disability or retirement, a participant will become 100% vested in all of their accounts under the Plan. All distributions from the Plan will be made in a single lump-sum payment. For termination of services due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. If the vested benefit in the Plan exceeds $1,000, the participant must consent to the distribution before it is made.

In determining whether the vested benefit under the Plan exceeds the dollar thresholds described above, rollovers, and any earnings allocable to rollover contributions, will not be taken into account.

**Events Upon Plan Termination**

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. Upon Plan termination, participants become fully vested in their accounts.

**Participant Loans**

Participants may borrow a minimum of $1,000 and up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. A participant may not have more than two loans outstanding at any time and no new loans may be made to a participant at a time when he or she is in default on any payment required to be made on a previous loan. Loans are required to be collateralized by the balance in the participant's account. Interest rates for loans are based on the prime rate, plus 2%. Interest rates on outstanding loans as of December 31, 2009 ranged from 4.25% to 10.00%. Principal and interest is collected ratably through payroll deductions. All loans are to be repaid within a period of five years from the borrowing date.

**Forfeited Accounts**

At December 31, 2009, forfeited non-vested accounts totaled $2,034. These accounts can be used to pay plan expenses or reduce future employer contributions.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Basis of Accounting

The financial statements of the Plan have been prepared using the accrual method of accounting in accordance with U.S. generally accepted accounting principles.

### Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of the registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year end. The guaranteed interest account is reported at estimated fair value by ING, calculated by estimating the approximate amount that would have been paid if the contract had been terminated as of the last day of the reporting period and potential surrender charges and market value adjustments were applied as of such date. Actual surrender charges and market value adjustments are determined at date of payment and benefits so identified in the contract are not subject to adjustment. A final fee may also be deducted depending on timing and contractual requirements. Participant loans are valued at amortized cost, which approximates fair value.

Net investment income consists of gains and losses realized from the sales of investments, the net change in the unrealized appreciation or depreciation on investments, and interest and dividends earned. Fully benefit-responsive investment contracts included in the guaranteed interest account, is to be presented as a separate adjustment line in the Statement of Net Assets Available for Benefits because contract value remains the relevant measurement attribute for that portion of net assets available for benefits attributable to fully benefit-responsive investment contracts.

Purchases and sales are accounted for on a trade-date basis. Interest income is recorded on the accrual basis. Realized gains and losses from securities transactions are recorded on the average cost basis.

### Estimates Used in the Preparation of Financial Statements

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

### Uncertain Tax Positions

The Plan adopted the provisions of Accounting for Uncertainty in Income Taxes on January 1, 2009. The standard clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements and prescribes a threshold of more-likely-than-not for recognition of tax benefits of uncertain tax positions taken or expected to be taken in a tax return. The standard also provides related guidance on measurement, derecognition, classification, interest and penalties, and disclosure. The adoption of this standard did not have an impact on the Plan financial statements.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

**Reclassifications**

Certain amounts in the Plan year 2008 financial statements have been reclassified to conform to the Plan year 2009 presentation, with no effect on the net assets available for benefits at fair value.

**Subsequent Events**

The Company has evaluated events and transactions that occurred between January 1, 2010 and September 30, 2010, which is the date the financial statements were available to be issued for possible disclosure and recognition in the financial statements.

NOTE 3 – INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets:

| | December 31, | |
|---|---|---|
| | 2009 | 2008 |
| Washington Mutual Investors Funds | $294,509 | - ** |
| ING International Index Portfolio – Class I | 253,298 | - ** |
| The Growth Fund of America | 246,261 | - ** |
| ING Money Market Portfolio – Class I | 165,815 | 141,077 |
| ING Fixed Account | 120,848* | 166,515* |
| ING Oppenheimer Global Portfolio – Initial Class | - ** | 201,328 |
| ING T. Rowe Price Equity Income Portfolio – Service Class | - ** | 272,681 |
| ING T. Rowe Price Growth Equity Portfolio – Initial Class | - ** | 188,140 |

*Amounts shown at fair value. Contract values at December 31, 2009 and 2008 were $118,699 and $162,780, respectively.

**This investment is listed for comparison purposes as it is less than 5% of total net assets available for benefits for the period reported.

NOTE 4 – TAX STATUS

The Plan received a favorable tax determination letter from the Internal Revenue Service dated March 31, 2008, which states that the Plan as then designed, qualifies under the applicable provisions of the Internal Revenue Code and that it is, therefore, exempt from Federal income taxes. The Plan has been amended since receiving this determination letter. In the opinion of the Plan administrator, the Plan continues to meet the Internal Revenue Code requirements and is currently operating such that its exempt status has been maintained. Accordingly, no provision for income taxes has been included in the accompanying financial statements.

## NOTE 5 – INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified as complete and accurate by the custodian.

Investments, at fair value:

| | 2009 | 2008 |
|---|---|---|
| Shares of registered investment funds | $1,499,550 | $ 1,041,767 |
| Guaranteed interest account | 120,848 | 162,780 |
| Net appreciation (depreciation) in fair value of investments | $ 253,047 | $ (523,895) |
| Interest earned from guaranteed interest account | $ 4,193 | $ 3,246 |

## NOTE 6 – FAIR VALUE MEASUREMENTS

Effective January 1, 2008, the Plan adopted Fair Value Measurements and Disclosures, which defines fair value under U.S. generally accepted accounting principles and establishes a framework for measuring fair value and enhances disclosures about fair value measurements. This standard defines fair value as the exchange price that would be received for an asset or paid to transfer a liability in the principal or most advantageous market for the asset or liability in an orderly transaction value hierarchy, which requires an entity to maximize the use of observable inputs when measuring fair value.

The following provides a description of the three levels of inputs that may be used to measure fair value under the standard, the types of Plan investments that fall under each category and the valuation methodologies used to measure these investments at fair value:

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.

Shares of Registered Investment Funds:

These investments are public investment securities valued using the Net Asset Value (NAV). The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is quoted in an active market.

Level 2 – Inputs to the valuation methodology are other than quoted prices in active markets which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies.

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

NOTE 6 – FAIR VALUE MEASUREMENTS (continued)

Loans to Participants:

Loans to Plan participants are valued at cost plus accrued interest, which approximates fair value.

Guaranteed Interest Accounts:

Fair value represents the value the Plan would receive if the contract was terminated, which is book value less an early withdrawal charge.

The following table sets forth, by level within the fair value hierarchy, a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2009:

| Description | Quoted Prices in Active Markets For Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total |
|---|---|---|---|---|
| Mutual Funds | $1,499,550 | - | - | $1,499,550 |
| Guaranteed Interest Account | - | - | 120,848 | 120,848 |
| Participant Loans | - | - | 96,647 | 96,647 |
| Totals | $1,499,550 | $ - | $217,495 | $1,717,045 |

The following table sets forth, by level within the fair value hierarchy, a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2008:

| Description | Quoted Prices in Active Markets For Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total |
|---|---|---|---|---|
| Mutual Funds | $1,041,767 | - | - | $1,041,767 |
| Guaranteed Interest Account | - | | 162,780 | 162,780 |
| Participant Loans | - | - | 79,368 | 79,368 |
| Totals | $1,041,767 | $ - | $242,148 | $1,283,915 |

NOTE 6 – FAIR VALUE MEASUREMENTS (continued)

The following is a reconciliation of activity for participant loans:

| | December 31, 2009 | 2008 |
|---|---|---|
| Balance at the beginning of the period | $79,368 | $73,161 |
| Loans originated | 50,351 | 38,535 |
| Loan principal repayments* | (33,072) | (32,328) |
| Balance at the end of the period | $96,647 | $79,368 |

*Total repayments were $39,660 including $6,588 of interest in 2009 and total repayments were $39,069 including $6,741 of interest in 2008.

NOTE 7 – INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has a fully benefit-responsive investment contract with ING Life Insurance and Annuity Company (ING). ING maintains the contributions in a guaranteed interest general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. ING is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the Plan's investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for the portion of the net assets available for benefits attributable to the investment contract. Contract value represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Certain events limit the liability of the plan to transact at contract value with the insurance company.

NOTE 8 – PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by ING Life Insurance and Annuity Company. ING Life Insurance and Annuity Company is also the custodian of the Plan and, therefore, these transactions qualify as party in interest transactions. Fees paid by the Plan for the investment management fees and services amounted to $1,770 for the year ended December 31, 2009.

All three Board of Trustees members are currently participants in the Plan. The Plan Sponsor serves as the Plan Administrator of the Plan.

Certain administrative functions are performed by officers and employees of the Plan sponsor. No such officer or employee receives compensation from the Plan for the administrative functions he or she performs.

## NOTE 9 – RISKS AND UNCERTAINTIES

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

The Plan's guaranteed interest account (ING Fixed Account investment) has no specific maturity date. The ING Fixed Account guarantees principal and a minimum guaranteed interest rate for the life of the investment and features two declared interest rates: a current rate, determined at least monthly, and a guaranteed minimum floor rate declared for a defined period – currently one calendar year. The guaranteed minimum floor rate may change after the end of the defined period, but it will never be lower than the minimum guaranteed rate. The current rate, the guaranteed minimum floor rate and the minimum guaranteed interest rate are expressed as annual effective yields.

## NOTE 10 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H FORM 5500

| | 2009 | 2008 |
|---|---|---|
| Net assets per Form 5500, Schedule H | $1,717,082 | $1,283,915 |
| Adjustment from Fair Value to Contract Value for fully benefit-responsive contracts | (2,149) | 3,735 |
| Net assets available for benefits per Financial Statement | $1,714,933 | $1,287,650 |

| | 2009 |
|---|---|
| Increase in Net Assets per form 5500, Schedule H | $ 433,167 |
| Add: 2009 Adjustment from fair value to contract Value for fully benefit-responsive contracts | (2,149) |
| Less: 2008 adjustment from fair value to contract Value for fully benefit-responsive contracts | (3,735) |
| Increase in Net Assets available for benefits per Financial Statement | $ 427,283 |

SUPPLEMENTAL SCHEDULE

Chappaqua Transportation, Inc.
Profit Sharing Plan
EIN: 13-2596447, Plan 001

Form 5500, Schedule H, Line 4i-
Schedule of Assets (Held at End of Year)

December 31, 2009

| (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 | |
|---|---|---|---|---|---|
| | **Investment Funds:** | | | | |
| | ING Life Insurance and Annuity Co. | Washington Mutual Investors Fund SM - Class R-3 | | $ 294,509 | *** |
| * | ING Life Insurance and Annuity Co. | ING International Index Portfolio - Class I | | 253,298 | *** |
| | ING Life Insurance and Annuity Co. | The Growth Fund of America - Class R-3 | | 246,261 | *** |
| * | ING Life Insurance and Annuity Co. | ING Money Market Portfolio - Class I | | 165,815 | *** |
| * | ING Life Insurance and Annuity Co. | ING Fixed Account | | 120,848 | *** |
| * | ING Life Insurance and Annuity Co. | ING Index Solution 2035 Portfolio - Advisor Class | | 75,453 | |
| * | ING Life Insurance and Annuity Co. | ING Russell Large Cap Index Portfolio - Class I | | 50,957 | |
| | ING Life Insurance and Annuity Co. | Oppenheimer International Bond Fund - Class A | | 47,758 | |
| | ING Life Insurance and Annuity Co. | Pax World Balanced Fund - Individual Investor Class | | 46,671 | |
| * | ING Life Insurance and Annuity Co. | ING Index Solution 2015 Portfolio - Advisor Class | | 31,808 | |
| * | ING Life Insurance and Annuity Co. | ING Index Solution 2025 Portfolio - Advisor Class | | 30,402 | |
| * | ING Life Insurance and Annuity Co. | ING PIMCO Total Return Portfolio - Initial Class | | 29,108 | |
| | ING Life Insurance and Annuity Co. | Allianz NFJ Small-Cap Value Fund - Class R | | 27,634 | |
| * | ING Life Insurance and Annuity Co. | ING Global Resources Portfolio - Service Class | | 26,233 | |
| | ING Life Insurance and Annuity Co. | Lazard Emerging Markets Portfolio - Open Shares | | 25,448 | |
| | ING Life Insurance and Annuity Co. | RiverSource Mid Cap Value Fund - Class R-4 | | 23,647 | |
| | ING Life Insurance and Annuity Co. | Pioneer Strategic Income Fund - Class Y | | 23,241 | |
| | ING Life Insurance and Annuity Co. | RiverSource High Yield Bond Fund - Class R-4 | | 21,807 | |
| * | ING Life Insurance and Annuity Co. | ING Baron Small Cap Growth Portfolio - Initial Class | | 20,580 | |
| * | ING Life Insurance and Annuity Co. | ING Global Real Estate Fund - Class A | | 18,927 | |
| | ING Life Insurance and Annuity Co. | Columbia SM Acorn Fund - Class Z | | 16,815 | |
| * | ING Life Insurance and Annuity Co. | ING Fidelity VIP Contrafund Portfolio - Service Class | | 4,843 | |
| | ING Life Insurance and Annuity Co. | Ariel Appreciation Fund | | 3,118 | |
| * | ING Life Insurance and Annuity Co. | ING Index Solution 2045 Portfolio - Advisor Class | | 3,041 | |
| | ING Life Insurance and Annuity Co. | Mutual Shares Fund - Class R | | 2,587 | |
| | ING Life Insurance and Annuity Co. | Mutual Global Discovery Fund - Class R | | 2,279 | |
| * | ING Life Insurance and Annuity Co. | ING Money Market Fund - Class A Holding Account | | 2,034 | |
| * | ING Life Insurance and Annuity Co. | ING Index Solution Income Portfolio - Advisor Class | | 1,715 | |
| * | ING Life Insurance and Annuity Co. | ING Russell Mid Cap Index Portfolio - Class I | | 1,589 | |
| | ING Life Insurance and Annuity Co. | Davis New York Venture Fund - Class R | | 1,290 | |
| * | ING Life Insurance and Annuity Co. | ING Russell Small Cap Index Portfolio - Class I | | 684 | |
| | Total Investment Funds | | | 1,620,398 | |
| * | **Loans to Participants** | Interest Rates of 4.25% to 10.00% | | 96,647 | |
| | **Total Investments at Fair Value** | | | $ 1,717,045 | |

* Indicates party-in-interest to Plan.
** Cost omitted for participant-directed investments
*** Indicates investment with fair value that represents 5 percent or more of the Plan's net assets at December 31, 2009.

Chappaqua Transportation, Inc.
Profit Sharing Plan
EIN: 13-2596447, Plan 001

Form 5500, Schedule H, Line 4i-
Schedule of Assets (Held at End of Year)

December 31, 2009

| (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 | |
|---|---|---|---|---|---|
| | **Investment Funds:** | | | | |
| | ING Life Insurance and Annuity Co. | Washington Mutual Investors Fund SM - Class R-3 | | $ 294,509 | *** |
| * | ING Life Insurance and Annuity Co. | ING International Index Portfolio - Class I | | 253,298 | *** |
| | ING Life Insurance and Annuity Co. | The Growth Fund of America - Class R-3 | | 246,261 | *** |
| * | ING Life Insurance and Annuity Co. | ING Money Market Portfolio - Class I | | 165,815 | *** |
| * | ING Life Insurance and Annuity Co. | ING Fixed Account | | 120,848 | *** |
| * | ING Life Insurance and Annuity Co. | ING Index Solution 2035 Portfolio - Advisor Class | | 75,453 | |
| * | ING Life Insurance and Annuity Co. | ING Russell Large Cap Index Portfolio - Class I | | 50,957 | |
| | ING Life Insurance and Annuity Co. | Oppenheimer International Bond Fund - Class A | | 47,758 | |
| | ING Life Insurance and Annuity Co. | Pax World Balanced Fund - Individual Investor Class | | 46,671 | |
| * | ING Life Insurance and Annuity Co. | ING Index Solution 2015 Portfolio - Advisor Class | | 31,808 | |
| * | ING Life Insurance and Annuity Co. | ING Index Solution 2025 Portfolio - Advisor Class | | 30,402 | |
| * | ING Life Insurance and Annuity Co. | ING PIMCO Total Return Portfolio - Initial Class | | 29,108 | |
| | ING Life Insurance and Annuity Co. | Allianz NFJ Small-Cap Value Fund - Class R | | 27,634 | |
| * | ING Life Insurance and Annuity Co. | ING Global Resources Portfolio - Service Class | | 26,233 | |
| | ING Life Insurance and Annuity Co. | Lazard Emerging Markets Portfolio - Open Shares | | 25,448 | |
| | ING Life Insurance and Annuity Co. | RiverSource Mid Cap Value Fund - Class R-4 | | 23,647 | |
| | ING Life Insurance and Annuity Co. | Pioneer Strategic Income Fund - Class Y | | 23,241 | |
| | ING Life Insurance and Annuity Co. | RiverSource High Yield Bond Fund - Class R-4 | | 21,807 | |
| * | ING Life Insurance and Annuity Co. | ING Baron Small Cap Growth Portfolio - Initial Class | | 20,580 | |
| * | ING Life Insurance and Annuity Co. | ING Global Real Estate Fund - Class A | | 18,927 | |
| | ING Life Insurance and Annuity Co. | Columbia SM Acorn Fund - Class Z | | 16,815 | |
| * | ING Life Insurance and Annuity Co. | ING Fidelity VIP Contrafund Portfolio - Service Class | | 4,843 | |
| | ING Life Insurance and Annuity Co. | Ariel Appreciation Fund | | 3,118 | |
| * | ING Life Insurance and Annuity Co. | ING Index Solution 2045 Portfolio - Advisor Class | | 3,041 | |
| | ING Life Insurance and Annuity Co. | Mutual Shares Fund - Class R | | 2,587 | |
| | ING Life Insurance and Annuity Co. | Mutual Global Discovery Fund - Class R | | 2,279 | |
| * | ING Life Insurance and Annuity Co. | ING Money Market Fund - Class A Holding Account | | 2,034 | |
| * | ING Life Insurance and Annuity Co. | ING Index Solution Income Portfolio - Advisor Class | | 1,715 | |
| * | ING Life Insurance and Annuity Co. | ING Russell Mid Cap Index Portfolio - Class I | | 1,589 | |
| | ING Life Insurance and Annuity Co. | Davis New York Venture Fund - Class R | | 1,290 | |
| * | ING Life Insurance and Annuity Co. | ING Russell Small Cap Index Portfolio - Class I | | 684 | |
| | Total Investment Funds | | | 1,620,398 | |
| * | **Loans to Participants** | Interest Rates of 4.25% to 10.00% | | 96,647 | |
| | **Total Investments at Fair Value** | | | $ 1,717,045 | |

* Indicates party-in-interest to Plan.
** Cost omitted for participant-directed investments
*** Indicates investment with fair value that represents 5 percent or more of the Plan's net assets at December 31, 2009.