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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RALPH KORTE ENTERPRISES PROFIT-SHARING/THRIFT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1985

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

P. O. BOX 146
12441 U.S. HIGHWAY 40
HIGHLAND, IL 62249-0146

2b Employer Identification Number (EIN)
37-1017433

2c Sponsor's telephone number
618-654-8611

2d Business code (see instructions)
236200

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.	07/26/2010	WILLIAM BOUDOURIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/26/2010	WILLIAM BOUDOURIS
	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")
KORTE CONSTRUCTION COMPANY

P. O. BOX 146
12441 U.S. HIGHWAY 40
HIGHLAND, IL 62249-0146

3b Administrator's EIN
37-1017433

3c Administrator's telephone number
618-654-8611

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**	244
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**	245
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	245
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	245
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	240
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16
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:
2G 2J 2R

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)		**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
RALPH KORTE ENTERPRISES PROFIT-SHARING/THRIFT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
KORTE CONSTRUCTION COMPANY

D Employer Identification Number (EIN)
37-1017433

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

FIDELITY MANAGEMENT TRUST COMPANY

04-2507163

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 64 65 71	RECORDKEEPER	15027	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

RUBINBROWN LLP

ONE NORTH BRENTWOOD
CLAYTON, MO 63105

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	10740	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
RALPH KORTE ENTERPRISES PROFIT-SHARING/THRIFT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
KORTE CONSTRUCTION COMPANY

D Employer Identification Number (EIN)
37-1017433

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: MANAGED INCOME PORTFOLIO

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

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)
04-2647786-024	C	3401661

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)

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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
RALPH KORTE ENTERPRISES PROFIT-SHARING/THRIFT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
KORTE CONSTRUCTION COMPANY

D Employer Identification Number (EIN)
37-1017433

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	0	1445
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	756932	462075
(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)	2118	287141
(B) Common	1c(4)(B)	141030	451067
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	3710981	3401661
(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)	8316546	13167282
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	12927607	17770671
	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		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	12927607	17770671

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)	503601	
	(B) Participants	2a(1)(B)	1387131	
	(C) Others (including rollovers)	2a(1)(C)	9200	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1899932
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3698	
	(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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3698
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	16373	
	(B) Common stock	2b(2)(B)	11719	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	160801	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		188893
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2226475	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2205353	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		21122

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	97449	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		97449
(6) Net investment gain (loss) from common/collective trusts	2b(6)		59243
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2836544
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5106881
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	238050	
(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)		238050
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)	16040	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	9727	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		25767
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		263817
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4843064
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: RUBINBROWN LLP **(2)** EIN: 43-0765316

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		2000000
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)

THE RALPH KORTE ENTERPRISES
PROFIT-SHARING/THRIFT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009

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RubinBrown

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Independent Auditors' Report

Administration Committee
The Ralph Korte Enterprises
Profit-Sharing/Thrift Plan

We were engaged to audit the financial statements and supplemental schedule of The Ralph Korte Enterprises Profit-Sharing/Thrift Plan as of December 31, 2009 and 2008, and for the years then ended, 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 3, which was certified by Fidelity Management Trust Company (Fidelity), the Trustee, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the Trustee 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 investment information certified by the Trustee, 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.

RubinBrown LLP

St. Louis, Missouri
July 6, 2010

an independent member of
BAKER TILLY
INTERNATIONAL

THE RALPH KORTE ENTERPRISES
PROFIT-SHARING/THRIFT PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2009	2008
Assets		
Investments - At Fair Value (Notes 3 And 4)		
Mutual funds	**$ 13,263,853**	$ 8,751,540
Common collective trust	**3,401,661**	3,710,981
Self-directed investments	**1,105,157**	465,086
Net Assets Available For Benefits	**$ 17,770,671**	$ 12,927,607

THE RALPH KORTE ENTERPRISES
PROFIT-SHARING/THRIFT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For The Years Ended December 31,	
	2009	2008
Additions To Net Assets Attributed To:		
Employee contributions	**$ 1,387,131**	$ 1,305,917
Employer matching contributions	**503,601**	465,806
Employee rollover contributions	**9,200**	1,615
Total Additions	**1,899,932**	1,773,338
Deductions From Net Assets Attributed To:		
Benefits paid directly to participants	**238,050**	2,137,612
Administrative expenses	**25,767**	23,496
Total Deductions	**263,817**	2,161,108
Investment Income (Loss) (Note 3)		
Interest and dividends	**221,400**	530,359
Net appreciation (depreciation) in fair value of investments	**2,985,549**	(5,801,925)
Total Investment Income (Loss)	**3,206,949**	(5,271,566)
Net Increase (Decrease)	**4,843,064**	(5,659,336)
Net Assets Available For Benefits - Beginning Of Year	**12,927,607**	18,586,943
Net Assets Available For Benefits - End Of Year	**$ 17,770,671**	$ 12,927,607

1. Description Of The Plan

The Ralph Korte Enterprises Profit-Sharing/Thrift Plan (the Plan) is a defined contribution plan sponsored by Korte Construction Company (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

The Plan was established January 1, 1985 and has subsequently been amended. All employees of the Company, other than individuals represented by a collective bargaining agreement, are eligible beginning in the month after six consecutive months of service with the Company, if age 21 or older. Each participant's account is credited with the participant's salary deferral contribution and earnings thereon and an allocation of any Company contributions and administrative expenses. Allocations are based on participant earnings or account balances, as defined. Participants are permitted to direct the investment of their contributions into the available investment funds. Participants can also direct their contributions and any employer matching contributions into a self-directed brokerage account. All employee contributions to the Plan are fully vested and nonforfeitable. Company matching and discretionary contributions are subject to a five-year graded vesting schedule.

Contributions

Each year, participants may elect to contribute from 1% to 60% of eligible compensation, as defined by the Plan.

The Plan permits the Company to make matching contributions on amounts up to 6% of eligible compensation deferred by a participant. For 2009 and 2008, the Company matched 50% of the first 6% of employee compensation deferred. The matching contributions for 2009 and 2008 amounted to $503,601 and $465,806, respectively. Under the provisions of the Plan, the employer is permitted to make additional discretionary contributions, but is not required to do so. There were no additional discretionary contributions made in 2009 or 2008.

All contributions are subject to applicable limitations.

Payment Of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Hardship withdrawals are permitted under the Plan in certain circumstances and are limited to employee contributions and earnings thereon.

Forfeitures

Forfeited benefits are allocated in accordance with the Plan Document. Total nonvested forfeited benefits amounted to $11,066 and $15,384 in 2009 and 2008, respectively. The amount of unallocated assets due to forfeitures of nonvested employer contributions totaled $17,730 and $22,347 as of December 31, 2009 and 2008, respectively.

Plan Termination

The Company expects to continue the Plan indefinitely but reserves the right to terminate the Plan in whole or in part subject to the provisions of ERISA. In the event of termination, all participants would become 100% vested in the employer contributions.

Administration

The Plan is administered by the Company. The Company pays certain administrative expenses of the Plan. Investment management fees and certain other expenses are paid by the Plan.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

The accounting records of the Plan are maintained on the accrual basis.

Estimates And Assumptions

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Risks And Uncertainties

The Plan invests in various investment securities, which 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.

Investment Valuation And Income Recognition

The Plan's investments are stated at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

In 2009, accounting standards were issued which expanded disclosures and required that major categories for debt and equity securities in the fair value hierarchy table be determined on the basis of the nature and risks of the investments. As shown in Note 4, this guidance was applied prospectively in 2009, and the impact of this standard was not material to the Plan's net assets available for benefits.

Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Payment Of Benefits

Benefits are recorded when paid.

Subsequent Events

Management has evaluated subsequent events through July 6, 2010, the date which the financial statements were available for issue.

3. Investments

All investment information disclosed in the accompanying financial statements and schedule, including investments held at December 31, 2009 and 2008, net appreciation (depreciation) in fair value of investments, interest, dividends, investment expenses for the years then ended, were supplied by Fidelity Management Trust Company (Fidelity). This information, which has not been audited by the Plan's independent auditors, has been certified by Fidelity as complete and accurate.

All investments in the Plan are participant-directed.

The following presents the fair value of investments that represent 5% or more of the Plan's ending net assets of the respective Plan year:

	December 31,		
	2009	2008	
Fidelity Magellan Fund	**$ 2,273,989**	$ 1,461,531	
Fidelity Contrafund Fund	**2,354,522**	1,748,370	
Fidelity Growth Company Fund	**1,763,956**	1,120,599	
Fidelity Overseas Fund	**1,003,112**	667,387	
Fidelity Low-Priced Stock Fund	**925,760**	—	*
PIMCO Total Return Fund	**1,224,552**	841,930	
NB Partners Trust Fund	**1,107,838**	649,363	
Oakmark Equity and Income Fund	**1,132,530**	855,805	
Fidelity Managed Income Portfolio	**3,401,661**	3,710,981	

* Not a 5% or more investment during the Plan year.

During 2009 and 2008, the Plan's investments (including gains on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2009	2008
Mutual funds	**$ 2,832,144**	$ (5,701,206)
Common stock	**153,405**	(100,719)
	$ 2,985,549	$ (5,801,925)

4. Fair Value Measurements

Effective January 1, 2008, the Plan has adopted current accounting standards which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 — Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 — Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 — Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds

Valued at the net asset value (NAV) of shares held by the Plan at year end.

Cash And Cash Equivalents

Valued at the market value (NAV) of shares held by the Plan at year end.

Common Collective Trust

Valued using the fair market value of the underlying investments and then adjusted by the issuer to the contract value.

Common Stocks And Other Investments Held - Self-Directed Brokerage Accounts

Valued at the closing price reported on the active market on which the individual securities are traded.

The methods described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

	Assets At Fair Value As Of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Large growth funds	$ 6,392,467	$ —	$ —	$ 6,392,467
Large blend funds	1,614,159	—	—	1,614,159
Intermediate-term bond funds	1,224,552	—	—	1,224,552
Moderate allocation funds	1,132,530	—	—	1,132,530
Foreign large blend funds	1,003,112	—	—	1,003,112
Mid-cap blend funds	925,760	—	—	925,760
Lifecycle funds	692,722	—	—	692,722
Money market funds	132,821	—	—	132,821
Diversified emerging market funds	77,992	—	—	77,992
Other funds	103,988	—	—	103,988
Common collective trust	—	3,401,661	—	3,401,661
Common stocks	451,067	—	—	451,067
Preferred stock	287,141	—	—	287,141
Cash and cash equivalents	330,699	—	—	330,699
Total assets at fair value	$ 14,369,010	$ 3,401,661	$ —	$ 17,770,671

	Assets At Fair Value As Of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 8,751,540	$ —	$ —	$ 8,751,540
Common collective trust	—	3,710,981	—	3,710,981
Common stocks	465,086	—	—	465,086
Total assets at fair value	$ 9,216,626	$ 3,710,981	$ —	$ 12,927,607

There have been no changes in the methodologies used at December 31, 2009 or 2008.

5. Income Tax Status

The Company has adopted the Fidelity Basic Plan Document No. 14 for the years ended December 31, 2009 and 2008. Fidelity has received an opinion letter dated March 31, 2008, in which the IRS stated that the standardized plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code (the Code). The Plan has been amended since the latest determination letter. However, the Plan Administrator believes that the Plan, as amended, is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, the Plan Administrator believes the Plan, as amended, was qualified and the related Trust was tax exempt as of the financial statement date.

6. Party In Interest

Transactions with parties in interest consist of purchases and sales of assets through Fidelity. Management believes the fees paid to Fidelity for brokerage commissions, which are paid by the Company, are based on customary and reasonable rates for such services.

Supplemental Schedule

THE RALPH KORTE ENTERPRISES PROFIT-SHARING/THRIFT PLAN

EIN: 37-1017433 PLAN NO: 002
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2009

Identity Of Issue	Description Of Investment	Current Value
Mutual Funds		
Fidelity Management Trust Company*		
Magellan Fund	35,354 shares of mutual fund	$ 2,273,989
Contrafund Fund	40,400 shares of mutual fund	2,354,522
Growth Company Fund	25,572 shares of mutual fund	1,763,956
Overseas Fund	32,432 shares of mutual fund	1,003,112
Low-Priced Stock Fund	28,984 shares of mutual fund	925,760
Spartan U.S. Equity Index Portfolio	12,841 shares of mutual fund	506,321
Retirement Money Market Fund	132,821 shares of mutual fund	132,821
Fidelity Capital & Income Fund	2,824 shares of mutual fund	24,341
Fidelity Emerging Markets Fund	3,449 shares of mutual fund	77,992
Fidelity Freedom Income Fund	836 shares of mutual fund	8,978
Fidelity Freedom 2000	125 shares of mutual fund	1,416
Fidelity Freedom 2010	23 shares of mutual fund	293
Fidelity Freedom 2020	17,634 shares of mutual fund	221,310
Fidelity Freedom 2030	407 shares of mutual fund	5,039
Fidelity Freedom 2040	1,406 shares of mutual fund	10,065
Fidelity Freedom 2015	4,459 shares of mutual fund	46,466
Fidelity Freedom 2025	33,729 shares of mutual fund	350,443
Fidelity Freedom 2035	3,075 shares of mutual fund	31,548
Fidelity Freedom 2045	1,396 shares of mutual fund	11,822
Fidelity Freedom 2050	1,715 shares of mutual fund	14,320
PIMCO Total Return Fund	113,384 shares of mutual fund	1,224,552
NB Partners Trust Fund	60,307 shares of mutual fund	1,107,838
Oakmark Equity & Income Fund	44,343 shares of mutual fund	1,132,530
WFA Small Capital Fund	636 shares of mutual fund	17,451
EATON Large Capital Fund	1,014 shares of mutual fund	16,968
Total Mutual Funds		13,263,853
Common Collective Trust Fund		
Fidelity Managed Income Portfolio	3,401,661 units of common collective trust fund	3,401,661
Self-Directed Investments	Various common stock and mutual fund investments	1,105,157
		$ 17,770,671

* Represents party-in-interest

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

THE RALPH KORTE ENTERPRISES PROFIT-SHARING/THRIFT PLAN

EIN: 37-1017433 PLAN NO: 002
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2009

Identity Of Issue	Description Of Investment	Current Value
Mutual Funds		
Fidelity Management Trust Company*		
Magellan Fund	35,354 shares of mutual fund	$ 2,273,989
Contrafund Fund	40,400 shares of mutual fund	2,354,522
Growth Company Fund	25,572 shares of mutual fund	1,763,956
Overseas Fund	32,432 shares of mutual fund	1,003,112
Low-Priced Stock Fund	28,984 shares of mutual fund	925,760
Spartan U.S. Equity Index Portfolio	12,841 shares of mutual fund	506,321
Retirement Money Market Fund	132,821 shares of mutual fund	132,821
Fidelity Capital & Income Fund	2,824 shares of mutual fund	24,341
Fidelity Emerging Markets Fund	3,449 shares of mutual fund	77,992
Fidelity Freedom Income Fund	836 shares of mutual fund	8,978
Fidelity Freedom 2000	125 shares of mutual fund	1,416
Fidelity Freedom 2010	23 shares of mutual fund	293
Fidelity Freedom 2020	17,634 shares of mutual fund	221,310
Fidelity Freedom 2030	407 shares of mutual fund	5,039
Fidelity Freedom 2040	1,406 shares of mutual fund	10,065
Fidelity Freedom 2015	4,459 shares of mutual fund	46,466
Fidelity Freedom 2025	33,729 shares of mutual fund	350,443
Fidelity Freedom 2035	3,075 shares of mutual fund	31,548
Fidelity Freedom 2045	1,396 shares of mutual fund	11,822
Fidelity Freedom 2050	1,715 shares of mutual fund	14,320
PIMCO Total Return Fund	113,384 shares of mutual fund	1,224,552
NB Partners Trust Fund	60,307 shares of mutual fund	1,107,838
Oakmark Equity & Income Fund	44,343 shares of mutual fund	1,132,530
WFA Small Capital Fund	636 shares of mutual fund	17,451
EATON Large Capital Fund	1,014 shares of mutual fund	16,968
Total Mutual Funds		13,263,853
Common Collective Trust Fund		
Fidelity Managed Income Portfolio	3,401,661 units of common collective trust fund	3,401,661
Self-Directed Investments	Various common stock and mutual fund investments	1,105,157
		$ 17,770,671

* Represents party-in-interest

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.