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
HENRICKSEN & COMPANY, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1983

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

1070 WEST ARDMORE AVENUE
ITASCA, IL 60143

1070 WEST ARDMORE AVENUE
ITASCA, IL 60143

2b Employer Identification Number (EIN)
36-2649935

2c Sponsor's telephone number
630-875-0289

2d Business code (see instructions)
442110

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.	07/30/2010	JO ELLEN ALEIDE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/30/2010	JO ELLEN ALEIDE
	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")
HENRICKSEN & COMPANY, INC.

1070 WEST ARDMORE AVENUE
ITASCA, IL 60143

3b Administrator's EIN
36-2649935

3c Administrator's telephone number
630-875-0289

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**	206
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**	174
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	26
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	200
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	200
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	191
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	15
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)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
HENRICKSEN & COMPANY, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HENRICKSEN & COMPANY, INC.

D Employer Identification Number (EIN)
36-2649935

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).. . . . . [X] 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

FID.INV.INST.OPS.CO.

04-2647786

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

JANUS FUNDS

43-1804048

(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 INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 37 65 60	RECORDKEEPER	775	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 ☐

(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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ALLNZ NFJ SMCP VAL A - BOSTON FINAN 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ALLNZ RCM TECHN A - BOSTON FINANCIA 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BLKRK HLTH SCI OPS A - PNC GLOBAL I 04-2871943	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BLKRK INTL OPP A - PNC GLOBAL INVES 04-2871943	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DREYFUS S AND P 500 INDX - DREYFUS 13-5673135	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
EATON LG CAP VALUE A - PNC GLOBAL I 04-2871943	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PERKINS MID CP VAL S - JANUS SERVIC 43-1804048	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
THORNBURG INT VAL R4 - BOSTON FINAN 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
VICTORY DIVERS STK A - BISYS FUND S 13-3532663	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
VK CAPITAL GROWTH A - VAN KAMPEN IN PO BOX 219286 KANSAS, MO 64121	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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(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 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
HENRICKSEN & COMPANY, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HENRICKSEN & COMPANY, INC.

D Employer Identification Number (EIN)
36-2649935

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)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1447091	1443359
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	171972	174272
(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)	8145713	11804499
(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	9764776	13422130
	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	9764776	13422130

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)	63165	
	(B) Participants	2a(1)(B)	1116300	
	(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)		1179465
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5451	
	(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)	12545	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		17996
	(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)	127404	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		127404
	(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)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2609472
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3934337
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	276206	
(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)		276206
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	777	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		777
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		276983
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3657354
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CARMEN ANTHONY MILANO **(2)** EIN: 36-3188791

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		500000
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		X	

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
HENRICKSEN & COMPANY, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HENRICKSEN & COMPANY, INC.

D Employer Identification Number (EIN)
36-2649935

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

CARMEN ANTHONY MILANO
Certified Public Accountant
100 South Prospect Avenue
Park Ridge, Illinois 60068
(847) 823-2175

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Henricksen & Company, Inc.
401(K) Profit Sharing Plan
Itasca, Illinois

I have audited the accompanying statements of net assets available for benefits of Henricksen & Company, Inc. 401(K) Profit Sharing Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. My responsibility is to express an opinion on these financial statements based on my audits.

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

As permitted by 29 CRF 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 me not to perform, and I did not perform, any auditing procedures with respect to the information which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. I 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 year ended December 31, 2009 and 2008 that the information provided to the plan administrator by the trustee is complete and accurate.

In my opinion, except for the effects of such adjustments, if any, as might have been determined to be necessary had I performed procedures with respect to the information in the financial statements referred to above present fairly, in all material respects, the net assets available for benefits Of Henricksen & Company, Inc. 401(K) Profit Sharing Plan as of December 31, 2009 and 2008, and the changes in net assets available for benefits for the years then ended in conformity with generally accepted accounting principles.



June 8, 2010

HENRICKSEN & COMPANY, INC.
401 (K) Profit Sharing Plan
Statements of Net Assets Available for Benefits
At December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments:		
At fair value:		
Marketable Investments	$ 13,247,857	$ 9,592,804
Participant notes receivable	174,272	171,972
Total investments	13,422,129	9,764,776
Receivables:		
Employer's contribution	0	0
Participants' contributions	0	0
Total receivables	0	0
TOTAL ASSETS	13,422,129	9,764,776
LIABILITIES		
TOTAL LIABILITIES	0	0
NET ASSETS AVAILABLE FOR BENEFITS	$ 13,422,129	$ 9,764,776

The accompanying notes are an integral part of this statement.

HENRICKSEN & COMPANY, INC.
401 (K) Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits With Fund Information
For the Years Ended December 31, 2009 and 2008

	2009	2008
ADDITIONS:		
Additions to net assets attributed to: Investment income:		
Net appreciation (depreciation) in fair value of investments	$ 2,609,471	$ (4,862,577)
Dividends and interest	145,401	246,579
	2,754,872	(4,615,998)
Contributions:		
Participants'	1,116,300	1,260,708
Employer's	63,165	76,345
	1,179,465	1,337,053
Total Additions	3,934,337	(3,278,945)
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants	276,206	634,561
Administrative fees paid	777	2,354
Total Deductions	276,983	636,916
NET INCREASE (DECREASE)	3,657,354	(3,915,860)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	9,764,776	13,680,636
End of Year	$ 13,422,129	$ 9,764,776

The accompanying notes are an integral part of this statement.

HENRICKSEN & COMPANY, INC.
401 (K) Profit Sharing Plan
Notes To Financial Statements
For the Years Ended December 31, 2009 and 2008

DESCRIPTION OF PLAN

The following description of the Henricksen & Company, Inc. ("Company") 401(K) Profit Sharing Plan ("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 plan covering all employees of the Company who have completed 6 months of service and are age twenty and one-half (20 1/2) or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Each year participants may contribute up to 65% of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company contributes an amount not to exceed 10% of the first 6% of compensation contributed as an Elective Deferral. Additional amounts may be contributed at the option of the Company's Board of Directors. Contributions are subject to certain limitations.

Participant Accounts - Each participant's account is credited with the participant's contribution; the Company's matching contribution; the account earnings, and an allocation of the Company's profit sharing contribution.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and profit sharing contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six (6) years of credited service.

Investment Options - The Trustee maintains self directed individual investment accounts for each participant. The Plan provides a menu of investments options from which to select. Each participant may modify investment elections, transfer existing account balances, and obtain information regarding the account on a daily basis.

Participant Notes Receivable - Participants may borrow from their fund accounts a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Notes fund. Loan terms range from 1 - 5 years or up to 10 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits - On termination of service due to death, disability or retirement, a participant or beneficiary may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or a series of agreed upon installments for a specified number of years not to exceed the participant's or beneficiary's life expectancy. For termination of service due to other reasons, a participant may elect to leave his or her vested account balance in the Plan, roll it over to another plan, or accept an annuity if the account is greater than $ 5,000.

Forfeited Accounts - Forfeitures of non-vested employer contribution accounts will be used to reduce future employer contributions to the plan.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

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

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value. Participant notes receivable are valued at cost which approximates fair value. Purchases and redemptions of funds are recorded on a transaction date basis.

Payment of Benefits - Benefits are recorded when paid.

PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

HENRICKSEN & COMPANY, INC.
401 (K) Profit Sharing Plan
Notes To Financial Statements
For the Years Ended December 31, 2009 and 2008

RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The financial statements were prepared on an accrual basis and form 5500 was prepared on the cash basis for the year ended December 31, 2009 and 2008.

	2009	2008
Reconciling item- Employer contribution per financial statements	$ 63,165	$ 76,345
Less: Increase in Employer receivable		
Employer contributions per form 5500	$ 63,165	$ 76,345

TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated April 10, 1990, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

CARMEN ANTHONY MILANO
Certified Public Accountant
100 South Prospect Avenue
Park Ridge, Illinois 60068
(847) 823-2175

INDEPENDENT AUDITOR'S REPORT
SUPPLEMENTAL INFORMATION

To the Plan Administrator of the
Henricksen & Company, Inc.
401(K) Profit Sharing Plan
Itasca, Illinois

My audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental statements of changes in net assets available for benefits with fund information for the year ended December 31, 2009, are presented for the purpose of additional analysis and are not a required part of the basic financial statements. These supplemental statements are the responsibility of the Plan's management. The supplemental statements have been subject to the auditing procedures applied in the audit of the basic financial statements and, in my opinion, except for the effects of such adjustments, if any, as might have been determined to be necessary had I performed procedures with respect to the information as described in the third paragraph of the opinion on the basic financial statements, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Carmen A Milano

June 8, 2010

HENRICKSEN & COMPANY, INC.
401 (K) Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits With Fund Information
For the Year Ended December 31, 2009

	Participant Directed Funds and Notes		
	Fidelity Prime	FA Gov't Income	Dreyfus S&P 500 Index
ADDITIONS:			
Additions to net assets attributed to:			
Investment income:			
Net depreciation in fair value of investments	$ 0	$ (40,810)	$ 220,747
Dividends and interest	6,090	50,262	20,238
	6,090	9,452	240,985
Contributions:			
Participants'	105,856	75,449	104,395
Employer's	5,955	4,569	5,908
Forfeitures	(44)	(305)	(1,507)
	111,767	79,714	108,795
Total Additions	117,857	89,166	349,780
DEDUCTIONS:			
Deductions from net assets attributed to:			
Benefits paid to participants	98,215	10,744	19,707
Administrative fees paid	525	0	25
Total Deductions	98,740	10,744	19,732
Net Increase Prior to interfund tranfers	19,117	78,421	330,048
Interfund transfers	(22,848)	(243,437)	(20,653)
NET INCREASE (DECREASE)	(3,731)	(165,016)	309,395
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of year	1,447,091	828,543	855,768
End of Year	$ 1,443,359	$ 663,527	$ 1,165,163

The accompanying notes are an integral part of this statement.

HENRICKSEN & COMPANY, INC.
401 (K) Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits With Fund Information
For the Year Ended December 31, 2009

	Participant Directed Funds and Notes			
	FA Balanced	FA Growth & Income	FA Equity Growth	FA Small Cap
ADDITIONS:				
Additions to net assets attributed to:				
Investment income:				
Net depreciation in fair value of investments	$ 82,129	$ 136,398	$ 246,569	$ 406,297
Dividends and interest	8,883	3,392	3,096	3,012
	91,012	139,790	249,665	409,308
Contributions:				
Participants'	67,516	37,880	97,613	104,693
Employer's	2,750	2,007	5,948	5,975
Forfeitures	7,465	(590)	(173)	(996)
	77,731	39,297	103,388	109,672
Total Additions	168,744	179,087	353,053	518,980
DEDUCTIONS:				
Deductions from net assets attributed to:				
Benefits paid to participants	2,345	11,955	14,437	19,330
Administrative fees paid	0	0	70	55
Total Deductions	2,345	11,955	14,507	19,385
Net Increase Prior to interfund tranfer	166,399	167,132	338,546	499,595
Interfund transfers	33,692	(59,944)	(82,317)	(118,397)
NET INCREASE (DECREASE)	200,091	107,187	256,229	381,197
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year	271,870	515,108	813,669	1,345,128
End of Year	$ 471,960	$ 622,295	$ 1,069,899	$ 1,726,326

The accompanying notes are an integral part of this statement.

HENRICKSEN & COMPANY, INC.
401 (K) Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits With Fund Information
For the Year Ended December 31, 2009

	Participant Directed Funds and Notes			
	FA Lev Co Stock	FA Strategic Income	FA Mid Cap II	FA Freedom 2025
ADDITIONS:				
Additions to net assets attributed to:				
Investment income:				
Net depreciation in fair value of investments	$ 22,850	$ 11,661	$ 376,614	$ 572
Dividends and interest	322	8,787	9,163	79
	23,172	20,448	385,777	651
Contributions:				
Participants'	9,283	12,767	122,286	2,051
Employer's	517	1,208	6,950	205
Forfeitures			(1,099)	
	9,800	13,975	128,137	2,256
Total Additions	32,972	34,424	513,913	2,907
DEDUCTIONS:				
Deductions from net assets attributed to:				
Benefits paid to participants			49,160	
Administrative fees paid	0			
Total Deductions	0	0	49,160	0
Net Increase Prior to interfund tranfer	32,972	34,424	464,754	2,907
Interfund transfers	3,117	349,002	(102,642)	
NET INCREASE (DECREASE)	36,090	383,426	362,112	2,907
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year	26,616	30,418	998,880	628
End of Year	$ 62,705	$ 413,844	$ 1,360,992	$ 3,535

The accompanying notes are an integral part of this statement.

HENRICKSEN & COMPANY, INC.
401 (K) Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits With Fund Information
For the Year Ended December 31, 2009

	Participant Directed Funds and Notes			
	FA Freedom 2050	ALLNZ RCM Techn	ALLNZ NFJ Small Cap Value	BLKRK Hlth Sci Ops
ADDITIONS:				
Additions to net assets attributed to:				
Investment income:				
Net depreciation in fair value of investments	$ (247)	$ 123,788	$ 6,240	$ 73,582
Dividends and interest		420	1,818	545
	(247)	124,208	8,058	74,127
Contributions:				
Participants'	196	21,884	5,361	35,614
Employer's	12	1,538	332	2,195
Forfeitures	(110)			(497)
	98	23,422	5,693	37,311
Total Additions	(149)	147,630	13,751	111,438
DEDUCTIONS:				
Deductions from net assets attributed to:				
Benefits paid to participants	1,831	1,351		5,015
Administrative fees paid		25		
Total Deductions	1,831	1,376	0	5,015
Net Increase Prior to interfund tranfer	(1,980)	146,254	13,751	106,422
Interfund transfers	0	98,098	66,259	17,564
NET INCREASE (DECREASE)	(1,980)	244,352	80,010	123,987
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year	1,980	139,034	16,880	245,004
End of Year	$ 0	$ 383,386	$ 96,889	$ 368,991

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HENRICKSEN & COMPANY, INC.
401 (K) Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits With Fund Information
For the Year Ended December 31, 2009

	Participant Directed Funds and Notes			
	BLKRK Intl OPP	EATON Lg Cap Value	JANUS Adv Mid Cap Value	THORNBURG INT Val R4
ADDITIONS:				
Additions to net assets attributed to:				
Investment income:				
Net depreciation in fair value of investments	$ 214,870	$ 11,920	$ 3,339	$ 17,785
Dividends and interest	14,795	1,493	400	730
	229,666	13,413	3,739	18,515
Contributions:				
Participants'	79,507	16,438	4,268	10,572
Employer's	4,414	794	209	614
Forfeitures	(1,205)			(23)
	82,716	17,233	4,477	11,163
Total Additions	312,382	30,645	8,216	29,678
DEDUCTIONS:				
Deductions from net assets attributed to:				
Benefits paid to participants	16,919			477
Administrative fees paid				
Total Deductions	16,919	0	0	477
Net Increase Prior to interfund tranfer	295,463	30,645	8,216	29,201
Interfund transfers	93,104	43,409	(56,634)	30,052
NET INCREASE (DECREASE)	388,567	74,055	(48,418)	59,253
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year	562,889	73,114	48,418	42,115
End of Year	$ 951,455	$ 147,168	$ 0	$ 101,368

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HENRICKSEN & COMPANY, INC.
401 (K) Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits With Fund Information
For the Year Ended December 31, 2009

	Participant Directed Funds and Notes			
	V K Capital Growth	VICTORY Divers Stock	FA Utilities	FA Freedom 2030
ADDITIONS:				
Additions to net assets attributed to:				
Investment income:				
Net depreciation in fair value of investments	$ 528,006	$ 147,463	$ 10,017	$ 80
Dividends and interest	2,078	7,089	2,548	
	530,084	154,552	12,564	80
Contributions:				
Participants'	107,380	79,620	11,205	541
Employer's	5,830	4,079	824	54
Forfeitures	(164)	(44)	(645)	(61)
	113,047	83,654	11,384	534
Total Additions	643,130	238,206	23,949	614
DEDUCTIONS:				
Deductions from net assets attributed to:				
Benefits paid to participants	6,803	4,573	6,503	614
Administrative fees paid	25	50	2	
Total Deductions	6,828	4,623	6,505	614
Net Increase Prior to interfund tranfer	636,303	233,584	17,443	0
Interfund transfers	(35,854)	(32,825)	(8,030)	
NET INCREASE (DECREASE)	600,449	200,759	9,414	0
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year	740,213	501,048	88,394	0
End of Year	$ 1,340,662	$ 701,807	$ 97,808	$ 0

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HENRICKSEN & COMPANY, INC.
401 (K) Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits With Fund Information
For the Year Ended December 31, 2009

	Participant Directed Funds and Notes			
	PERKINS Mid Cp Val S	Participant Notes	Unallocated Accrual Adjustmnts	Total
ADDITIONS:				
Additions to net assets attributed to:				
Investment income:				
Net depreciation in fair value of investments	$ 9,604	$ 0	$	$ 2,609,471
Dividends and interest	52	110		145,401
	9,657	110	0	2,754,872
Contributions:				
Participants'	3,923			1,116,300
Employer's	277			63,165
Forfeitures				0
	4,199	0	0	1,179,465
Total Additions	13,856	110	0	3,934,337
DEDUCTIONS:				
Deductions from net assets attributed to:				
Benefits paid to participants		6,227		276,206
Administrative fees paid				777
Total Deductions	0	6,227	0	276,983
Net Increase Prior to interfund tranfer	13,856	(6,118)	0	3,657,353
Interfund transfers	40,864	8,418		0
NET INCREASE (DECREASE)	54,720	2,300	0	3,657,353
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year	0	171,972	0	9,764,776
End of Year	$ 54,720	$ 174,272	$ 0	$ 13,422,129

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HENRICKSEN & COMPANY, INC.
401 (K) Profit Sharing Plan
Form 5500
Plan Year Ending 2009-12-31

Schedule H, Line 4i
Schedule of Assets Held For Investment

No of Shs	Description	Historical Cost	Market Value	Market Price
Mutual Funds-				
37,237.540	Dreyfus S&P 500 Indx	1,305,477	1,165,163	31.29
10,406.782	ALLNZ RCM Techn A	367,451	383,386	36.84
13,325.768	BLKRK Hlth Sci Ops A	353,155	368,991	27.69
119,382.181	VK Capital Growth A	1,304,153	1,340,662	11.23
4,100.644	Thornburg Int Val R4	107,604	101,368	24.72
4,178.066	ALLNZ NFJ Smcp Val A	98,055	96,889	23.19
50,200.781	Victory Divers Stk A	800,314	701,807	13.98
2,765.045	Perkins MID Cap Val S	46,472	54,720	19.79
8,791.423	Eaton Lg Cap Value A	152,406	147,168	16.74
31,380.450	BLKRK Intl Opp A	1,107,340	951,455	30.32
2,261.277	FA Lev Co Stk A	64,535	62,705	27.73
6,000.477	FA Utilities A	109,734	97,808	16.30
41,431.081	FA Gr & Inc A	745,719	622,295	15.02
24,471.607	FA Equity Gr A	1,169,933	1,069,899	43.72
78,220.474	FA Small Cap A	1,765,128	1,726,326	22.07
35,247.218	FA Balanced A	515,234	471,960	13.39
34,117.375	FA Strat Income A	406,651	413,844	12.13
341.510	FA Freedom 2025 A	2,992	3,535	10.35
96,047.399	FA Mid Cap II A	1,468,073	1,360,992	14.17
63,800.670	FA Gov Income A	654,111	663,527	10.40
663,707.768	Totals	12,544,537	11,804,499	
Money Market Funds-				
1,443,358.500	Fidelity Prime	1,443,359	1,443,359	1.00
Participant Loans-				
	Outstanding balances	174,272	174,272	1.00
	Total Assets Held	14,162,168	13,422,129	