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
BARTLIT BECK HERMAN PALENCHAR & SCOTT, LLP 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
BARTLIT BECK HERMAN PALENCHAR & SCOTT, LLP

54 WEST HUBBARD STREET
CHICAGO, IL 60654

2b Employer Identification Number (EIN)
36-3909157

2c Sponsor's telephone number
312-494-4400

2d Business code (see instructions)
541110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2010	SHELLEY PETERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
BARTLIT BECK HERMAN PALENCHAR & SCOTT, LLP

54 WEST HUBBARD STREET
CHICAGO, IL 60654

3b Administrator's EIN
36-3909157

3c Administrator's telephone number
312-494-4400

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**	145
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**	138
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	13
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	151
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	151
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	136
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2T 3B 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
BARTLIT BECK HERMAN PALENCHAR & SCOTT, LLP 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BARTLIT BECK HERMAN PALENCHAR & SCOTT, LLP

D Employer Identification Number (EIN)
36-3909157

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

MORGAN STANLEY SMITH BARNEY

26-4310632

(b) Enter name and EIN or address of person who provided you disclosure 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)

RSM MCGLADREY, INC.

41-1944416

(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 37 38 50 60 64 65	RECORDKEEPER	6133	Yes [ ] No [X]	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 ☐

(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
BARTLIT BECK HERMAN PALENCHAR & SCOTT, LLP 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BARTLIT BECK HERMAN PALENCHAR & SCOTT, LLP

D Employer Identification Number (EIN)
36-3909157

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: METLIFE STABLE VALUE FUND

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT SVCS

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)
26-0142858-094	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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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
BARTLIT BECK HERMAN PALENCHAR & SCOTT, LLP 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BARTLIT BECK HERMAN PALENCHAR & SCOTT, LLP

D Employer Identification Number (EIN)
36-3909157

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	275562	246533
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	9442	1150
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	481446	631647
(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)	258978	258656
(9) Value of interest in common/collective trusts	1c(9)	333007	
(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)	9325939	13919263
(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	10684374	15057249
	Liabilities			
g	Benefit claims payable	1g	3634	
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	5267	19974
k	Total liabilities (add all amounts in lines 1g through1j)	1k	8901	19974
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10675473	15037275

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)		
	(B) Participants	2a(1)(B)	1550302	
	(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)		1550302
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	450	
	(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)	18514	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18964
	(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)	199642	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		199642
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		6973
	(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)		2872379
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		4648260
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	286313	
	(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)		286313
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)	145	
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		145
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		286458
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		4361802
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: DIGIOVINE, HNILO, JORDAN & JOHNSON **(2)** EIN: 36-3029663

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			

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
BARTLIT BECK HERMAN PALENCHAR & SCOTT, LLP 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BARTLIT BECK HERMAN PALENCHAR & SCOTT, LLP

D Employer Identification Number (EIN)
36-3909157

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): 65-1214236

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):

Financial Statements and
Independent Auditor's Report

Bartlit Beck Herman Palenchar & Scott 401(k) Profit Sharing Plan and Trust

December 31, 2009 and 2008

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DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants/Business Consultants

INDEPENDENT AUDITOR'S REPORT

To the Trustees and the Plan Administrator of
Bartlit Beck Herman Palenchar & Scott
401(k) Profit Sharing Plan and Trust
Chicago, Illinois

We were engaged to audit the financial statements of Bartlit Beck Herman Palenchar & Scott 401(k) Profit Sharing Plan and Trust (the "Plan") as of December 31, 2009 and 2008 and for the year ended December 31, 2009, and the supplementary schedule as of and for the year ended December 31, 2009 as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States 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 D which was certified by Wilmington Trust Retirement and Institutional Services Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedule. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

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

Digiovine, Hnilo, Jordan + Johnson, Ltd.

DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants

St. Charles, Illinois
September 29, 2010

Bartlit Beck Herman Palenchar & Scott
401(k) Profit Sharing Plan and Trust

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

	2009	2008
ASSETS		
Participant-directed investments at fair value:		
Cash	$ 246,533	$ 275,562
Money market fund	631,647	481,446
Stable value fund	-	304,797
Registered investment companies	13,919,263	9,325,938
Participant loans	258,656	258,979
	15,056,099	10,646,722
Receivables:		
Other receivable	1,150	-
Loan repayment from participant	-	9,442
	1,150	9,442
TOTAL ASSETS	15,057,249	10,656,164
LIABILITIES		
Other liability	16,500	-
Loan repayments in cash account	3,474	5,267
TOTAL LIABILITIES	19,974	5,267
NET ASSETS REFLECTING ALL INVESTMENTS AT FAIR VALUE	15,037,275	10,650,897
Adjustment from fair value to contract value for fully benefit-responsive contracts	-	28,210
NET ASSETS AVAILABLE FOR BENEFITS	$ 15,037,275	$ 10,679,107

See accompanying notes.

Bartlit Beck Herman Palenchar & Scott
401(k) Profit Sharing Plan and Trust

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions		
Participants		$ 1,550,302
Participant-directed investment income		
Net appreciation in fair value of registered investment companies		3,072,022
Net realized gain in fair value of common collective trust		6,972
Interest- participant loans		18,514
Interest- cash reserve fund		450
		3,097,958
	TOTAL ADDITIONS	4,648,260
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		289,947
Administration expenses		145
	TOTAL DEDUCTIONS	290,092
	NET INCREASE	4,358,168
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		10,679,107
	END OF YEAR	$ 15,037,275

See accompanying notes.

NOTE A--DESCRIPTION OF PLAN

The following description of Bartlit Beck Herman Palenchar & Scott 401(k) Profit Sharing Plan & Trust (the "Plan") provides only general information. Users of the financial statements should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Bartlit Beck Herman Palenchar & Scott LLP (the "Company"), except union employees, non-resident aliens, leased employees or temporary and seasonal employees. An eligible employee becomes a participant effective on the employee's hire date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective January 1, 2009, the Plan was restated (the "Plan Restatement"). All persons covered under the Plan on December 31, 2008 continued to be covered under the restated Plan with no loss of benefits.

Contributions

Each year, participants may elect to contribute pre-tax deferral contributions of their eligible compensation up to the maximum amount permitted by federal law, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollover contributions) in accordance with Plan provisions. Upon enrollment in the Plan, participants direct the investment of their account balances into various investment options offered by the Plan. The Plan currently offers 19 investment options. Participants may elect to change their investment options at any time.

The Company, at its discretion, may make a matching contribution to eligible participants employed as of the end of the Plan year and credited with one year of service. Nonelective profit sharing contributions may also be made at the discretion of the Company.

Participant Accounts

Each participant's account is credited with the participant's contribution, and an allocation of the Company's contributions, if any, and Plan earnings (net of administrative expenses). Allocations are based on the participant's eligible compensation or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their salary reduction and rollover contributions plus earnings thereon. Participants who leave the Plan because of death, normal retirement, or disability retirement, as defined in the Plan, are considered 100% vested. Company matching or profit sharing contributions and earnings thereon vest in accordance with provisions of the Plan as follows:

Vesting Years of Service	Percentage Vested
1	20%
2	40%
3	60%
4	80%
5	100%

NOTE A--DESCRIPTION OF PLAN-continued

Forfeited Accounts

Prior to the Plan Restatement, the Plan provided that the nonvested portion of Company profit sharing or match contributions forfeited by terminated participants shall be applied to any future Company discretionary contributions. Effective with the Plan Restatement, the nonvested portion of Company profit sharing or match contributions forfeited by terminated participants shall be applied first to pay Plan administrative expenses and then used to offset any future Company discretionary contributions There were no forfeitures to the Plan during the years ended December 31, 2009 and 2008.

Payment of Benefits

Benefits may be paid to the participant or beneficiary upon death, disability, retirement or termination of employment, as defined in the Plan document. The Plan provides for normal retirement at age 65. The total vested portion of a participant's account balance is distributed in the form of a lump-sum payment or installments. A participant experiencing financial hardship, as defined in the Plan document, may withdraw a portion of his or her account balance. Participants who have attained age 59-1/2 may receive a distribution of all or any portion of their account balances.

Termination of Plan

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

Participant Loans

Participants may borrow from their vested account balance, with certain restrictions as defined in the Plan document, a minimum of $1,000 and a maximum of $50,000 or 50% of their account balance, whichever is less. Terms of the loans are five years or less unless the loan is obtained for the purchase of a participant's residence, in which case the loan may be for up to fifteen years. These loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25% to 10.25%, which are commensurate with local prevailing rates at loan inception. Principal and interest is paid ratably through payroll deductions.

Administrative Expenses

The Company has borne most administrative costs of the Plan.

Date of Management's Review

Management has evaluated subsequent events through September 29, 2010, which is the date the financial statements were available to be issued.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates

The accompanying financial statements have been prepared on the accrual basis of accounting. The preparation of the financials statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's administrator to use estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from these estimates.

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by the FSP, the statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value at December 31, 2008. As the Plan is no longer invested in the fully benefit-responsive investment contract, an adjustment from fair value to contract value at December 31, 2009 was not applicable. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value 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 C for discussion of fair value measurements.

The MetLife Stable Value Fund, a common collective trust, is fully benefit responsive and is stated at fair value as of December 31, 2008. Contract value is considered the relevant measurement used in the calculation of participant withdrawals or other permitted transactions under the terms of the Plan. Contract value represents the accumulated contributions plus accrued net earnings less distributions. The fund is no longer an investment option as of December 31, 2009. See Note E.

Net appreciation of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in the fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represents the difference between the sale proceeds and the fair value of the investment as of the beginning of the period or the cost of the investment if purchased during the year.

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

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-continued

Payment of Benefits

Benefits are recorded when paid.

NOTE C--FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2009			
Cash	$ 246,533	$ 246,533	$ -
Money market fund	631,647	631,647	-
Shares of registered investment companies	13,919,263	13,919,263	-
Participant loans	258,656	-	258,656
Total	$ 15,056,099	$ 14,797,443	$ 258,656
December 31, 2008			
Cash	$ 275,562	$ 275,562	$ -
Money market fund	481,446	481,446	-
Shares of registered investment companies	9,325,938	9,325,938	-
Stable value fund	304,797	-	304,797
Participant loans	258,979	-	258,979
Total	$ 10,646,722	$ 10,082,946	$ 563,776

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs having the lowest priority to unobservable inputs. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of cash, the money market fund and shares of registered investment companies are based on quoted net asset values of the shares held by the Plan at year-end.

NOTE C--FAIR VALUE MEASUREMENTS-continued

Level 3 Fair Value Measurements

The stable value fund contract with an insurance company and participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of the stable value fund contract is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations, and the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

The methods described above may produce a fair value calculation 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.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Stable Value Fund	Participant Loans	Total
Year ended December 31, 2009			
Beginning balance	$ 304,797	$ 258,979	$ 563,776
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	-	-
Purchases, sales, issuances, and settlements (net)	(304,797)	(323)	(305,120)
Ending Balance	$ -	$ 258,656	$ 258,656
Year ended December 31, 2008			
Beginning balance	$ 259,082	$ 201,874	$ 460,956
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	-	-
Purchases, sales, issuances, and settlements (net)	45,715	57,105	102,820
Ending Balance	$ 304,797	$ 258,979	$ 563,776

Gains and losses (realized and unrealized) are included in changes in net assets available for benefits for the year ended December 31, 2009 and are reported in net appreciation in the fair value of investments.

NOTE D--INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (UNAUDITED)

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Wilmington Trust Retirement and Institutional Services Company, the Custodian of the Plan.

	2009		2008	
Cash	$ 246,533		$ 275,562	
Shares of money market funds:				
AIM Cash Reserve Fund	631,647		481,446	
Shares of separate account:				
MetLife Stable Value Fund	-		333,007	
Shares of registered investment companies:				
Federated Kaufman K Fund	2,028,715	*	1,400,489	*
American Growth Fund of America A	2,082,034	*	1,373,998	*
Vanguard 500 Index Fund	1,940,264	*	1,454,045	*
American Funds Europacific Growth	1,161,714	*	654,771	*
Oppenheimer Rising Dividends A Fund	1,413,718	*	1,069,526	*
Franklin Balance Sheet Investment A Fund	970,047	*	782,353	*
American Balanced A Fund	1,059,351	*	727,429	*
American Bond Fund of America A	1,178,129	*	700,709	*
Seligman Communications & Informaton A Fund	620,544		356,606	
Alliance Bernstein International Fund	402,208		218,527	
American Fundamental Investors R3 Fund	356,928		191,819	
Keeley Small Cap Value A	289,944		192,367	
Alliance Bernstein 2035 RS A	152,474		81,809	
Alliance Bernstein 2025 RS A	40,410		29,644	
Alliance Bernstein 2020 RS A	65,640		43,638	
Alliance Bernstein 2040 RS A	71,629		18,242	
Alliance Bernstein 2045 RS A	26,810		21,059	
Alliance Bernstein 2030 RS A	58,704		8,907	
Participant loans	258,656		258,979	
Total Investments	$ 15,056,099		$ 10,674,932	

* Investments that represent 5% or more of the Plan's net assets.

NOTE D--INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (UNAUDITED)-continued

During the year ended December 31, 2009 the Plan's investments (including gains and losses on investments bought, sold, and held during the year) appreciated in value by $3,079,444 overall. Of this total, the registered investment company investments appreciated by $3,076,668 and the common collective fund appreciated by $2,326. During the year ended December 31, 2009, the Plan's investments had interest and dividends of $450.

NOTE E--STABLE VALUE INVESTMENT CONTRACT

The Plan had entered into a benefit-responsive investment contract with the Custodian that included, as one investment option, the MetLife Stable Value Fund (the "Fund"). This common collective trust is credited with the accumulation of contributions, plus earnings on the underlying investments at a guaranteed quarterly rate and charged for participant withdrawals and administrative expenses.

The Fund is included in the financial statements at fair value as of December 31, 2008 with an adjustment to contract value in arriving at net assets available for benefits. Participants may direct the withdrawal or transfer of all or a portion of their investment at contract value for allowed events. These events include transfers to other Plan investment options and payments because of retirement, termination of employment, disability, death and in-service withdrawals as permitted by the Plan. The guaranteed investment contract issuer is contractually obligated to guarantee the principal and accrued interest, based on specified credited interest rates, for participant initiated withdrawals as long as the contract remains active.

Interest was credited to the contract at interest rates that reflect the performance of the underlying portfolio, subject to a minimum crediting rate of 0%. Metlife reset the rate by amortizing the difference between the market value of the portfolio and the guaranteed value over the weighted average duration of the Fund's investments. The average yield in the interest rate of the Fund during the years ending December 31, 2009 and 2008 was approximately 3.1% and 4.4%, respectively. The crediting interest rate, based on a formula agreed upon with the issuer, was 4.4% at December 31, 2008. The fund was no longer an investment option as of December 31, 2009. Interest rates were reviewed on a quarterly basis for resetting and were credited to a participant's account daily, based on its daily balance at the established effective rate of interest. There were no reserves for credit risk of the contract issuer or otherwise.

Effective August 27, 2009, the Plan terminated the investment contract for the Fund. With the termination of the Fund, all participants invested in the Fund received fair market value as compared to contract value. The Plan Sponsor reimbursed each affected participant's account with the difference, amounting to $4,647 in the aggregate.

NOTE F--TAX STATUS

The Plan adopted a defined contribution prototype plan sponsored by RSM McGladrey, Inc., third-party administrator, effective January 1, 2009. The Internal Revenue Service has determined and informed RSM McGladrey, Inc. on March 31, 2008 that the prototype plan is qualified and tax exempt under the appropriate sections of the Internal Revenue Code.

NOTE G--RELATED PARTY TRANSACTIONS

Certain Plan investments are maintained and managed under a contract with the Custodian and, therefore, related transactions qualify as party-in-interest transactions.

A third party administrator also performs administrative and record keeping services for the Plan and receives fees paid by the Plan Sponsor for these services.

Certain employees of the Company provide administrative services for the Plan and are not reimbursed for their services.

During the year ended December 31, 2009, the Plan Sponsor absorbed all of the Plan's investment management and recordkeeping fees.

NOTE H--RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF 5500

The following is a reconciliation of benefits paid per the financial statements for the year ended December 31, 2009 to Schedule H of form 5500:

Benefits paid to participants per the financial statements	$ 289,947
Amounts allocated to withdrawing participants at December 31, 2009	(3,634)
Benefits paid to participants per Schedule H of Form 5500	$ 286,313

NOTE I--RISKS AND UNCERTANTIES

The Plan's assets are invested directly and indirectly in stocks, bonds, and other investments which are purchased or managed by the Custodian. These investments are exposed to various risks, such as interest rate, market and credit risks. The Plan's assets are also subject to changes in the value of those underlying investments, including the potential for bankruptcy of one or more of the companies in which they are invested.

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

The participants who have borrowed from the Plan are all employees of the Company in the Chicago and Denver areas, and their ability to repay the notes could be affected by the economic conditions in the industry in general, the economic conditions in the Chicago and Denver metropolitan areas or the economic situation of the Company itself.

SUPPLEMENTARY INFORMATION

Bartlit Beck Herman Palenchar & Scott

401(k) Profit Sharing Plan and Trust

SCHEDULE H, Line 4i
SCHEDULE OF ASSETS (HELD AT YEAR END)
EIN 36-3909157, PLAN NO. 001

December 31, 2009

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	AIM Investments	Cash Reserve Fund	**	$ 631,647
	Alliance Bernstein	International Fund	**	402,208
	American Funds	American Balanced A Fund	**	1,059,351
	American Funds	Bond Fund of America A	**	1,178,129
	American Funds	Fundamental Investors R3 Fund	**	356,928
	American Funds	Growth Fund of America A	**	2,082,034
	American Funds	Europacific Growth	**	1,161,714
	Federated Funds	Kaufman K Fund	**	2,028,715
	Franklin Mutual Funds	Balance Sheet Investment A Fund	**	970,047
	Oppenheimer Funds	Rising Dividends A	**	1,413,718
	Seligman Mutual Funds	Communications & Information A Fund	**	620,544
	Alliance Bernstein	Alliance Bernstein 2020	**	65,640
	Alliance Bernstein	Alliance Bernstein 2025	**	40,410
	Alliance Bernstein	Alliance Bernstein 2030	**	58,704
	Alliance Bernstein	Alliance Bernstein 2035	**	152,474
	Alliance Bernstein	Alliance Bernstein 2040	**	71,629
	Alliance Bernstein	Alliance Bernstein 2045	**	26,810
	Vanguard Funds	500 Index Fund	**	1,940,264
	Keeley Funds	Small Cap Value	**	289,944
	Cash	Cash	**	246,533
*	Participant loans	Interest rates from 4.25% to 10.25%	-0-	258,656
				$ 15,056,099

* Represents a party-in-interest.

** Cost omitted for participant directed investments.

Financial Statements and
Independent Auditor's Report

Bartlit Beck Herman Palenchar & Scott 401(k) Profit Sharing Plan and Trust

December 31, 2009 and 2008

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DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants/Business Consultants

INDEPENDENT AUDITOR'S REPORT

To the Trustees and the Plan Administrator of
Bartlit Beck Herman Palenchar & Scott
401(k) Profit Sharing Plan and Trust
Chicago, Illinois

We were engaged to audit the financial statements of Bartlit Beck Herman Palenchar & Scott 401(k) Profit Sharing Plan and Trust (the "Plan") as of December 31, 2009 and 2008 and for the year ended December 31, 2009, and the supplementary schedule as of and for the year ended December 31, 2009 as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States 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 D which was certified by Wilmington Trust Retirement and Institutional Services Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedule. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

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

Digiovine, Hnilo, Jordan + Johnson, Ltd.

DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants

St. Charles, Illinois
September 29, 2010

Bartlit Beck Herman Palenchar & Scott
401(k) Profit Sharing Plan and Trust

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

	2009	2008
ASSETS		
Participant-directed investments at fair value:		
Cash	$ 246,533	$ 275,562
Money market fund	631,647	481,446
Stable value fund	-	304,797
Registered investment companies	13,919,263	9,325,938
Participant loans	258,656	258,979
	15,056,099	10,646,722
Receivables:		
Other receivable	1,150	-
Loan repayment from participant	-	9,442
	1,150	9,442
TOTAL ASSETS	15,057,249	10,656,164
LIABILITIES		
Other liability	16,500	-
Loan repayments in cash account	3,474	5,267
TOTAL LIABILITIES	19,974	5,267
NET ASSETS REFLECTING ALL INVESTMENTS AT FAIR VALUE	15,037,275	10,650,897
Adjustment from fair value to contract value for fully benefit-responsive contracts	-	28,210
NET ASSETS AVAILABLE FOR BENEFITS	$ 15,037,275	$ 10,679,107

See accompanying notes.

Bartlit Beck Herman Palenchar & Scott
401(k) Profit Sharing Plan and Trust

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions		
Participants		$ 1,550,302
Participant-directed investment income		
Net appreciation in fair value of registered investment companies		3,072,022
Net realized gain in fair value of common collective trust		6,972
Interest- participant loans		18,514
Interest- cash reserve fund		450
		3,097,958
	TOTAL ADDITIONS	4,648,260
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		289,947
Administration expenses		145
	TOTAL DEDUCTIONS	290,092
	NET INCREASE	4,358,168
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		10,679,107
	END OF YEAR	$ 15,037,275

See accompanying notes.

NOTE A--DESCRIPTION OF PLAN

The following description of Bartlit Beck Herman Palenchar & Scott 401(k) Profit Sharing Plan & Trust (the "Plan") provides only general information. Users of the financial statements should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Bartlit Beck Herman Palenchar & Scott LLP (the "Company"), except union employees, non-resident aliens, leased employees or temporary and seasonal employees. An eligible employee becomes a participant effective on the employee's hire date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective January 1, 2009, the Plan was restated (the "Plan Restatement"). All persons covered under the Plan on December 31, 2008 continued to be covered under the restated Plan with no loss of benefits.

Contributions

Each year, participants may elect to contribute pre-tax deferral contributions of their eligible compensation up to the maximum amount permitted by federal law, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollover contributions) in accordance with Plan provisions. Upon enrollment in the Plan, participants direct the investment of their account balances into various investment options offered by the Plan. The Plan currently offers 19 investment options. Participants may elect to change their investment options at any time.

The Company, at its discretion, may make a matching contribution to eligible participants employed as of the end of the Plan year and credited with one year of service. Nonelective profit sharing contributions may also be made at the discretion of the Company.

Participant Accounts

Each participant's account is credited with the participant's contribution, and an allocation of the Company's contributions, if any, and Plan earnings (net of administrative expenses). Allocations are based on the participant's eligible compensation or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their salary reduction and rollover contributions plus earnings thereon. Participants who leave the Plan because of death, normal retirement, or disability retirement, as defined in the Plan, are considered 100% vested. Company matching or profit sharing contributions and earnings thereon vest in accordance with provisions of the Plan as follows:

Vesting Years of Service	Percentage Vested
1	20%
2	40%
3	60%
4	80%
5	100%

NOTE A--DESCRIPTION OF PLAN-continued

Forfeited Accounts

Prior to the Plan Restatement, the Plan provided that the nonvested portion of Company profit sharing or match contributions forfeited by terminated participants shall be applied to any future Company discretionary contributions. Effective with the Plan Restatement, the nonvested portion of Company profit sharing or match contributions forfeited by terminated participants shall be applied first to pay Plan administrative expenses and then used to offset any future Company discretionary contributions There were no forfeitures to the Plan during the years ended December 31, 2009 and 2008.

Payment of Benefits

Benefits may be paid to the participant or beneficiary upon death, disability, retirement or termination of employment, as defined in the Plan document. The Plan provides for normal retirement at age 65. The total vested portion of a participant's account balance is distributed in the form of a lump-sum payment or installments. A participant experiencing financial hardship, as defined in the Plan document, may withdraw a portion of his or her account balance. Participants who have attained age 59-1/2 may receive a distribution of all or any portion of their account balances.

Termination of Plan

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

Participant Loans

Participants may borrow from their vested account balance, with certain restrictions as defined in the Plan document, a minimum of $1,000 and a maximum of $50,000 or 50% of their account balance, whichever is less. Terms of the loans are five years or less unless the loan is obtained for the purchase of a participant's residence, in which case the loan may be for up to fifteen years. These loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25% to 10.25%, which are commensurate with local prevailing rates at loan inception. Principal and interest is paid ratably through payroll deductions.

Administrative Expenses

The Company has borne most administrative costs of the Plan.

Date of Management's Review

Management has evaluated subsequent events through September 29, 2010, which is the date the financial statements were available to be issued.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates

The accompanying financial statements have been prepared on the accrual basis of accounting. The preparation of the financials statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's administrator to use estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from these estimates.

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by the FSP, the statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value at December 31, 2008. As the Plan is no longer invested in the fully benefit-responsive investment contract, an adjustment from fair value to contract value at December 31, 2009 was not applicable. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value 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 C for discussion of fair value measurements.

The MetLife Stable Value Fund, a common collective trust, is fully benefit responsive and is stated at fair value as of December 31, 2008. Contract value is considered the relevant measurement used in the calculation of participant withdrawals or other permitted transactions under the terms of the Plan. Contract value represents the accumulated contributions plus accrued net earnings less distributions. The fund is no longer an investment option as of December 31, 2009. See Note E.

Net appreciation of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in the fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represents the difference between the sale proceeds and the fair value of the investment as of the beginning of the period or the cost of the investment if purchased during the year.

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

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-continued

Payment of Benefits

Benefits are recorded when paid.

NOTE C--FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2009			
Cash	$ 246,533	$ 246,533	$ -
Money market fund	631,647	631,647	-
Shares of registered investment companies	13,919,263	13,919,263	-
Participant loans	258,656	-	258,656
Total	$ 15,056,099	$ 14,797,443	$ 258,656
December 31, 2008			
Cash	$ 275,562	$ 275,562	$ -
Money market fund	481,446	481,446	-
Shares of registered investment companies	9,325,938	9,325,938	-
Stable value fund	304,797	-	304,797
Participant loans	258,979	-	258,979
Total	$ 10,646,722	$ 10,082,946	$ 563,776

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs having the lowest priority to unobservable inputs. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of cash, the money market fund and shares of registered investment companies are based on quoted net asset values of the shares held by the Plan at year-end.

NOTE C--FAIR VALUE MEASUREMENTS-continued

Level 3 Fair Value Measurements

The stable value fund contract with an insurance company and participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of the stable value fund contract is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations, and the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

The methods described above may produce a fair value calculation 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.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Stable Value Fund	Participant Loans	Total
Year ended December 31, 2009			
Beginning balance	$ 304,797	$ 258,979	$ 563,776
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	-	-
Purchases, sales, issuances, and settlements (net)	(304,797)	(323)	(305,120)
Ending Balance	$ -	$ 258,656	$ 258,656
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Beginning balance	$ 259,082	$ 201,874	$ 460,956
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	-	-
Purchases, sales, issuances, and settlements (net)	45,715	57,105	102,820
Ending Balance	$ 304,797	$ 258,979	$ 563,776

Gains and losses (realized and unrealized) are included in changes in net assets available for benefits for the year ended December 31, 2009 and are reported in net appreciation in the fair value of investments.

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* Investments that represent 5% or more of the Plan's net assets.

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During the year ended December 31, 2009 the Plan's investments (including gains and losses on investments bought, sold, and held during the year) appreciated in value by $3,079,444 overall. Of this total, the registered investment company investments appreciated by $3,076,668 and the common collective fund appreciated by $2,326. During the year ended December 31, 2009, the Plan's investments had interest and dividends of $450.

NOTE E--STABLE VALUE INVESTMENT CONTRACT

The Plan had entered into a benefit-responsive investment contract with the Custodian that included, as one investment option, the MetLife Stable Value Fund (the "Fund"). This common collective trust is credited with the accumulation of contributions, plus earnings on the underlying investments at a guaranteed quarterly rate and charged for participant withdrawals and administrative expenses.

The Fund is included in the financial statements at fair value as of December 31, 2008 with an adjustment to contract value in arriving at net assets available for benefits. Participants may direct the withdrawal or transfer of all or a portion of their investment at contract value for allowed events. These events include transfers to other Plan investment options and payments because of retirement, termination of employment, disability, death and in-service withdrawals as permitted by the Plan. The guaranteed investment contract issuer is contractually obligated to guarantee the principal and accrued interest, based on specified credited interest rates, for participant initiated withdrawals as long as the contract remains active.

Interest was credited to the contract at interest rates that reflect the performance of the underlying portfolio, subject to a minimum crediting rate of 0%. Metlife reset the rate by amortizing the difference between the market value of the portfolio and the guaranteed value over the weighted average duration of the Fund's investments. The average yield in the interest rate of the Fund during the years ending December 31, 2009 and 2008 was approximately 3.1% and 4.4%, respectively. The crediting interest rate, based on a formula agreed upon with the issuer, was 4.4% at December 31, 2008. The fund was no longer an investment option as of December 31, 2009. Interest rates were reviewed on a quarterly basis for resetting and were credited to a participant's account daily, based on its daily balance at the established effective rate of interest. There were no reserves for credit risk of the contract issuer or otherwise.

Effective August 27, 2009, the Plan terminated the investment contract for the Fund. With the termination of the Fund, all participants invested in the Fund received fair market value as compared to contract value. The Plan Sponsor reimbursed each affected participant's account with the difference, amounting to $4,647 in the aggregate.

NOTE F--TAX STATUS

The Plan adopted a defined contribution prototype plan sponsored by RSM McGladrey, Inc., third-party administrator, effective January 1, 2009. The Internal Revenue Service has determined and informed RSM McGladrey, Inc. on March 31, 2008 that the prototype plan is qualified and tax exempt under the appropriate sections of the Internal Revenue Code.

NOTE G--RELATED PARTY TRANSACTIONS

Certain Plan investments are maintained and managed under a contract with the Custodian and, therefore, related transactions qualify as party-in-interest transactions.

A third party administrator also performs administrative and record keeping services for the Plan and receives fees paid by the Plan Sponsor for these services.

Certain employees of the Company provide administrative services for the Plan and are not reimbursed for their services.

During the year ended December 31, 2009, the Plan Sponsor absorbed all of the Plan's investment management and recordkeeping fees.

NOTE H--RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF 5500

The following is a reconciliation of benefits paid per the financial statements for the year ended December 31, 2009 to Schedule H of form 5500:

Benefits paid to participants per the financial statements	$ 289,947
Amounts allocated to withdrawing participants at December 31, 2009	(3,634)
Benefits paid to participants per Schedule H of Form 5500	$ 286,313

NOTE I--RISKS AND UNCERTANTIES

The Plan's assets are invested directly and indirectly in stocks, bonds, and other investments which are purchased or managed by the Custodian. These investments are exposed to various risks, such as interest rate, market and credit risks. The Plan's assets are also subject to changes in the value of those underlying investments, including the potential for bankruptcy of one or more of the companies in which they are invested.

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

The participants who have borrowed from the Plan are all employees of the Company in the Chicago and Denver areas, and their ability to repay the notes could be affected by the economic conditions in the industry in general, the economic conditions in the Chicago and Denver metropolitan areas or the economic situation of the Company itself.

SUPPLEMENTARY INFORMATION

Bartlit Beck Herman Palenchar & Scott

401(k) Profit Sharing Plan and Trust

SCHEDULE H, Line 4i
SCHEDULE OF ASSETS (HELD AT YEAR END)
EIN 36-3909157, PLAN NO. 001

December 31, 2009

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	AIM Investments	Cash Reserve Fund	**	$ 631,647
	Alliance Bernstein	International Fund	**	402,208
	American Funds	American Balanced A Fund	**	1,059,351
	American Funds	Bond Fund of America A	**	1,178,129
	American Funds	Fundamental Investors R3 Fund	**	356,928
	American Funds	Growth Fund of America A	**	2,082,034
	American Funds	Europacific Growth	**	1,161,714
	Federated Funds	Kaufman K Fund	**	2,028,715
	Franklin Mutual Funds	Balance Sheet Investment A Fund	**	970,047
	Oppenheimer Funds	Rising Dividends A	**	1,413,718
	Seligman Mutual Funds	Communications & Information A Fund	**	620,544
	Alliance Bernstein	Alliance Bernstein 2020	**	65,640
	Alliance Bernstein	Alliance Bernstein 2025	**	40,410
	Alliance Bernstein	Alliance Bernstein 2030	**	58,704
	Alliance Bernstein	Alliance Bernstein 2035	**	152,474
	Alliance Bernstein	Alliance Bernstein 2040	**	71,629
	Alliance Bernstein	Alliance Bernstein 2045	**	26,810
	Vanguard Funds	500 Index Fund	**	1,940,264
	Keeley Funds	Small Cap Value	**	289,944
	Cash	Cash	**	246,533
*	Participant loans	Interest rates from 4.25% to 10.25%	-0-	258,656
				$ 15,056,099

* Represents a party-in-interest.

** Cost omitted for participant directed investments.

Financial Statements and
Independent Auditor's Report

Bartlit Beck Herman Palenchar & Scott 401(k) Profit Sharing Plan and Trust

December 31, 2009 and 2008

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DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants/Business Consultants

INDEPENDENT AUDITOR'S REPORT

To the Trustees and the Plan Administrator of
Bartlit Beck Herman Palenchar & Scott
401(k) Profit Sharing Plan and Trust
Chicago, Illinois

We were engaged to audit the financial statements of Bartlit Beck Herman Palenchar & Scott 401(k) Profit Sharing Plan and Trust (the "Plan") as of December 31, 2009 and 2008 and for the year ended December 31, 2009, and the supplementary schedule as of and for the year ended December 31, 2009 as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States 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 D which was certified by Wilmington Trust Retirement and Institutional Services Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedule. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

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

Digiovine, Hnilo, Jordan + Johnson, Ltd.

DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants

St. Charles, Illinois
September 29, 2010

Bartlit Beck Herman Palenchar & Scott
401(k) Profit Sharing Plan and Trust

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

	2009	2008
ASSETS		
Participant-directed investments at fair value:		
Cash	$ 246,533	$ 275,562
Money market fund	631,647	481,446
Stable value fund	-	304,797
Registered investment companies	13,919,263	9,325,938
Participant loans	258,656	258,979
	15,056,099	10,646,722
Receivables:		
Other receivable	1,150	-
Loan repayment from participant	-	9,442
	1,150	9,442
TOTAL ASSETS	15,057,249	10,656,164
LIABILITIES		
Other liability	16,500	-
Loan repayments in cash account	3,474	5,267
TOTAL LIABILITIES	19,974	5,267
NET ASSETS REFLECTING ALL INVESTMENTS AT FAIR VALUE	15,037,275	10,650,897
Adjustment from fair value to contract value for fully benefit-responsive contracts	-	28,210
NET ASSETS AVAILABLE FOR BENEFITS	$ 15,037,275	$ 10,679,107

See accompanying notes.

Bartlit Beck Herman Palenchar & Scott
401(k) Profit Sharing Plan and Trust

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions		
Participants		$ 1,550,302
Participant-directed investment income		
Net appreciation in fair value of registered investment companies		3,072,022
Net realized gain in fair value of common collective trust		6,972
Interest- participant loans		18,514
Interest- cash reserve fund		450
		3,097,958
	TOTAL ADDITIONS	4,648,260
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		289,947
Administration expenses		145
	TOTAL DEDUCTIONS	290,092
	NET INCREASE	4,358,168
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		10,679,107
	END OF YEAR	$ 15,037,275

See accompanying notes.

NOTE A--DESCRIPTION OF PLAN

The following description of Bartlit Beck Herman Palenchar & Scott 401(k) Profit Sharing Plan & Trust (the "Plan") provides only general information. Users of the financial statements should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Bartlit Beck Herman Palenchar & Scott LLP (the "Company"), except union employees, non-resident aliens, leased employees or temporary and seasonal employees. An eligible employee becomes a participant effective on the employee's hire date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective January 1, 2009, the Plan was restated (the "Plan Restatement"). All persons covered under the Plan on December 31, 2008 continued to be covered under the restated Plan with no loss of benefits.

Contributions

Each year, participants may elect to contribute pre-tax deferral contributions of their eligible compensation up to the maximum amount permitted by federal law, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollover contributions) in accordance with Plan provisions. Upon enrollment in the Plan, participants direct the investment of their account balances into various investment options offered by the Plan. The Plan currently offers 19 investment options. Participants may elect to change their investment options at any time.

The Company, at its discretion, may make a matching contribution to eligible participants employed as of the end of the Plan year and credited with one year of service. Nonelective profit sharing contributions may also be made at the discretion of the Company.

Participant Accounts

Each participant's account is credited with the participant's contribution, and an allocation of the Company's contributions, if any, and Plan earnings (net of administrative expenses). Allocations are based on the participant's eligible compensation or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their salary reduction and rollover contributions plus earnings thereon. Participants who leave the Plan because of death, normal retirement, or disability retirement, as defined in the Plan, are considered 100% vested. Company matching or profit sharing contributions and earnings thereon vest in accordance with provisions of the Plan as follows:

Vesting Years of Service	Percentage Vested
1	20%
2	40%
3	60%
4	80%
5	100%

NOTE A--DESCRIPTION OF PLAN-continued

Forfeited Accounts

Prior to the Plan Restatement, the Plan provided that the nonvested portion of Company profit sharing or match contributions forfeited by terminated participants shall be applied to any future Company discretionary contributions. Effective with the Plan Restatement, the nonvested portion of Company profit sharing or match contributions forfeited by terminated participants shall be applied first to pay Plan administrative expenses and then used to offset any future Company discretionary contributions There were no forfeitures to the Plan during the years ended December 31, 2009 and 2008.

Payment of Benefits

Benefits may be paid to the participant or beneficiary upon death, disability, retirement or termination of employment, as defined in the Plan document. The Plan provides for normal retirement at age 65. The total vested portion of a participant's account balance is distributed in the form of a lump-sum payment or installments. A participant experiencing financial hardship, as defined in the Plan document, may withdraw a portion of his or her account balance. Participants who have attained age 59-1/2 may receive a distribution of all or any portion of their account balances.

Termination of Plan

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

Participant Loans

Participants may borrow from their vested account balance, with certain restrictions as defined in the Plan document, a minimum of $1,000 and a maximum of $50,000 or 50% of their account balance, whichever is less. Terms of the loans are five years or less unless the loan is obtained for the purchase of a participant's residence, in which case the loan may be for up to fifteen years. These loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25% to 10.25%, which are commensurate with local prevailing rates at loan inception. Principal and interest is paid ratably through payroll deductions.

Administrative Expenses

The Company has borne most administrative costs of the Plan.

Date of Management's Review

Management has evaluated subsequent events through September 29, 2010, which is the date the financial statements were available to be issued.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates

The accompanying financial statements have been prepared on the accrual basis of accounting. The preparation of the financials statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's administrator to use estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from these estimates.

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by the FSP, the statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value at December 31, 2008. As the Plan is no longer invested in the fully benefit-responsive investment contract, an adjustment from fair value to contract value at December 31, 2009 was not applicable. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value 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 C for discussion of fair value measurements.

The MetLife Stable Value Fund, a common collective trust, is fully benefit responsive and is stated at fair value as of December 31, 2008. Contract value is considered the relevant measurement used in the calculation of participant withdrawals or other permitted transactions under the terms of the Plan. Contract value represents the accumulated contributions plus accrued net earnings less distributions. The fund is no longer an investment option as of December 31, 2009. See Note E.

Net appreciation of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in the fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represents the difference between the sale proceeds and the fair value of the investment as of the beginning of the period or the cost of the investment if purchased during the year.

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

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-continued

Payment of Benefits

Benefits are recorded when paid.

NOTE C--FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2009			
Cash	$ 246,533	$ 246,533	$ -
Money market fund	631,647	631,647	-
Shares of registered investment companies	13,919,263	13,919,263	-
Participant loans	258,656	-	258,656
Total	$ 15,056,099	$ 14,797,443	$ 258,656
December 31, 2008			
Cash	$ 275,562	$ 275,562	$ -
Money market fund	481,446	481,446	-
Shares of registered investment companies	9,325,938	9,325,938	-
Stable value fund	304,797	-	304,797
Participant loans	258,979	-	258,979
Total	$ 10,646,722	$ 10,082,946	$ 563,776

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs having the lowest priority to unobservable inputs. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of cash, the money market fund and shares of registered investment companies are based on quoted net asset values of the shares held by the Plan at year-end.

NOTE C--FAIR VALUE MEASUREMENTS-continued

Level 3 Fair Value Measurements

The stable value fund contract with an insurance company and participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of the stable value fund contract is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations, and the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

The methods described above may produce a fair value calculation 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.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Stable Value Fund	Participant Loans	Total
Year ended December 31, 2009			
Beginning balance	$ 304,797	$ 258,979	$ 563,776
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	-	-
Purchases, sales, issuances, and settlements (net)	(304,797)	(323)	(305,120)
Ending Balance	$ -	$ 258,656	$ 258,656
Year ended December 31, 2008			
Beginning balance	$ 259,082	$ 201,874	$ 460,956
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	-	-
Purchases, sales, issuances, and settlements (net)	45,715	57,105	102,820
Ending Balance	$ 304,797	$ 258,979	$ 563,776

Gains and losses (realized and unrealized) are included in changes in net assets available for benefits for the year ended December 31, 2009 and are reported in net appreciation in the fair value of investments.

NOTE D--INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (UNAUDITED)

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Wilmington Trust Retirement and Institutional Services Company, the Custodian of the Plan.

	2009		2008	
Cash	$ 246,533		$ 275,562	
Shares of money market funds:				
AIM Cash Reserve Fund	631,647		481,446	
Shares of separate account:				
MetLife Stable Value Fund	-		333,007	
Shares of registered investment companies:				
Federated Kaufman K Fund	2,028,715	*	1,400,489	*
American Growth Fund of America A	2,082,034	*	1,373,998	*
Vanguard 500 Index Fund	1,940,264	*	1,454,045	*
American Funds Europacific Growth	1,161,714	*	654,771	*
Oppenheimer Rising Dividends A Fund	1,413,718	*	1,069,526	*
Franklin Balance Sheet Investment A Fund	970,047	*	782,353	*
American Balanced A Fund	1,059,351	*	727,429	*
American Bond Fund of America A	1,178,129	*	700,709	*
Seligman Communications & Informaton A Fund	620,544		356,606	
Alliance Bernstein International Fund	402,208		218,527	
American Fundamental Investors R3 Fund	356,928		191,819	
Keeley Small Cap Value A	289,944		192,367	
Alliance Bernstein 2035 RS A	152,474		81,809	
Alliance Bernstein 2025 RS A	40,410		29,644	
Alliance Bernstein 2020 RS A	65,640		43,638	
Alliance Bernstein 2040 RS A	71,629		18,242	
Alliance Bernstein 2045 RS A	26,810		21,059	
Alliance Bernstein 2030 RS A	58,704		8,907	
Participant loans	258,656		258,979	
Total Investments	$ 15,056,099		$ 10,674,932	

* Investments that represent 5% or more of the Plan's net assets.

NOTE D--INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (UNAUDITED)-continued

During the year ended December 31, 2009 the Plan's investments (including gains and losses on investments bought, sold, and held during the year) appreciated in value by $3,079,444 overall. Of this total, the registered investment company investments appreciated by $3,076,668 and the common collective fund appreciated by $2,326. During the year ended December 31, 2009, the Plan's investments had interest and dividends of $450.

NOTE E--STABLE VALUE INVESTMENT CONTRACT

The Plan had entered into a benefit-responsive investment contract with the Custodian that included, as one investment option, the MetLife Stable Value Fund (the "Fund"). This common collective trust is credited with the accumulation of contributions, plus earnings on the underlying investments at a guaranteed quarterly rate and charged for participant withdrawals and administrative expenses.

The Fund is included in the financial statements at fair value as of December 31, 2008 with an adjustment to contract value in arriving at net assets available for benefits. Participants may direct the withdrawal or transfer of all or a portion of their investment at contract value for allowed events. These events include transfers to other Plan investment options and payments because of retirement, termination of employment, disability, death and in-service withdrawals as permitted by the Plan. The guaranteed investment contract issuer is contractually obligated to guarantee the principal and accrued interest, based on specified credited interest rates, for participant initiated withdrawals as long as the contract remains active.

Interest was credited to the contract at interest rates that reflect the performance of the underlying portfolio, subject to a minimum crediting rate of 0%. Metlife reset the rate by amortizing the difference between the market value of the portfolio and the guaranteed value over the weighted average duration of the Fund's investments. The average yield in the interest rate of the Fund during the years ending December 31, 2009 and 2008 was approximately 3.1% and 4.4%, respectively. The crediting interest rate, based on a formula agreed upon with the issuer, was 4.4% at December 31, 2008. The fund was no longer an investment option as of December 31, 2009. Interest rates were reviewed on a quarterly basis for resetting and were credited to a participant's account daily, based on its daily balance at the established effective rate of interest. There were no reserves for credit risk of the contract issuer or otherwise.

Effective August 27, 2009, the Plan terminated the investment contract for the Fund. With the termination of the Fund, all participants invested in the Fund received fair market value as compared to contract value. The Plan Sponsor reimbursed each affected participant's account with the difference, amounting to $4,647 in the aggregate.

NOTE F--TAX STATUS

The Plan adopted a defined contribution prototype plan sponsored by RSM McGladrey, Inc., third-party administrator, effective January 1, 2009. The Internal Revenue Service has determined and informed RSM McGladrey, Inc. on March 31, 2008 that the prototype plan is qualified and tax exempt under the appropriate sections of the Internal Revenue Code.

NOTE G--RELATED PARTY TRANSACTIONS

Certain Plan investments are maintained and managed under a contract with the Custodian and, therefore, related transactions qualify as party-in-interest transactions.

A third party administrator also performs administrative and record keeping services for the Plan and receives fees paid by the Plan Sponsor for these services.

Certain employees of the Company provide administrative services for the Plan and are not reimbursed for their services.

During the year ended December 31, 2009, the Plan Sponsor absorbed all of the Plan's investment management and recordkeeping fees.

NOTE H--RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF 5500

The following is a reconciliation of benefits paid per the financial statements for the year ended December 31, 2009 to Schedule H of form 5500:

Benefits paid to participants per the financial statements	$ 289,947
Amounts allocated to withdrawing participants at December 31, 2009	(3,634)
Benefits paid to participants per Schedule H of Form 5500	$ 286,313

NOTE I--RISKS AND UNCERTANTIES

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Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

The participants who have borrowed from the Plan are all employees of the Company in the Chicago and Denver areas, and their ability to repay the notes could be affected by the economic conditions in the industry in general, the economic conditions in the Chicago and Denver metropolitan areas or the economic situation of the Company itself.

SUPPLEMENTARY INFORMATION

Bartlit Beck Herman Palenchar & Scott

401(k) Profit Sharing Plan and Trust

SCHEDULE H, Line 4i
SCHEDULE OF ASSETS (HELD AT YEAR END)
EIN 36-3909157, PLAN NO. 001

December 31, 2009

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	AIM Investments	Cash Reserve Fund	**	$ 631,647
	Alliance Bernstein	International Fund	**	402,208
	American Funds	American Balanced A Fund	**	1,059,351
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	Cash	Cash	**	246,533
*	Participant loans	Interest rates from 4.25% to 10.25%	-0-	258,656
				$ 15,056,099

* Represents a party-in-interest.

** Cost omitted for participant directed investments.

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DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants/Business Consultants

INDEPENDENT AUDITOR'S REPORT

To the Trustees and the Plan Administrator of
Bartlit Beck Herman Palenchar & Scott
401(k) Profit Sharing Plan and Trust
Chicago, Illinois

We were engaged to audit the financial statements of Bartlit Beck Herman Palenchar & Scott 401(k) Profit Sharing Plan and Trust (the "Plan") as of December 31, 2009 and 2008 and for the year ended December 31, 2009, and the supplementary schedule as of and for the year ended December 31, 2009 as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States 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 D which was certified by Wilmington Trust Retirement and Institutional Services Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedule. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

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

Digiovine, Hnilo, Jordan + Johnson, Ltd.

DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants

St. Charles, Illinois
September 29, 2010

Bartlit Beck Herman Palenchar & Scott
401(k) Profit Sharing Plan and Trust

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

	2009	2008
ASSETS		
Participant-directed investments at fair value:		
Cash	$ 246,533	$ 275,562
Money market fund	631,647	481,446
Stable value fund	-	304,797
Registered investment companies	13,919,263	9,325,938
Participant loans	258,656	258,979
	15,056,099	10,646,722
Receivables:		
Other receivable	1,150	-
Loan repayment from participant	-	9,442
	1,150	9,442
TOTAL ASSETS	15,057,249	10,656,164
LIABILITIES		
Other liability	16,500	-
Loan repayments in cash account	3,474	5,267
TOTAL LIABILITIES	19,974	5,267
NET ASSETS REFLECTING ALL INVESTMENTS AT FAIR VALUE	15,037,275	10,650,897
Adjustment from fair value to contract value for fully benefit-responsive contracts	-	28,210
NET ASSETS AVAILABLE FOR BENEFITS	$ 15,037,275	$ 10,679,107

See accompanying notes.

Bartlit Beck Herman Palenchar & Scott
401(k) Profit Sharing Plan and Trust

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions		
Participants		$ 1,550,302
Participant-directed investment income		
Net appreciation in fair value of registered investment companies		3,072,022
Net realized gain in fair value of common collective trust		6,972
Interest- participant loans		18,514
Interest- cash reserve fund		450
		3,097,958
	TOTAL ADDITIONS	4,648,260
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		289,947
Administration expenses		145
	TOTAL DEDUCTIONS	290,092
	NET INCREASE	4,358,168
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		10,679,107
	END OF YEAR	$ 15,037,275

See accompanying notes.

NOTE A--DESCRIPTION OF PLAN

The following description of Bartlit Beck Herman Palenchar & Scott 401(k) Profit Sharing Plan & Trust (the "Plan") provides only general information. Users of the financial statements should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Bartlit Beck Herman Palenchar & Scott LLP (the "Company"), except union employees, non-resident aliens, leased employees or temporary and seasonal employees. An eligible employee becomes a participant effective on the employee's hire date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective January 1, 2009, the Plan was restated (the "Plan Restatement"). All persons covered under the Plan on December 31, 2008 continued to be covered under the restated Plan with no loss of benefits.

Contributions

Each year, participants may elect to contribute pre-tax deferral contributions of their eligible compensation up to the maximum amount permitted by federal law, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollover contributions) in accordance with Plan provisions. Upon enrollment in the Plan, participants direct the investment of their account balances into various investment options offered by the Plan. The Plan currently offers 19 investment options. Participants may elect to change their investment options at any time.

The Company, at its discretion, may make a matching contribution to eligible participants employed as of the end of the Plan year and credited with one year of service. Nonelective profit sharing contributions may also be made at the discretion of the Company.

Participant Accounts

Each participant's account is credited with the participant's contribution, and an allocation of the Company's contributions, if any, and Plan earnings (net of administrative expenses). Allocations are based on the participant's eligible compensation or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their salary reduction and rollover contributions plus earnings thereon. Participants who leave the Plan because of death, normal retirement, or disability retirement, as defined in the Plan, are considered 100% vested. Company matching or profit sharing contributions and earnings thereon vest in accordance with provisions of the Plan as follows:

Vesting Years of Service	Percentage Vested
1	20%
2	40%
3	60%
4	80%
5	100%

NOTE A--DESCRIPTION OF PLAN-continued

Forfeited Accounts

Prior to the Plan Restatement, the Plan provided that the nonvested portion of Company profit sharing or match contributions forfeited by terminated participants shall be applied to any future Company discretionary contributions. Effective with the Plan Restatement, the nonvested portion of Company profit sharing or match contributions forfeited by terminated participants shall be applied first to pay Plan administrative expenses and then used to offset any future Company discretionary contributions There were no forfeitures to the Plan during the years ended December 31, 2009 and 2008.

Payment of Benefits

Benefits may be paid to the participant or beneficiary upon death, disability, retirement or termination of employment, as defined in the Plan document. The Plan provides for normal retirement at age 65. The total vested portion of a participant's account balance is distributed in the form of a lump-sum payment or installments. A participant experiencing financial hardship, as defined in the Plan document, may withdraw a portion of his or her account balance. Participants who have attained age 59-1/2 may receive a distribution of all or any portion of their account balances.

Termination of Plan

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

Participant Loans

Participants may borrow from their vested account balance, with certain restrictions as defined in the Plan document, a minimum of $1,000 and a maximum of $50,000 or 50% of their account balance, whichever is less. Terms of the loans are five years or less unless the loan is obtained for the purchase of a participant's residence, in which case the loan may be for up to fifteen years. These loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25% to 10.25%, which are commensurate with local prevailing rates at loan inception. Principal and interest is paid ratably through payroll deductions.

Administrative Expenses

The Company has borne most administrative costs of the Plan.

Date of Management's Review

Management has evaluated subsequent events through September 29, 2010, which is the date the financial statements were available to be issued.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates

The accompanying financial statements have been prepared on the accrual basis of accounting. The preparation of the financials statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's administrator to use estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from these estimates.

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by the FSP, the statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value at December 31, 2008. As the Plan is no longer invested in the fully benefit-responsive investment contract, an adjustment from fair value to contract value at December 31, 2009 was not applicable. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value 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 C for discussion of fair value measurements.

The MetLife Stable Value Fund, a common collective trust, is fully benefit responsive and is stated at fair value as of December 31, 2008. Contract value is considered the relevant measurement used in the calculation of participant withdrawals or other permitted transactions under the terms of the Plan. Contract value represents the accumulated contributions plus accrued net earnings less distributions. The fund is no longer an investment option as of December 31, 2009. See Note E.

Net appreciation of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in the fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represents the difference between the sale proceeds and the fair value of the investment as of the beginning of the period or the cost of the investment if purchased during the year.

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

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-continued

Payment of Benefits

Benefits are recorded when paid.

NOTE C--FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2009			
Cash	$ 246,533	$ 246,533	$ -
Money market fund	631,647	631,647	-
Shares of registered investment companies	13,919,263	13,919,263	-
Participant loans	258,656	-	258,656
Total	$ 15,056,099	$ 14,797,443	$ 258,656
December 31, 2008			
Cash	$ 275,562	$ 275,562	$ -
Money market fund	481,446	481,446	-
Shares of registered investment companies	9,325,938	9,325,938	-
Stable value fund	304,797	-	304,797
Participant loans	258,979	-	258,979
Total	$ 10,646,722	$ 10,082,946	$ 563,776

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs having the lowest priority to unobservable inputs. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of cash, the money market fund and shares of registered investment companies are based on quoted net asset values of the shares held by the Plan at year-end.

NOTE C--FAIR VALUE MEASUREMENTS-continued

Level 3 Fair Value Measurements

The stable value fund contract with an insurance company and participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of the stable value fund contract is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations, and the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

The methods described above may produce a fair value calculation 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.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Stable Value Fund	Participant Loans	Total
Year ended December 31, 2009			
Beginning balance	$ 304,797	$ 258,979	$ 563,776
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	-	-
Purchases, sales, issuances, and settlements (net)	(304,797)	(323)	(305,120)
Ending Balance	$ -	$ 258,656	$ 258,656
Year ended December 31, 2008			
Beginning balance	$ 259,082	$ 201,874	$ 460,956
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	-	-
Purchases, sales, issuances, and settlements (net)	45,715	57,105	102,820
Ending Balance	$ 304,797	$ 258,979	$ 563,776

Gains and losses (realized and unrealized) are included in changes in net assets available for benefits for the year ended December 31, 2009 and are reported in net appreciation in the fair value of investments.

NOTE D--INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (UNAUDITED)

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Wilmington Trust Retirement and Institutional Services Company, the Custodian of the Plan.

	2009		2008	
Cash	$ 246,533		$ 275,562	
Shares of money market funds:				
AIM Cash Reserve Fund	631,647		481,446	
Shares of separate account:				
MetLife Stable Value Fund	-		333,007	
Shares of registered investment companies:				
Federated Kaufman K Fund	2,028,715	*	1,400,489	*
American Growth Fund of America A	2,082,034	*	1,373,998	*
Vanguard 500 Index Fund	1,940,264	*	1,454,045	*
American Funds Europacific Growth	1,161,714	*	654,771	*
Oppenheimer Rising Dividends A Fund	1,413,718	*	1,069,526	*
Franklin Balance Sheet Investment A Fund	970,047	*	782,353	*
American Balanced A Fund	1,059,351	*	727,429	*
American Bond Fund of America A	1,178,129	*	700,709	*
Seligman Communications & Informaton A Fund	620,544		356,606	
Alliance Bernstein International Fund	402,208		218,527	
American Fundamental Investors R3 Fund	356,928		191,819	
Keeley Small Cap Value A	289,944		192,367	
Alliance Bernstein 2035 RS A	152,474		81,809	
Alliance Bernstein 2025 RS A	40,410		29,644	
Alliance Bernstein 2020 RS A	65,640		43,638	
Alliance Bernstein 2040 RS A	71,629		18,242	
Alliance Bernstein 2045 RS A	26,810		21,059	
Alliance Bernstein 2030 RS A	58,704		8,907	
Participant loans	258,656		258,979	
Total Investments	$ 15,056,099		$ 10,674,932	

* Investments that represent 5% or more of the Plan's net assets.

NOTE D--INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (UNAUDITED)-continued

During the year ended December 31, 2009 the Plan's investments (including gains and losses on investments bought, sold, and held during the year) appreciated in value by $3,079,444 overall. Of this total, the registered investment company investments appreciated by $3,076,668 and the common collective fund appreciated by $2,326. During the year ended December 31, 2009, the Plan's investments had interest and dividends of $450.

NOTE E--STABLE VALUE INVESTMENT CONTRACT

The Plan had entered into a benefit-responsive investment contract with the Custodian that included, as one investment option, the MetLife Stable Value Fund (the "Fund"). This common collective trust is credited with the accumulation of contributions, plus earnings on the underlying investments at a guaranteed quarterly rate and charged for participant withdrawals and administrative expenses.

The Fund is included in the financial statements at fair value as of December 31, 2008 with an adjustment to contract value in arriving at net assets available for benefits. Participants may direct the withdrawal or transfer of all or a portion of their investment at contract value for allowed events. These events include transfers to other Plan investment options and payments because of retirement, termination of employment, disability, death and in-service withdrawals as permitted by the Plan. The guaranteed investment contract issuer is contractually obligated to guarantee the principal and accrued interest, based on specified credited interest rates, for participant initiated withdrawals as long as the contract remains active.

Interest was credited to the contract at interest rates that reflect the performance of the underlying portfolio, subject to a minimum crediting rate of 0%. Metlife reset the rate by amortizing the difference between the market value of the portfolio and the guaranteed value over the weighted average duration of the Fund's investments. The average yield in the interest rate of the Fund during the years ending December 31, 2009 and 2008 was approximately 3.1% and 4.4%, respectively. The crediting interest rate, based on a formula agreed upon with the issuer, was 4.4% at December 31, 2008. The fund was no longer an investment option as of December 31, 2009. Interest rates were reviewed on a quarterly basis for resetting and were credited to a participant's account daily, based on its daily balance at the established effective rate of interest. There were no reserves for credit risk of the contract issuer or otherwise.

Effective August 27, 2009, the Plan terminated the investment contract for the Fund. With the termination of the Fund, all participants invested in the Fund received fair market value as compared to contract value. The Plan Sponsor reimbursed each affected participant's account with the difference, amounting to $4,647 in the aggregate.

NOTE F--TAX STATUS

The Plan adopted a defined contribution prototype plan sponsored by RSM McGladrey, Inc., third-party administrator, effective January 1, 2009. The Internal Revenue Service has determined and informed RSM McGladrey, Inc. on March 31, 2008 that the prototype plan is qualified and tax exempt under the appropriate sections of the Internal Revenue Code.

NOTE G--RELATED PARTY TRANSACTIONS

Certain Plan investments are maintained and managed under a contract with the Custodian and, therefore, related transactions qualify as party-in-interest transactions.

A third party administrator also performs administrative and record keeping services for the Plan and receives fees paid by the Plan Sponsor for these services.

Certain employees of the Company provide administrative services for the Plan and are not reimbursed for their services.

During the year ended December 31, 2009, the Plan Sponsor absorbed all of the Plan's investment management and recordkeeping fees.

NOTE H--RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF 5500

The following is a reconciliation of benefits paid per the financial statements for the year ended December 31, 2009 to Schedule H of form 5500:

Benefits paid to participants per the financial statements	$ 289,947
Amounts allocated to withdrawing participants at December 31, 2009	(3,634)
Benefits paid to participants per Schedule H of Form 5500	$ 286,313

NOTE I--RISKS AND UNCERTANTIES

The Plan's assets are invested directly and indirectly in stocks, bonds, and other investments which are purchased or managed by the Custodian. These investments are exposed to various risks, such as interest rate, market and credit risks. The Plan's assets are also subject to changes in the value of those underlying investments, including the potential for bankruptcy of one or more of the companies in which they are invested.

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

The participants who have borrowed from the Plan are all employees of the Company in the Chicago and Denver areas, and their ability to repay the notes could be affected by the economic conditions in the industry in general, the economic conditions in the Chicago and Denver metropolitan areas or the economic situation of the Company itself.

SUPPLEMENTARY INFORMATION

Bartlit Beck Herman Palenchar & Scott

401(k) Profit Sharing Plan and Trust

SCHEDULE H, Line 4i
SCHEDULE OF ASSETS (HELD AT YEAR END)
EIN 36-3909157, PLAN NO. 001

December 31, 2009

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	AIM Investments	Cash Reserve Fund	**	$ 631,647
	Alliance Bernstein	International Fund	**	402,208
	American Funds	American Balanced A Fund	**	1,059,351
	American Funds	Bond Fund of America A	**	1,178,129
	American Funds	Fundamental Investors R3 Fund	**	356,928
	American Funds	Growth Fund of America A	**	2,082,034
	American Funds	Europacific Growth	**	1,161,714
	Federated Funds	Kaufman K Fund	**	2,028,715
	Franklin Mutual Funds	Balance Sheet Investment A Fund	**	970,047
	Oppenheimer Funds	Rising Dividends A	**	1,413,718
	Seligman Mutual Funds	Communications & Information A Fund	**	620,544
	Alliance Bernstein	Alliance Bernstein 2020	**	65,640
	Alliance Bernstein	Alliance Bernstein 2025	**	40,410
	Alliance Bernstein	Alliance Bernstein 2030	**	58,704
	Alliance Bernstein	Alliance Bernstein 2035	**	152,474
	Alliance Bernstein	Alliance Bernstein 2040	**	71,629
	Alliance Bernstein	Alliance Bernstein 2045	**	26,810
	Vanguard Funds	500 Index Fund	**	1,940,264
	Keeley Funds	Small Cap Value	**	289,944
	Cash	Cash	**	246,533
*	Participant loans	Interest rates from 4.25% to 10.25%	-0-	258,656
				$ 15,056,099

* Represents a party-in-interest.

** Cost omitted for participant directed investments.

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 ☒ 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 Bartlit Beck Herman Palenchar & Scott, LLP
401(k) Profit Sharing Plan & Trust

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
Bartlit Beck Herman Palenchar
& Scott, LLP

54 West Hubbard Street

Chicago IL 60654

2b Employer Identification Number (EIN) 36-3909157

2c Sponsor's telephone number (312)494-4400

2d Business code (see instructions) 541110

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	Signature of plan administrator	Date: 10/1/2010	Enter name of individual signing as plan administrator: MARK E. FERGUSON
SIGN HERE	Signature of employer/plan sponsor	Date: 10/1/2010	Enter name of individual signing as employer or plan sponsor: MARK E. FERGUSON
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") SAME	3b Administrator's EIN 3c Administrator's telephone number
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	145
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	138
b	Retired or separated participants receiving benefits	6b	0
c	Other retired or separated participants entitled to future benefits	6c	13
d	Subtotal. Add lines 6a, 6b, and 6c	6d	151
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f	Total. Add lines 6d and 6e	6f	151
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	136
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2T 3B 3D

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

9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	(1)	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	(2)	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	(3)	[X] Trust
(4)	[ ] General assets of the sponsor	(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		b General Schedules	
(1)	[X] R (Retirement Plan Information)	(1)	[X] H (Financial Information)
(2)	[ ] MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	[ ] I (Financial Information – Small Plan)
		(3)	[ ] A (Insurance Information)
		(4)	[X] C (Service Provider Information)
(3)	[ ] SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(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	B Three-digit plan number (PN) ▶	001
Bartlit Beck Herman Palenchar & Scott, LLP 401(k) Profit Sharing Plan		
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
Bartlit Beck Herman Palenchar & Scott, LLP	36-3909157	

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

MORGAN STANLEY SMITH BARNEY
26-4310632

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

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(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)

RSM MCGLADREY, INC.
41-1944416

(b) Service Code(s) 15 37 38 50 60 64 65

(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?
RECORDKEEPER	6,133	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 ☐

(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)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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	B Three-digit plan number (PN) ▶	001
Bartlit Beck Herman Palenchar & Scott, LLP 401(k) Profit Sharing Plan		
C Plan or DFE sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
Bartlit Beck Herman Palenchar & Scott, LLP	36-3909157	

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: MetLife Stable Value Fund

b Name of sponsor of entity listed in (a): Wilmington Trust Retirement Svcs

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)
26-0142858 094	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor | c EIN-PN

a Plan name

b Name of plan sponsor | c EIN-PN

a Plan name

b Name of plan sponsor | c EIN-PN

a Plan name

b Name of plan sponsor | c EIN-PN

a Plan name

b Name of plan sponsor | c EIN-PN

a Plan name

b Name of plan sponsor | c EIN-PN

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a Plan name

b Name of plan sponsor | c EIN-PN

a Plan name

b Name of plan sponsor | c EIN-PN

a Plan name

b Name of plan sponsor | c EIN-PN

a Plan name

b Name of plan sponsor | c EIN-PN

SCHEDULE H (Form 5500)	Financial 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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ 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	B Three-digit plan number (PN) ▶	001
Bartlit Beck Herman Palenchar & Scott, LLP 401(k) Profit Sharing Plan		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
Bartlit Beck Herman Palenchar & Scott, LLP	36-3909157	

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	275,562	246,533
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	9,442	1,150
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	481,446	631,647
(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)	258,978	258,656
(9) Value of interest in common/collective trusts	1c(9)	333,007	
(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)	9,325,939	13,919,263
(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	10,684,374	15,057,249
Liabilities			
g Benefit claims payable	1g	3,634	
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	5,267	19,974
k Total liabilities (add all amounts in lines 1g through1j)	1k	8,901	19,974
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10,675,473	15,037,275

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)		
(B) Participants	2a(1)(B)	1,550,302	
(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)		1,550,302
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	450	
(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)	18,514	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18,964
(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)	199,642	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		199,642
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		6,973
(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)		2,872,379
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4,648,260
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	286,313	
(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)		286,313
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)	145	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		145
j Total expenses. Add all expense amounts in column (b) and enter total	2j		286,458
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		4,361,802
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) ☒ 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 ☐ No

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

(1) Name: DIGIOVINE, HNILO, JORDAN & JOHNSON (2) EIN: 36-3029663

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		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500)	Retirement Plan 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 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.	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	B Three-digit plan number (PN) ▶
Bartlit Beck Herman Palenchar & Scott, LLP 401(k) Profit Sharing Plan	001

C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
Bartlit Beck Herman Palenchar & Scott, LLP	36-3909157

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): 65-1214236

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):

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: ÁÁÁÁÁ% Investment-Grade Debt: ÁÁÁÁÁ% High-Yield Debt: ÁÁÁÁÁ% Real Estate: ÁÁÁÁÁ% Other: ÁÁÁÁÁ%

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):