Form 5500-SF

Department of the Treasury Internal Revenue Service

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

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Pe	ension Benefit Guaranty Corporation	omplete all entries in acco	rdance witl	h the instructions to the Form 550	0-SF.		peonon		
Pa	art I Annual Report Identific	cation Information				•			
For	calendar plan year 2009 or fiscal plan y		09	and ending 1	2/31/	2009			
Δ٦	This return/report is for:	e-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan		
B This return/report is for: first return/report				final return/report					
,		mended return/report	=	n year return/report (less than 12 mo	nthe)				
_			-	. ,	111115)	П			
C	Check box if filing under:	1 5558	automatic	extension		☐ DFVC progra	am		
	speci	ial extension (enter descripti	ion)						
Pa	art II Basic Plan Information	l—enter all requested inform	nation						
	Name of plan				1b	Three-digit			
BLOC	CH LUMBER COMPANY 401K PROFIT	SHARING PLAN				plan number	001		
					10	(PN)			
					10	Effective date of 04/01/1			
2a	Plan sponsor's name and address (em	unlover if for single-employe	r nlan)		2h				
	CH LUMBER COMPANY	ployer, if for single-employe	i piaii)		20	2b Employer Identification Number (EIN) 36-2463219			
					2c	` '	elephone number		
	N. WACKER DRIVE, SUITE 1350				312-466-4500				
CHIC	CAGO, IL 60606-1874				2d Business code (see instructions				
32	Plan administrator's name and address	c /if same as Plan spensor	ontor "Same	5"\	3h	423300			
	CH LUMBER COMPANY			E, SUITE 1350	3b Administrator's EIN 36-2463219				
		CHICAGO,	IL 60606-18	374	3c Administrator's telephone numbe				
					312-466-4500				
	f the name and/or EIN of the plan spons			port filed for this plan, enter the	4b EIN				
r	name, EIN, and the plan number from the	ne last return/report. Spons	ors name		4c PN				
5a	Total number of participants at the beg	inning of the plan year			5a				
_	, ,								
	Total number of participants at the end				5b		25		
C	Total number of participants with acco complete this item)			•	5c		25		
6a	Were all of the plan's assets during th				•		X Yes No		
	Are you claiming a waiver of the annua	-							
	under 29 CFR 2520.104-46? (See inst						X Yes No		
_	If you answered "No" to either 6a o	r 6b, the plan cannot use I	orm 5500-	SF and must instead use Form 55	00.				
Pa	rt III Financial Information								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		7a	3582347	7		4269437		
b	Total plan liabilities		7b	()		0		
С	Net plan assets (subtract line 7b from	line 7a)	7с	3582347	7		4269437		
8	Income, Expenses, and Transfers for t	this Plan Year		(a) Amount	(b) Tota		Total .		
а	Contributions received or receivable fr								
	(1) Employers		` '	(-				
	(2) Participants		8a(2)	61221	Ц				
	(3) Others (including rollovers)		8a(3)	()				
b	Other income (loss)		8b	682497	7				
C	Total income (add lines 8a(1), 8a(2), 8	a(3), and 8b)	8c				743718		
d	Benefits paid (including direct rollovers to provide benefits)		8d	12373	3				
е	Certain deemed and/or corrective distr	ributions (see instructions)	8e						
f	Administrative service providers (salar	ies, fees, commissions)	8f	44255	5				
g	Other expenses			(
h	Total expenses (add lines 8d, 8e, 8f, a						56628		
i	Net income (loss) (subtract line 8h from						687090		
i	Transfers to (from) the plan (see instru	,							
•	, , , , , , , , , , , , , , , , , , , ,	•	ı OJ	1					

Part IV	Plan Characteristics

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 3D

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		Λm	ount	
-	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	103	X		AIII	Juni	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Χ					10413
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the							
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					. [Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					===	Yes	X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0. 00	0			· <u>L</u>		ш
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions	and e	enter th	e date of	the le	tter ruli	na
_	granting the waiverMon							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to					
1	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	se is	establ	ished.			
Inde B o	or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this returned	ırn/rep	ort, in	cludin	g, if applic	,		
	f, it is true, correct, and complete. Filed with authorized/valid electronic signature. 06/29/2010 GREGG SCOTT	RII EV	,					
CICI	I nod min additionzod/valid clockforilo signaturo.							

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information									
_For	calendar plan year 2009 or fiscal plan year beginning	01/01/	2009 and ending		12/31/2009)				
Α	This return/report is for: Single-employer plan	multiple-	employer plan (not multiemploy	er)	one-participant plan					
В	This return/report is for: first return/report	final retu	final return/report			_				
	an amended return/report	short pla	short plan year return/report (less than 12 months)							
С	Check box if filing under: Form 5558	automati	c extension		DFVC progra	ım				
_	special extension (enter desc	ription)			3					
P	art II Basic Plan Information—enter all requested in	<u> </u>								
	Name of plan	Omation		16	Three-digit					
	BLOCH LUMBER COMPANY 401K PROFIT SHAR	ING PLAN	PLAN		plan number					
					(PN) •	001				
				1c	Effective date o	•				
-20	Discourage of address (control of facility of				04/01/1976					
Za	Plan sponsor's name and address (employer, if for single-employer bLOCH LUMBER COMPANY	oyer plan)		20	Employer Identi (EIN) 36-246					
				20	2c Plan sponsor's telephone number					
	123 N. WACKER DRIVE, SUITE 1350				312-466-4					
	CHICAGO IL 60606-1874			2d	2d Business code (see instructions)					
3a	Plan administrator's name and address (if same as Plan spons	or optor "Sam	^"\	26	423300 Administrator's					
ou	Plan administrator's name and address (if same as Plan sponse BLOCH LUMBER COMPANY	or, enter Sant	c)	30	36-246321					
	123 N. WACKER DRIVE, SUITE 1350			Зс	Administrator's	elephone number				
	CHICAGO IL 60606-1				312-466-4500					
	f the name and/or EIN of the plan sponsor has changed since th name, EIN, and the plan number from the last return/report. Spo	4b	4b EIN							
	name, Ent, and the plan hamber from the last retains/report. Opt	4c	4c PN							
5a	Total number of participants at the beginning of the plan year				2					
b										
С	Total number of participants with account balances as of the er	nd of the plan	ear (defined benefit plans do n	5b		-				
	complete this item)			5c		25				
	Were all of the plan's assets during the plan year invested in e					X Yes No				
b	Are you claiming a waiver of the annual examination and report	t of an indepe	ndent qualified public accountar	it (IQPA)		X Yes ∏ No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year					
а	Total plan assets	7a	358	2347		4269437				
b	Total plan liabilities	7b		0		0				
C	Net plan assets (subtract line 7b from line 7a)	7c	358	2347	4269					
8	Income, Expenses, and Transfers for this Plan Year	<u> </u>	(a) Amount		(b) T	otal				
а	Contributions received or receivable from:	0-(4)								
	(1) Employers			0 -						
	(2) Participants		6	1221						
h	(3) Others (including rollovers)			0						
b	Other income (loss)		58	2497	-					
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premium				74371					
u	to provide benefits)		1	2373						
е	Certain deemed and/or corrective distributions (see instructions			0						
f	Administrative service providers (salaries, fees, commissions)		4	4255						
g	Other expenses			0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					56628				
i	Net income (loss) (subtract line 8h from line 8c)					687090				
	Transfers to (from) the plan (see instructions)		A SANTA CONTRACTOR OF THE SANT							

nstructions

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V **Compliance Questions** During the plan year: Yes No Amount Was there a failure to transmit to the plan any participant contributions within the time period described in X 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х on line 10a.)..... 10b Was the plan covered by a fidelity bond?..... 500000 10c X Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х or dishonesty? 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See Х instructions.) 10e f Has the plan failed to provide any benefit when due under the plan? Χ 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... Х 10413 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3..... Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a 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 letter ruling granting the waiver.Month If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year..... 12c C Enter the amount contributed by the employer to the plan for this plan year..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Nο N/A **Plan Terminations and Transfers of Assets** 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? X Yes No If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) 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 benalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and o GREGG SCOTT RILEY SIGN HERE Signature of plan administ Date Enter name of individual signing as plan administrator

SIGN

Signature of employer/plan sponsor

GREGG SCOTT RILEY

Enter name of individual signing as employer or plan sponsor