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;
- [X] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ALEXANDER LUMBER CO. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/31/1963

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

PO BOX 831
AURORA, IL 60507

515 REDWOOD DRIVE
AURORA, IL 60507

2b Employer Identification Number (EIN)
36-0715495

2c Sponsor's telephone number
630-844-5123

2d Business code (see instructions)
444190

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.	10/08/2010	THOMAS S ALEXANDER
	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")
ALEXANDER LUMBER CO.

PO BOX 831
AURORA, IL 60507

3b Administrator's EIN
36-0715495

3c Administrator's telephone number
630-844-5123

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**	643
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**	271
b	Retired or separated participants receiving benefits	**6b**	161
c	Other retired or separated participants entitled to future benefits	**6c**	203
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	635
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	41
f	Total. Add lines **6d** and **6e**	**6f**	676
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
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:
1A 1G

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)	X	**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)		**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
ALEXANDER LUMBER CO. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ALEXANDER LUMBER CO.

D Employer Identification Number (EIN)
36-0715495

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2009			
2	Assets:			
a	Market value	2a		14677464
b	Actuarial value	2b		16145210
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	175	6813565
b	For terminated vested participants	3b	209	3051179
c	For active participants:			
	(1) Non-vested benefits	3c(1)		682470
	(2) Vested benefits	3c(2)		7711902
	(3) Total active	3c(3)	266	8394372
d	Total	3d	650	18259116
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		8.10 %
6	Target normal cost	6		573139

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

	10/08/2010
Signature of actuary	Date
CHRISTOPHER R TUCEK	08-06769
Type or print name of actuary	Most recent enrollment number
TOWERS WATSON PENNSYLVANIA, INC.	312-525-2500
Firm name	Telephone number (including area code)
191 NORTH WAKER DRIVE, SUITE 2100 CHICAGO, IL 60606-1615	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	732959	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	732959	
9	Amount remaining (Item 7 minus item 8)		
10	Interest on item 9 using prior year's actual return of -24.34 %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		
b	Interest on (a) using prior year's effective rate of 6.12 %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)		

Part III Funding percentages

14	Funding target attainment percentage	14	88.42 %
15	Adjusted funding target attainment percentage	15	88.42 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/09/2009	208462				
07/07/2009	208462				
10/09/2009	208462				
01/13/2010	208462				
			Totals ► 18(b)	833848	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	793138

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b** 3

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... [ ] Yes [X] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... [X] Yes [ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28**

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... **29**

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)..... **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)..... **31** 573139

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1018359	180706
b Waiver amortization installment.....		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)..... **34** 753845

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			

36 Additional cash requirement (item 34 minus item 35)..... **36** 753845

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)..... **37** 793138

38 Interest-adjusted excess contributions for current year (see instructions)..... **38** 39293

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)..... **39**

40 Unpaid minimum required contribution for all years **40**

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
ALEXANDER LUMBER CO. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ALEXANDER LUMBER CO.

D Employer Identification Number (EIN)
36-0715495

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: INTERMEDIATE FIXED INCOME FUND

b Name of sponsor of entity listed in (a): BANK OF AMERICA NA

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)
95-4026042-001	C	5254217

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP ENHANCED CORE FUND

b Name of sponsor of entity listed in (a): BANK OF AMERICA NA

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)
95-4026042-001	C	7140102

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP ENHANCED CORE FUND

b Name of sponsor of entity listed in (a): BANK OF AMERICA NA

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)
95-4026042-001	C	700074

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP ENHANCED CORE FUND

b Name of sponsor of entity listed in (a): BANK OF AMERICA NA

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)
95-4026042-001	C	1661136

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

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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)

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
ALEXANDER LUMBER CO. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALEXANDER LUMBER CO.

D Employer Identification Number (EIN)
36-0715495

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	736000	962306
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	168664	146526
(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)		
(9) Value of interest in common/collective trusts	1c(9)	13089848	14755529
(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)	1311677	2345404
(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	15306189	18209765
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	15306189	18209765

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)	960692	
	(B) Participants	2a(1)(B)		
	(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)		960692
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	540	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		540
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2525682
(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)		637350
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4124264
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1220688	
(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)		1220688
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1220688
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2903576
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: PASQUESI SHEPPARD LLC (2) EIN: 36-4049282

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
ALEXANDER LUMBER CO. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALEXANDER LUMBER CO.

D Employer Identification Number (EIN)
36-0715495

Part I Distributions

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

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

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

EIN(s): _____ _____

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** 25

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):

PASQUESI
SHEPPARD LLC
ACCOUNTANTS AND CONSULTANTS

ALEXANDER LUMBER CO.
RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

TOGETHER WITH AUDITOR'S REPORT

Employer Identificatino Number
36-0715495

Plan No. 001

ALEXANDER LUMBER CO.

RETIREMENT PLAN

FINANCIAL STATEMENTS AND NOTES

DECEMBER 31, 2009 AND 2008

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PASQUESI
SHEPPARD LLC
ACCOUNTANTS AND CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

PLAN ADMINISTRATOR OF
ALEXANDER LUMBER CO. RETIREMENT PLAN

We were engaged to audit the accompanying Statements of Net Assets Available for Benefits of ALEXANDER LUMBER CO. RETIREMENT PLAN as of December 31, 2009 and 2008 and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, the Statement of Accumulated Plan Benefits as of December 31, 2008, the Statement of Changes in Accumulated Plan Benefits for the year ended December 31, 2008, and the supplemental schedule as of December 31, 2009 as listed in the accompanying table of contents. These financial statements and the schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Bank of America, N.A., the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2009 and 2008, stating that the information provided to the Plan Administrator by the Trustee is complete and accurate.

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

Pasquesi Sheppard LLC

Pasquesi Sheppard LLC
Lake Forest, Illinois

July 8, 2010

ALEXANDER LUMBER CO.

RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS:		
Investments, at fair value —		
Common/collective funds	$ 14,755,529	$ 13,089,848
Mutual funds	2,345,404	1,311,677
Money market fund	146,526	168,664
	17,247,459	14,570,189
Contribution receivable	962,306	736,000
Net assets available for benefits	$ 18,209,765	$ 15,306,189

The accompanying notes are an integral part of these financial statements.

ALEXANDER LUMBER CO.

RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income –		
Net appreciation (depreciation) in fair value of investments:		
Common/collective funds	$ 2,525,682	$ (3,697,525)
Mutual funds	583,726	(1,217,652)
Interest	540	3,313
Dividends	53,624	100,465
Total investment income (loss)	3,163,572	(4,811,399)
Employer contributions	960,692	736,000
Total additions to (subtractions from) net assets	4,124,264	(4,075,399)
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	1,220,688	785,202
NET INCREASE (DECREASE)	2,903,576	(4,860,601)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	15,306,189	20,166,790
End of year	$ 18,209,765	$ 15,306,189

The accompanying notes are an integral part of these financial statements.

ALEXANDER LUMBER CO.

RETIREMENT PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

DECEMBER 31, 2008

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:	
Vested benefits —	
Participants currently receiving payments	$ 6,813,565
Other participants	10,763,081
Total vested benefits	17,576,646
Non-vested benefits	682,470
Total actuarial present value of accumulated plan benefits	$ 18,259,116

The accompanying notes are an integral part of this financial statement.

ALEXANDER LUMBER CO.

RETIREMENT PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2008

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	$ 21,920,311
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	(5,001,891)
Benefits accumulated	807,033
Increase for interest due to the decrease in the discount period	1,318,865
Benefits paid	(785,202)
NET DECREASE	(3,661,195)
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	$ 18,259,116

The accompanying notes are an integral part of this financial statement.

ALEXANDER LUMBER CO.

RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

(1) DESCRIPTION OF THE PLAN:

The following brief description of the Alexander Lumber Co. Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

The Plan, as amended and restated, was originally established in 1963 and is a noncontributory, defined benefit retirement plan covering all eligible employees of Alexander Lumber Co. and Brittingham & Hixon Lumber Company (the Companies). An employee becomes eligible to participate on the first day of January or July after completion of one year of service and attainment of age twenty-one. The Plan is administered by a Plan Administrator and is funded through trust funds with the Bank of America, N.A. appointed as Trustee (the Trustee) by the Companies. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits -

Benefits are determined according to formulas set forth in the Plan based upon earnings, subject to Internal Revenue Code limits, and years of credited service. Included in the Plan are provisions for postponed retirement after age 65, early retirement at age 60, retirement in conjunction with disability, and pre-retirement surviving spouse death benefits. The normal form of retirement benefit is a monthly annuity; however, if the actuarial equivalent of the accrued benefit does not exceed $5,000, such benefit will be paid in a lump sum.

If an employee terminates before completing five years of service, he or she forfeits the rights to his or her accumulated benefits under the Plan.

Funding Policy -

The Companies make annual contributions to the Plan as determined in accordance with accepted actuarial principles which are based upon actuarial cost studies performed by the Plan's actuaries. The Companies were required to make contributions to the Plan of $960,692 and $736,000 for the years ended December 31, 2009 and 2008, respectively.

The Companies' contributions and prior year credits applied for the Plan years ended December 31, 2009 and 2008 equaled or exceeded the minimum funding requirements of ERISA and the Pension Protection Act of 2006.

Administration of the Plan -

The Trustee administers the Plan's assets, together with the income therefrom. Expenses incurred by the Trustee in the performance of its duties under this agreement, including fees for its services, are paid by the Companies.

Plan Amendment -

On December 7, 2008, the Plan was amended to reflect certain provisions of the Pension Funding Equity Act of 2004. Effective for Plan years beginning January 1, 2004 and January 1, 2005, the Actuarial Equivalent percentage was decreased from seven percent per annum to five and one-half percent per annum. The term "Actuarial Equivalent" means a benefit of equivalent value to the benefit that it replaces. The actuarial present value of accumulated plan benefits does not reflect this change.

(2) SIGNIFICANT ACCOUNTING POLICIES:

Use of Estimates -

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

Investment Valuation -

The investments in mutual funds are stated at fair value, which is determined from quoted market prices. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. The investments in the common/collective funds are stated at estimated fair values based on the fair values of the underlying investments.

The following is a description of the valuation methodologies used by management for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008:

Pricing Vendors (Interactive Data Corp. (IDC) and Bloomberg): Management has generally determined that the prices received from pricing vendors for Equities, U.S. Treasuries and To Be Announced (TBA) securities are quoted prices in active markets and, therefore, classified as Level 1. For Commercial Paper securities, management has generally determined that the prices received from IDC utilize observable inputs and, therefore, classified as Level 2. For all other security types, management has generally determined that prices received from pricing vendors utilize observable inputs and, therefore, classified as Level 2. This determination was made through analysis of vendor provided pricing methodologies and discussions with vendors.

Broker Quotes: Management will attempt to obtain transparency into broker quotes received in order to determine the nature and observability of the inputs utilized. Broker quotes received for which management cannot establish the observability of inputs are classified as Level 3.

Fair Valued Securities: Fair Valued securities, including those fair valued at cost or through utilization of stale prices, will be classified based upon management's determination of inputs utilized to arrive at the fair value price, but will be classified as Level 3.

Structured Investment Vehicle Securities (SIV): Management has generally determined that prices for SIV's received from pricing vendors or brokers are not observable and, therefore, classified as Level 3.

While the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Income Recognition -

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

Actuarial Present Value of Accumulated Plan Benefits -

Accumulated Plan benefits are those future periodic payments, including lump sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by an actuary from Towers Watson. The computed amount results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2009 and 2008, the dates of the latest actuarial valuations, were (a) life expectancy of participants (separate rates for non-annuitants and annuitants was used in the valuation as of January 1, 2009 and January 1, 2008, based on RP 2000 "Employees" and "Healthy Annuitants" tables), (b) disability expectancy (the Railroad Retirement Board, 10th Valuation Table was used), (c) retirement age assumptions (normal retirement at age 65), and (d) investment return (7.25% and 8.00% per annum as of January 1, 2009 and 2008, respectively). Actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Certain changes were made in actuarial assumptions and methods from the January 1, 2008 measurement date to the January 1, 2009 measurement date. They were as follows:

1) The discount rate for benefit obligations was changed from 6.45% to 6.50%.

2) The expected return on assets was changed from 8.00% to 7.25%.

3) The salary increase assumption was changed from 4.50% to a select and ultimate table. The rate during the select period, years 2009 through 2011, is 1.00%. The ultimate rate, starting in the year 2012, is 3.50%.

4) The funding interest rate was changed from 6.12% to 8.10%.

5) The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.

Payment of Benefits -

Benefits payments to participants are recorded upon distribution.

(3) FAIR VALUE MEASUREMENTS:

SFAS No. 157 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy under SFAS No. 157 are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

December 31, 2009

Description of Investment	Fair Value	Level 1	Level 2	Level 3
Money market funds	$ 146,526	$ 146,526	$ -	$ -
Mutual funds	2,345,404	2,345,404	-	-
Common/collective funds	14,755,529	-	-	14,755,529
Total investments	$ 17,247,459	$ 2,491,930	$ -	$ 14,755,529

December 31, 2008

Description of Investment	Fair Value	Level 1	Level 2	Level 3
Money market funds	$ 168,664	$ 168,664	$ -	$ -
Mutual funds	1,311,677	1,311,677	-	-
Common/collective funds	13,089,848	-	-	13,089,848
Total investments	$ 14,570,189	$ 1,480,341	$ -	$ 13,089,848

The following table presents a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

	Level 3 Assets
	Common/Collective Trusts
Balance as of January 1, 2009	$ 13,089,848
Total gains and losses (realized and unrealized) included in changes in net assets available for benefits	2,525,682
Purchases, sales, issuances, and settlements (net)	(860,001)
Balance as of December 31, 2009	$ 14,755,529

(4) INVESTMENTS:

Investments that represent five percent or more of the Plan's net assets are as follows at December 31:

	2009	2008
Bank of America, N.A.		
Common/collective funds —		
Intermediate Fixed Income Fund	$ 5,254,217	$ 5,648,260
Large Capitalization Enhanced Core Fund	7,140,102	5,646,852
Small Capitalization Enhanced Core Fund	1,661,136	1,290,994
Mutual funds —		
Columbia Marsico International Opportunity Fund - Class Z shares	1,291,885	853,381
Columbia International Value Fund - Class Z shares	1,053,519	458,297

(5) PARTY-IN-INTEREST TRANSACTIONS:

Plan investments are managed by the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

(6) SUMMARY OF INFORMATION CERTIFIED BY THE TRUSTEE:

The December 31, 2009 and 2008 Statements of Net Assets Available for Benefits, the investment activities included on the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2009 and 2008, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Trustee in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The information certified includes total investments of $17,247,459 and $14,570,189 at December 31, 2009 and 2008, respectively, and related income (loss) before contributions of $3,163,572 and $(4,804,400) for the years ended December 31, 2009 and 2008, respectively.

(7) PLAN TERMINATION:

Although the Companies have not expressed any intent to discontinue their contributions or terminate the Plan, they may do so at any time, subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1) Benefits attributable to employee contributions, taking into account those paid out before termination.

2) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

3) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).

4) All other vested benefits (that is, vested benefits not insured by the PBGC).

5) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

(8) TAX STATUS:

The Plan obtained its latest determination letter on January 14, 2003, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of December 31, 2009 and 2008.

(9) RISKS AND UNCERTAINTIES:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

(10) SUBSEQUENT EVENTS:

The Companies have evaluated subsequent events through July 8, 2010, the date which the financial statements were available to be issued.

ALEXANDER LUMBER CO.

RETIREMENT PLAN

SCHEDULE I -- SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2009

FEIN 36-0715495 -- Plan Number 001

Schedule H, Line 4i (Form 5500)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Bank of America, N.A. --			
*	Large Capitalization Enhanced Core Fund	Common/collective fund, 115,084.249 units	$ 3,818,971	$ 7,140,102
*	Middle Capitalization Enhanced Core Fund	Common/collective fund, 10,505.843 units	700,000	700,074
*	Small Capitalization Enhanced Core Fund	Common/collective fund, 53,052.104 units	1,296,516	1,661,136
*	Intermediate Fixed Income Fund	Common/collective fund, 1,081,092.387 units	2,889,013	5,254,217
*	Columbia International Value Fund	Mutual Fund, 74,243.752 shares	999,101	1,053,519
*	Columbia Marsico International Opportunity Fund	Mutual Fund, 120,963.007 shares	1,315,292	1,291,885
*	Columbia Cash Reserves Capital Class	Money Market Fund, 146,510.700 shares	146,511	146,526
			$ 11,165,404	$ 17,247,459

The accompanying notes are an integral part of this schedule.

Alexander Lumber Co. Retirement Plan
Schedule of Assets Held for Investment
December 31, 2009

Plan EIN Number 36-0715495
Plan Number 001

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

Issuer		Description	Units	Cost	Current Value
Bank of America, NA	Mutual Fund	Columbia MARSICO Inter Opport Fund	120,963.007	1,315,292	1,291,885
"	Mutual Fund	Columbia International Value Fund	74,243.752	999,101	1,053,519
"	Common/Collective Fund	Large Cap Enhanced Core Fund	115,084.249	3,818,971	7,140,102
"	Common/Collective Fund	Mid Cap Enhanced Core Fund	10,505.843	700,000	700,074
"	Common/Collective Fund	Small Cap Enhanced Core Fund	53,052.104	1,296,516	1,661,136
"	Common/Collective Fund	Intermediate Fixed Income Fund	1,081,092.387	2,889,013	5,254,217
"	Money Market Fund	Columbia Cash Reserve Capital Fund	146,510.700	146,511	146,526
				11,165,404	17,247,459

Alexander Lumber Co. Retirement Plan
Alexander Lumber Co.
EIN = 36-0715495 / PN = 001
Attachment for 2009 Schedule SB (Form 5500)
Schedule SB, Line 26 – Schedule of Active Participant Data

Attained Age		Years of Credited Service									
		<1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
<25	Number	1	2	0	0	0	0	0	0	0	0
25 to 29	Number	2	5	3	0	0	0	0	0	0	0
30 to 34	Number	0	6	9	5	0	0	0	0	0	0
35 to 39	Number	3	1	8	2	4	0	0	0	0	0
40 to 44	Number	0	2	4	5	9	7	0	0	0	0
45 to 49	Number	7	8	8	9	10	8	0	0	0	0
50 to 54	Number	3	9	14	4	4	13	8	5	0	0
55 to 59	Number	0	2	8	3	9	6	1	13	3	0
60 to 64	Number	0	4	6	4	3	1	0	6	1	0
65 to 69	Number	0	0	1	1	1	1	0	1	0	1
70 & up	Number	0	0	0	1	0	0	0	0	0	1

Average Age = 48.9 Average Service = 13.9

Actuarial Assumptions and Methods

	Contributions
Economic Assumptions	
Funding interest rate:	
▸ Applicable month (bond yields during)	October 2008
▸ Yield curve basis	Full yield curve
▸ Effective interest rate	8.10%
Annual rates of increase	
▸ Salaries	
– Select and ultimate rates:	2009-2011: 1.00%
	2012+: 3.50%
▸ Future Social Security wage bases	3.00%
▸ Statutory limits on compensation and benefits	N/A

Demographic Assumptions

Mortality:

▸ Contributions	Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2024 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2016 using Scale AA)
Termination	Actuary's Pension Handbook, Table T-1

Sample rates:

	Age		
	25	*40*	*55*
Male	.050	.013	.010
Female	.050	.013	.010

Disability	Railroad Retirement Board, 10th Valuation
Retirement	Age 65
Form of payment	Life annuity
Administrative expense	None
Percent married	80%
Spouse age	Wife three years younger than husband
Valuation pay	Reported 2008 covered pay increased by salary scale

Methods

Contributions:

▸ Valuation date	First day of plan year
▸ Funding target and target normal cost	Present value of accrued benefits

▸ Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings. The average asset value must be within 10% of fair value, including contributions receivable. The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but are expected to fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term, considering PPA's smoothing rules a characteristic of this method is that it is more likely to produce an actuarial value of assets that is less than the market value of assets.

Benefits Not Valued

All benefits were valued

Change in Assumptions and Methods Since Prior Valuation

Contributions	The funding interest rate was changed from the segment interest rates as of January 2008 to the full yield curve as of October 2008, as provided under the Pension Protection Act of 2006 (PPA). The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.

Data Sources

Towers Perrin used asset data supplied by the trustee. Alexander Lumber Company furnished participant data. Alexander Lumber Company furnished the dates and amounts of the 2008 contributions that will be paid in 2009. Data were reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made by the Towers Perrin actuaries when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Provisions

Effective Date	Amended and restated January 1, 2001.
Covered Employees	All eligible employees
Participation Date	January 1, or July 1 coincident with or next following the later of: (a) attainment of age 21 (b) the completion of a Year of Service

Definitions

Year of service	The completion of 1,000 hours of service during a twelve-consecutive month period following date of employment.
Vesting service	One year for each 1,000-hour calendar year of employment by Alexander Lumber Co.
Covered earnings	All amounts earned by a Participant during a plan year, including elective deferrals under IRC 401(k) and Section 125, limited to IRC 401(a)(17).
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65.
Disability retirement date	Date on which a participant elects to retire, or is retired by Alexander Lumber Co., in order to receive disability retirement benefits.
Monthly pension benefit	One-twelfth of 1.5% of each plan year's covered earnings while a participant in the plan, from January 1, 1989, plus the accrued benefits as of December 31, 1988.
Monthly preretirement spouse benefit	100% of the monthly pension benefit as of the date of death, reduced for the 100% joint and survivor election and reduced for payment as early as the employee's Early Retirement Date.

Eligibility for Benefits

Normal retirement	Retire on NRD.
Early retirement	Retire before NRD and on or after both attaining age 60 and completing five years of vesting service.
Postponed retirement	Retire after NRD.
Deferred vested	Terminate for reasons other than death or retirement after completing five years of vesting service.
Preretirement spouse benefit	Death eligible for deferred vested, early, normal or postponed retirement benefits, with a surviving spouse.
Disability benefits	Become eligible to receive permanent and total disability benefits under the Federal Social Security Act after completing five years of vesting service.

Monthly Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 6.67% for each year that commencement of payment precedes NRD.
Postponed retirement	Monthly pension benefit determined as of actual retirement date
Termination with deferred vested benefit	Monthly pension benefit determined as of termination date.
Death with preretirement spouse benefits	Monthly preretirement spouse benefit determined as of the participant's date of death.
Disability benefit	Monthly pension benefit determined as of Disability Retirement Date, with no reduction for each year that commencement precedes NRD.
Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above, if the participant has no spouse as of the date payments commence, or if the participant so elects. Otherwise, they will be paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor, or (for married participants) a life annuity.

Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Provisions Effective After January 1, 2009

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

Plan provisions have not changed since the prior year, except to reflect current-year increases in the Internal Revenue Code maximums on benefits and pay.

Optional forms of payment are actuarially equivalent to a single life annuity. Actuarial equivalence, as defined by the plan, uses 7% interest, compounded annually, and uses the 1983 Group Annuity Mortality Table adjusted to a unisex basis by assuming a 75% male/25% female gender mix.

Alexander Lumber Co. Retirement Plan
Alexander Lumber Co.
EIN = 36-0715495 / PN = 001
Attachment for 2009 Schedule SB (Form 5500)
Schedule SB, Line 32 – Schedule of Amortization Bases

	Date of Base Creation	Initial Amount	Amortization Installment	Remaining Period	PV of Future Installments
Shortfall Amortization Bases					
2009 Shortfall	1/1/2009	1,018,359	180,706	7	1,018,359
Total Shortfall Amortization Installments			180,706		1,018,359
Waiver Amortization Bases					
Total Waiver Amortization Installments			0		0
Total Amortization Installments			180,706		1,018,359
Total Amortization Installments reflecting minimum of 0 on Total Shortfall Installments			180,706		

Alexander Lumber Co. Retirement Plan
Alexander Lumber Co.
EIN = 36-0715495 / PN = 001
Attachment for 2009 Schedule SB (Form 5500)
Schedule SB, Line 19 – Discounted Employer Contributions

Contributions and Discounted contributions at beginning of plan year

Plan Year Period: 01/01/2009 through 12/31/2009

Effective Interest Rate: 8.10%

	Date Made	Plan Year Begin	Contribution Amount	Discounted Contribution Amount
Contributions	4/9/2009	1/1/2009	208,462	204,148
	7/7/2009	1/1/2009	208,462	200,308
	10/9/2009	1/1/2009	208,462	196,331
	1/13/2010	1/1/2009	208,462	192,351
Totals For Plan Year			833,848	793,138

Alexander Lumber Co. Retirement Plan
Alexander Lumber Co.
EIN = 36-0715495 / PN = 001
Attachment for 2009 Schedule SB (Form 5500)
Schedule SB, Line 25 – Change in Method

1. The funding interest rate method was changed since the previous year. In 2008, the segment interest rate method was used to calculate the funding target and target normal cost. In 2009, the full yield curve method was used.

2. The actuarial value of assets changed from the fair market value of assets to the average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings. The average asset value must be within 10% of fair value, including contributions receivable.

3. The valuation software used to produce the actuarial information submitted on the schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changed in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 Regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

Alexander Lumber Co. Retirement Plan
Attachment to 2009 Schedule SB (Form 5500)
EIN - 36-0715495
Plan = 001

1. A schedule of discounted contributions made for the 2009 plan year.

2. A statement of actuarial methods and assumptions is attached. The assumed retirement rates are 100% at age 65 as described on the first page.

3. A statement of the principal eligibility and benefit provisions upon which the valuation was based is attached. The plan's early retirement factors are described on the second page.

4. A schedule of active participant data as of January 1, 2009.

5. A schedule of amortization bases.

6. A statement describing the changes in funding methods.

7. A statement describing the average retirement age assumption is attached.

8. To the best of my knowledge, no significant events occurred during the plan year.

Christopher R. Tucek
Enrollment Number 08-06769
Towers Watson Pennsylvania, Inc.
191 North Wacker Drive
Suite 2100
Chicago, Illinois 60606-1615

Alexander Lumber Co. Retirement Plan
Alexander Lumber Co.
EIN = 36-0715495 / PN = 001
Attachment for 2009 Schedule SB (Form 5500)
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The valuation assumption for the Alexander Lumber Co. Retirement Plan is that all active participants will retire upon reaching age 65. If a participant is currently older than age 65 as of the valuation date, he is assumed to retire immediately. Therefore, since the overwhelming majority of plan participants is currently under age 65, the average retirement age is assumed to be at age 65.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial 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 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan	B Three-digit plan number (PN) ▶	001
Alexander Lumber Co. Retirement Plan		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Identification Number (EIN)	
Alexander Lumber Co.	36-0715495	

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2009

2	Assets:			
	a Market value	2a		14,677,464
	b Actuarial value	2b		16,145,210
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	175	6,813,565
	b For terminated vested participants	3b	209	3,051,179
	c For active participants:			
	(1) Non-vested benefits	3c(1)		682,470
	(2) Vested benefits	3c(2)		7,711,902
	(3) Total active	3c(3)	266	8,394,372
	d Total	3d	650	18,259,116
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		8.10 %
6	Target normal cost	6		573,139

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Christopher Tucek CRT	10/01/2010
	Signature of actuary	Date
Christopher R. Tucek		08-06769
Type or print name of actuary		Most recent enrollment number
Towers Watson Pennsylvania, Inc.		(312)525-2500
Firm name		Telephone number (including area code)
191 North Wacker Drive, Suite 2100		
Chicago	IL 60606-1615	
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]