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
SERFILCO, LTD. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1991

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

2900 MACARTHUR BOULEVARD
NORTHBROOK, IL 60062-2005

2b Employer Identification Number (EIN) 36-2470050

2c Sponsor's telephone number 847-509-2900

2d Business code (see instructions) 333610

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.	10/14/2010	JAMES BERG
	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")
SERFILCO, LTD.

2900 MACARTHUR BOULEVARD
NORTHBROOK, IL 60062-2005

3b Administrator's EIN
36-2470050

3c Administrator's telephone number
847-509-2900

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**	227
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**	157
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	19
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	179
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	179
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	123
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 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
SERFILCO, LTD. 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SERFILCO, LTD.

D Employer Identification Number (EIN)
36-2470050

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(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 19 50 51 52 64 65	CUSTODIAN	36320	Yes [X] No [ ]	Yes [ ] No [X]	15261	Yes [ ] No [X]

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

LASALLE STREET SECURITIES, LLC

940 NORTH INDUSTRIAL DRIVE
5TH FLOOR
ELMHURST, IL 60126-1131

(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?
27 33	INVESTMENT ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	26372	Yes [ ] No [X]

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

HOWARD SIMON AND ASSOCIATES, INC.

304 SAUNDERS ROAD
RIVERWOODS, IL 60015

36-3132823

(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?
17 37 38 50 57 65	THIRD PARTY ADMINISTRATOR	3999	Yes [X] No [ ]	Yes [ ] No [X]	6593	Yes [ ] No [X]

(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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
SERFILCO, LTD. 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SERFILCO, LTD.

D Employer Identification Number (EIN)
36-2470050

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	131656	88052
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5454212	6005516
(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	5585868	6093568
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5585868	6093568

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)	359303	
	(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)		359303
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	5354	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5354
	(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)		0
	(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)	934039	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		934039
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1298696
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	790996	
(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)		790996
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)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		790996
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		507700
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: CJB & S (2) EIN: 36-3524803

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
SERFILCO, LTD. 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SERFILCO, LTD.

D Employer Identification Number (EIN)
36-2470050

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): 31-4156830

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):

CJBS

SERFILCO, LTD. 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009

CJBS, LLC
2100 Sanders Road, Suite 200, Northbrook, IL 60062-6141 • T 847-945-2888 • F 847-945-9512

www.cjbs.com

SERFILCO, LTD. 401(k) PLAN

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CJBS

INDEPENDENT AUDITORS' REPORT

To the Trustees and Leadership of
SERFILCO, Ltd. 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of SERFILCO, Ltd. 401(k) Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and supplemental schedule as of and for the year then ended. These financial statements and the related supplementary 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 which was certified by Nationwide Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the 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 supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the 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*.

CJBS, LLC

CJBS, LLC

October 11, 2010

CJBS, LLC
2100 Sanders Road, Suite 200, Northbrook, IL 60062-6141 • T 847-945-2888 • F 847-945-9512

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SERFILCO, LTD. 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

ASSETS	2009	2008
Investments at Fair Value:		
Shares of Registered Investment Companies	6,005,516	5,454,212
Participant Loans	88,052	131,656
Net Assets Available for Benefits	$ 6,093,568	$ 5,585,868

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

SERFILCO, LTD. 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2009

Additions (Subtractions) to Net Assets Attributed to:	
Investment Gain:	
Net Appreciation in Fair Value of Investments	$ 932,471
Interest on Participant Loans	5,354
Understatement of Prior Year Assets	1,568
Total Investment Gain	939,393
Contributions:	
Participants	359,303
Total Contributions	359,303
Total Additions (Subtractions)	1,298,696
Deductions from Net Assets Attributed to:	
Benefits Paid to Participants	734,942
Loan Distributions	56,054
Total Deductions	790,996
Net Increase	507,700
Net Assets Available for Plan Benefits:	
Beginning of Year	5,585,868
End of Year	$ 6,093,568

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

SERFILCO, LTD. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A – DESCRIPTION OF PLAN

The following description of the SERFILCO, Ltd. 401(k) Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more detailed description of the Plan provisions.

General

The Plan is a savings plan for the benefit of the employees of Serfilco, Ltd. and its subsidiaries, which include ASM Industries, Inc., Filterspun, and SFC Adams, Inc., (collectively "the Company"), and qualifies as a deferred compensation plan under Section 401(k) of the Internal Revenue Code. The Plan is subject to the *Employee Retirement Income Security Act (ERISA) of 1974.* Participation is voluntary on the part of each employee (excluding temporary help) after six months of service, 500 hours, and reaching the age of 18. The Plan became effective as of January 1, 1991.

Contributions and Vesting

Any employee may elect to contribute a percentage of their pre-tax compensation into the Plan, subject to parameters defined by the Internal Revenue Service. These contributions are 100% vested from the day they are made. There is presently no matching contribution from the employer, though the Plan does allow for a discretionary profit sharing contribution.

Participants' Accounts

Each participant's account is credited with the respective participant's contribution and allocated Plan earnings, as set forth in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Participant Loans

Participants may borrow from their fund accounts in accordance with rules and requirements outlined in the Plan. The loans are secured by the balance in the participant's account (and in some cases, additional collateral) and bear interest at 1% plus the prime interest rate, which is commensurate with local prevailing rates, as determined quarterly by the plan administrator. Principal and interest are paid ratably through payroll deductions, and it is management's practice to calculate the value of the loans as the remaining balance of outstanding principal at its historic value per the loan agreements.

Based on management's knowledge of historical patterns, the collateralized arrangements of the loan agreements, and other factors, no allowance for uncollectible amounts has been provided as of December 31, 2009.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant or appropriate representative may elect to receive either a lump-sum amount equal to the value of the participant's account or annual installments, as subject to various guidelines. Payments are recorded when paid to participants. Special provisions in the plan allow for loans to be made to participants.

SERFILCO, LTD. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared on the accrual method of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's market investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Loans receivable from participants are considered to be directed investments from their accounts, to which all payments of principal and interest will be credited. See the Participant Loans segment earlier in this note for further detail.

Administration Costs

Certain administrative functions are performed by officers or employees of the Company or its subsidiaries. No such officer or employee receives compensation from the Plan. Certain administrative expenses and fees for the Plan are paid directly by the Company.

NOTE C – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, no further contributions will be made to it; all amounts credited to the accounts will become 100% vested.

NOTE D – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Amounts allocated to withdrawing participants are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to December 31st but not yet paid as of that date.

	December 31,	
	2009	2008
Net assets available for benefits per the financial statements	$ 6,093,568	$ 5,585,868
Benefit obligations currently payable	-	-
Net assets available for benefits per the Form 5500	$ 6,093,568	$ 5,585,868

NOTE E – TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by letter dated January 1, 1991, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan obtained a subsequent letter on March 31, 2008, in which the IRS stated that the form of the Plan was acceptable under Section 401 of the IRC for use by employers for the benefit of their employees. Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

NOTE F – INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The Plan's administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the *Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA*. Accordingly, the Nationwide Life Insurance Company, the custodian of certain Plan assets, has certified to the completeness and accuracy of the market investments and related transactions in those investments.

NOTE G – INVESTMENTS

The following presents investments that represent five (5) percent or more of the Plan's net assets:

	2009	2008
Harbor Intl Inst	$ 323,127	$ -
NW Mny Mkt Inst	927,566	1,414,850
PIMCO TtlRetrn Fnd Cls A	1,337,614	1,168,658
Thornburg Value Fund Cls I	423,495	-

NOTE H – FAIR VALUE OF MARKET INVESTMENTS

The Plan follows FASB ASC 820, *Fair Value Measurements* ("ASC 820"), which establishes a single definition of fair value and a framework for measuring fair value, sets out a fair value hierarchy to be used to classify the source of information used in fair value measurements, and expands disclosures about fair value measurements required under other accounting pronouncements. It does not change existing guidance as to whether or not an instrument is carried at fair value.

ASC 820 established market and observable inputs as the preferred sources of values, followed by assumptions based on hypothetical transaction(s) in the absence of market inputs.

NOTE H – FAIR VALUE OF MARKET INVESTMENTS (continued)

The valuation techniques required by ASC 820 are based upon observable and unobservable inputs. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the Plan's market assumptions. These two types of inputs create the following fair value hierarchy:

Level 1 – Quoted prices in active markets for identical assets or liabilities.

Level 2 – Observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in markets that are not active; or other inputs that are observable, directly or indirectly, or can be corroborated by observable market data.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. These inputs reflect management's own assumptions about the assumptions a market participant would use in pricing the asset or liability and should be developed based on the best information available in the circumstances (which may include the Plan's own data). This includes certain pricing models, discounted cash flow methodologies, and similar techniques that use significant unobservable inputs.

The asset 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.

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

Assets are valued at the total market value, which represents prices obtained from various sources. Prices received from pricing vendors are generally based on current market quotes; but when such quotes are not available, the pricing vendors use a variety of techniques to estimate value. These estimates, particularly for fixed income securities, may be based on certain minimum principal amounts (e.g. $1 million) and may not reflect all of the factors that affect the value of the security, including liquidity risk.

The various mutual fund offerings of which the market investments are comprised are valued at the net asset value (NAV) of shares held by the entity at year end.

The preceding approach described might produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

NOTE H – FAIR VALUE OF FINANCIAL INSTRUMENTS (continued)

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

	December 31, 2009 - Assets at Fair Value			
Description	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 6,005,516	$ -	$ -	$ 6,005,516
Total Assets at Fair Value	$ 6,005,516	$ -	$ -	$ 6,005,516

	December 31, 2008 - Assets at Fair Value			
Description	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 5,454,212	$ -	$ -	$ 5,454,212
Total Assets at Fair Value	$ 5,454,212	$ -	$ -	$ 5,454,212

NOTE I – CONCENTRATIONS

Due to the nature of the assets of the Plan, there is inherent risk tied to market performance. However, because participants direct their investment options within the Plan, they are able to select a portfolio aligned to their personal risk tolerance, investment strategy, and/or other goals.

NOTE J – RISKS AND UNCERTAINTIES

Due the nature of the Plan's assets and the uncertainty related to market activities in general, there is the potential for the value of the Plan's assets to be substantially affected by adverse market circumstances.

NOTE K – PARTIES IN INTEREST

The Plan is sponsored by the employer, Serfilco Ltd.; and one of the owners thereof is the Plan's administrator. As referenced in Note B, certain functions are performed by officers and employees of the Company or its subsidiaries. Third-party service providers perform customary custodial and administrative activities.

NOTE L – SUBSEQUENT EVENTS

The management of the Plan has evaluated events subsequent to the balance sheet date of December 31, 2009, through October 11, 2010, the date the financial statements were available to be issued. It has concluded that there are no effects that provide additional evidence about conditions that existed at the Statement of Net Assets Available for Benefits date that require recognition in the 2009 financial statements or related note disclosures in accordance with FASB ASC 855, *Subsequent Events*.

SUPPLEMENTARY INFORMATION

SERFILCO, LTD. 401(k) PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

DECEMBER 31, 2009

EIN: 36-2470050
Plan Number: 002

(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
	AIM SmCap Growth Fd A	Mutual Fund	*	$ 103,909
	AIM Euro Growth Fd A	Mutual Fund	*	2,738
	AIM Gold & Prec Mtls Fd IC	Mutual Fund	*	68,981
	AIM Intl SmComp Fnd Cls A	Mutual Fund	*	3,448
	AIM SmCap Gr Fd Inv	Mutual Fund	*	112,534
	AmFds Am Mut R3	Mutual Fund	*	4,997
	Astn Optm MdCap N	Mutual Fund	*	2,044
	BlkRk Glbl Alloc Inv A	Mutual Fund	*	9,648
	BlkRk GNMA Port Inv A	Mutual Fund	*	9,632
	BlkRk Hlth Scnc Oppr Inv A	Mutual Fund	*	14,998
	DavisNY Venture Fd Class A	Mutual Fund	*	296,181
	Davis Real Estate Fd A	Mutual Fund	*	1,825
	Delaware Emerging Markts A	Mutual Fund	*	4,171
	Drey Premier New Leaders A	Mutual Fund	*	102,720
	Drey Appreciation Fund	Mutual Fund	*	13,830
	Ev SmCap Gr A	Mutual Fund	*	4,732
	Fid Adv Leveraged Co Stk A	Mutual Fund	*	8,399
	Fid Adv Md Cap II	Mutual Fund	*	4,706
	Franklin BalSheet Inv Fd A	Mutual Fund	*	268,607
	Frank MSF MutShrsFnd Cls A	Mutual Fund	*	175,632
	Harbor Intl Inst	Mutual Fund	*	323,127
	Harbor High Yield Bond Inv	Mutual Fund	*	18,339
	Ivy Asset Strategy Fd Cl Y	Mutual Fund	*	6,924
	Ivy High Income Fund Cls Y	Mutual Fund	*	22,982
	Ivy Small Cap Value Fund Y	Mutual Fund	*	5,045
	Jennison Utility Fund Cl A	Mutual Fund	*	2,800
	Jensn Nat Resources Fd A	Mutual Fund	*	4,639
	Jensn Port J	Mutual Fund	*	12,268
	Jns Overseas S	Mutual Fund	*	7,822
	Lazard Emrg Mkts Port OS	Mutual Fund	*	4,244
	Loomis Sayles Bnd Fd Admin	Mutual Fund	*	5,693
	LrdAbt All Val A	Mutual Fund	*	8,332
	MFS Cor Gr A	Mutual Fund	*	69,859
	NW Inv Dest Aggr SC	Mutual Fund	*	59,526
	NW Inv Dest Mod Aggr SC	Mutual Fund	*	59,385
	NW Inv Dest Mod Cnsrv SC	Mutual Fund	*	116,728
	NW Inv Dest Mod SC	Mutual Fund	*	108,480
	NW Inv Dest Snsrv SC	Mutual Fund	*	124,532
	NW Mny Mkt Inst	Mutual Fund	*	927,566
	NW S&P 500 Indx Sc	Mutual Fund	*	213,428
	Oakmark Equity & Inc Fd II	Mutual Fund	*	5,203
	Oakmark Global Fund II	Mutual Fund	*	92,783
	Opp Cap App Fnd Cls A	Mutual Fund	*	213,643
	Oppnhmr Devl Markets Fd A	Mutual Fund	*	4,747
	Opp Gold & SP Mineral Fd A	Mutual Fund	*	38,310
	PIMCO TtlRetrn Fnd Cls A	Mutual Fund	*	1,337,614
	PIMCO Total Return Fnd Inst	Mutual Fund	*	42,937

(continued on page 9)

SERFILCO, LTD. 401(k) PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (continued)

DECEMBER 31, 2009

EIN: 36-2470050
Plan Number: 002

(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
	Principal Inv Hi Yld A	Mutual Fund	*	24,860
	Principal Inv Prfrd Sec A	Mutual Fund	*	10,586
	Royce 100 K	Mutual Fund	*	5,407
	Rydex Ser Energy Fd AC	Mutual Fund	*	5,387
	Selected Amrican Shs Inc S	Mutual Fund	*	112,637
	Tchstn MdCap Gr A	Mutual Fund	*	5,286
	Thornburg Core Growth Fd A	Mutual Fund	*	9,687
	Thornburg Intl Value FD I	Mutual Fund	*	150,735
	Thornburg Value Fund Cls I	Mutual Fund	*	423,495
	Van Eck Glbl Hard Assets A	Mutual Fund	*	4,533
	Vanguard PRIMECAP Cor Inv	Mutual Fund	*	8,911
	Vanguard Sel Val	Mutual Fund	*	81,085
	Vanguard SMCap Val Indx IS	Mutual Fund	*	71,029
	Vanguard ST Bond Idx Fd IS	Mutual Fund	*	15,564
	Vanguard ST UsTrs IS	Mutual Fund	*	7,724
	VanKamp Real Est Sec Fd A	Mutual Fund	*	2,110
	WFAdvtg C&B MdCap Val Inv	Mutual Fund	*	3,500
	Ycktmn Focsd	Mutual Fund	*	12,292
	Participant Loans	Interest at Prime +1%; Maturities at 5 Years or Less with Various Payment Schedules; Secured by Participant Balances and Possible Other Collateral	-	88,052
		Total		$ 6,093,568

* Costs are being omitted per ERISA guidelines, due to the fact that this is a participant-directed plan.

SERFILCO, LTD. 401(k) PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

DECEMBER 31, 2009

EIN: 36-2470050
Plan Number: 002

(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
	AIM SmCap Growth Fd A	Mutual Fund	*	$ 103,909
	AIM Euro Growth Fd A	Mutual Fund	*	2,738
	AIM Gold & Prec Mtls Fd IC	Mutual Fund	*	68,981
	AIM Intl SmComp Fnd Cls A	Mutual Fund	*	3,448
	AIM SmCap Gr Fd Inv	Mutual Fund	*	112,534
	AmFds Am Mut R3	Mutual Fund	*	4,997
	Astn Optm MdCap N	Mutual Fund	*	2,044
	BlkRk Glbl Alloc Inv A	Mutual Fund	*	9,648
	BlkRk GNMA Port Inv A	Mutual Fund	*	9,632
	BlkRk Hlth Scnc Oppr Inv A	Mutual Fund	*	14,998
	DavisNY Venture Fd Class A	Mutual Fund	*	296,181
	Davis Real Estate Fd A	Mutual Fund	*	1,825
	Delaware Emerging Markts A	Mutual Fund	*	4,171
	Drey Premier New Leaders A	Mutual Fund	*	102,720
	Drey Appreciation Fund	Mutual Fund	*	13,830
	Ev SmCap Gr A	Mutual Fund	*	4,732
	Fid Adv Leveraged Co Stk A	Mutual Fund	*	8,399
	Fid Adv Md Cap II	Mutual Fund	*	4,706
	Franklin BalSheet Inv Fd A	Mutual Fund	*	268,607
	Frank MSF MutShrsFnd Cls A	Mutual Fund	*	175,632
	Harbor Intl Inst	Mutual Fund	*	323,127
	Harbor High Yield Bond Inv	Mutual Fund	*	18,339
	Ivy Asset Strategy Fd Cl Y	Mutual Fund	*	6,924
	Ivy High Income Fund Cls Y	Mutual Fund	*	22,982
	Ivy Small Cap Value Fund Y	Mutual Fund	*	5,045
	Jennison Utility Fund Cl A	Mutual Fund	*	2,800
	Jensn Nat Resources Fd A	Mutual Fund	*	4,639
	Jensn Port J	Mutual Fund	*	12,268
	Jns Overseas S	Mutual Fund	*	7,822
	Lazard Emrg Mkts Port OS	Mutual Fund	*	4,244
	Loomis Sayles Bnd Fd Admin	Mutual Fund	*	5,693
	LrdAbt All Val A	Mutual Fund	*	8,332
	MFS Cor Gr A	Mutual Fund	*	69,859
	NW Inv Dest Aggr SC	Mutual Fund	*	59,526
	NW Inv Dest Mod Aggr SC	Mutual Fund	*	59,385
	NW Inv Dest Mod Cnsrv SC	Mutual Fund	*	116,728
	NW Inv Dest Mod SC	Mutual Fund	*	108,480
	NW Inv Dest Snsrv SC	Mutual Fund	*	124,532
	NW Mny Mkt Inst	Mutual Fund	*	927,566
	NW S&P 500 Indx Sc	Mutual Fund	*	213,428
	Oakmark Equity & Inc Fd II	Mutual Fund	*	5,203
	Oakmark Global Fund II	Mutual Fund	*	92,783
	Opp Cap App Fnd Cls A	Mutual Fund	*	213,643
	Oppnhmr Devl Markets Fd A	Mutual Fund	*	4,747
	Opp Gold & SP Mineral Fd A	Mutual Fund	*	38,310
	PIMCO TtlRetrn Fnd Cls A	Mutual Fund	*	1,337,614
	PIMCO Total Return Fnd Inst	Mutual Fund	*	42,937

(continued on page 9)

SERFILCO, LTD. 401(k) PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (continued)

DECEMBER 31, 2009

EIN: 36-2470050
Plan Number: 002

(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
	Principal Inv Hi Yld A	Mutual Fund	*	24,860
	Principal Inv Prfrd Sec A	Mutual Fund	*	10,586
	Royce 100 K	Mutual Fund	*	5,407
	Rydex Ser Energy Fd AC	Mutual Fund	*	5,387
	Selected Amrican Shs Inc S	Mutual Fund	*	112,637
	Tchstn MdCap Gr A	Mutual Fund	*	5,286
	Thornburg Core Growth Fd A	Mutual Fund	*	9,687
	Thornburg Intl Value FD I	Mutual Fund	*	150,735
	Thornburg Value Fund Cls I	Mutual Fund	*	423,495
	Van Eck Glbl Hard Assets A	Mutual Fund	*	4,533
	Vanguard PRIMECAP Cor Inv	Mutual Fund	*	8,911
	Vanguard Sel Val	Mutual Fund	*	81,085
	Vanguard SMCap Val Indx IS	Mutual Fund	*	71,029
	Vanguard ST Bond Idx Fd IS	Mutual Fund	*	15,564
	Vanguard ST UsTrs IS	Mutual Fund	*	7,724
	VanKamp Real Est Sec Fd A	Mutual Fund	*	2,110
	WFAdvtg C&B MdCap Val Inv	Mutual Fund	*	3,500
	Ycktmn Focsd	Mutual Fund	*	12,292
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