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
RICHARDS BUILDING SUPPLY COMPANY PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/1979

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

7030 W. 63RD STREET
CHICAGO, IL 60638

2b Employer Identification Number (EIN)
36-2958463

2c Sponsor's telephone number
773-586-7777

2d Business code (see instructions)
423300

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	KAREN DIGNAN
	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")
RICHARDS BUILDING SUPPLY COMPANY

7030 W. 63RD STREET
CHICAGO, IL 60638

3b Administrator's EIN
36-2958463

3c Administrator's telephone number
773-586-7777

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**	251
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**	211
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	49
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	260
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	260
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	251
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**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
RICHARDS BUILDING SUPPLY COMPANY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RICHARDS BUILDING SUPPLY COMPANY

D Employer Identification Number (EIN)
36-2958463

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)

FIRST MIDWEST BANK

2801 WEST JEFFERSON
JOLIET, IL 60435

36-6064763

(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		23316	Yes [ ] No [X]	Yes [ ] No [ ]	0	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 ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
RICHARDS BUILDING SUPPLY COMPANY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RICHARDS BUILDING SUPPLY COMPANY

D Employer Identification Number (EIN)
36-2958463

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)	185716	
(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)	1227787	1560686
(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)		54624
(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)	4729207	6339425
(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	6142710	7954735
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	10384	14436
k	Total liabilities (add all amounts in lines 1g through1j)	1k	10384	14436
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6132326	7940299

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)	298182	
	(B) Participants	2a(1)(B)	455585	
	(C) Others (including rollovers)	2a(1)(C)	45150	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		798917
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2196	
	(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)		2196
	(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)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1051
(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)		1179977
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1982141
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	150292	
(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)		150292
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)	23876	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		23876
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		174168
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1807973
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: DESMOND & AHERN, LTD. (2) EIN: 36-3321958

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		1000000
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			
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
RICHARDS BUILDING SUPPLY COMPANY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RICHARDS BUILDING SUPPLY COMPANY

D Employer Identification Number (EIN)
36-2958463

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): 36-6064763

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):

RICHARDS BUILDING SUPPLY COMPANY
PROFIT SHARING PLAN

Financial Statements

For the Plan Years Ended
December 31, 2009 and 2008

Richards Building Supply Company
PROFIT SHARING PLAN

Financial Statements

For the Plan Years Ended
December 31, 2009 and 2008

Table of Contents

Independent Auditor's Report 1

Statement of Net Assets Available for Benefits 2

Statement of Changes in Net Assets Available for Benefits 3

Notes to Financial Statements ..... 4 - 9

Supplementary Information

Schedule of Assets Held for Investment Purposes 10

D&A
Desmond &Ahern, Ltd.
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

Independent Auditor's Report

To the Trustees and Management
Richards Building Supply Company Profit Sharing Plan
Chicago, IL

We were engaged to audit the financial statements of Richards Building Supply Company Profit Sharing Plan as of December 31, 2009 and 2008 and the twelve-month period ending December 31, 2009. These financial statements and schedules 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 4, which was certified by First Midwest Bank, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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 periods 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with generally accepted auditing standards 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.

Desmond & Ahern, Ltd

October 11, 2010
Chicago, IL

RICHARDS BUILDING SUPPLY COMPANY
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	2009	2008
Assets		
Investments at Fair Value		
Participant-Directed Investments		
Cash and cash equivalents	$ 1,560,686	$ 1,227,787
Mutual funds	6,339,425	4,729,207
Collective trust funds	54,624	-
	7,954,735	5,956,994
Accounts Receivable		
Employer matching contributions	-	6,246
Employer profit sharing contributions	-	179,470
Total Assets	7,954,735	6,142,710
Liabilities		
Accounts Payable		
Return of excess deferrals	14,436	10,384
Total Liabilities	14,436	10,384
Net Assets Available for Benefits	$ 7,940,299	$ 6,132,326

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

RICHARDS BUILDING SUPPLY COMPANY
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009

Additions	
Additions to net assets attributed to	
Net appreciation in fair value of investments	$ 1,053,222
Interest and dividends	130,002
Employee contributions	455,585
Employer matching contributions	298,182
Rollover contributions	45,150
Total Additions	1,982,141
Deductions	
Deductions from net assets attributed to	
Benefits paid to participants	150,292
Fees and charges	23,876
Total Deductions	174,168
Net Increase	1,807,973
Net Assets, Beginning of Year	6,132,326
Net Assets, End of Year	$ 7,940,299

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

RICHARDS BUILDING SUPPLY COMPANY PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009

Note 1 - Description of Plan

The following description of the Richards Building Supply Company (the "Company") Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of the Company who have one year of service, except certain members of a collective bargaining agreement, non-resident aliens, and certain employees acquired as part of a merger. Entry dates to the plan are quarterly, January 1, April 1, July 1, and October 1. Participants age twenty-one and older are eligible for company contributions, including matching and profit sharing, after the first entry date following one year of employment of at least 1,000 hours. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute, subject to limitations, pretax and after-tax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company may make discretionary matching contributions and the Company may contribute a discretionary profit sharing contribution or a qualified non-elective contribution as needed.

For the year ended December 31, 2009, the employer matching contribution was equal to 100% of the employee's elective contribution up to 3% of eligible wages and 50% of the employee's elective contribution between 3% and 7% of eligible wages. For the year ended December 31, 2009, the employer did not authorize a discretionary contribution. Company contributions are subject to certain limitations. Participants direct the investments of the contributions into various investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's Contribution and, (b) Plan earnings, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions and company qualified non-elective contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 % vested after six years of credited service.

Note 1 - Description of Plan (cont.)

Payment of Benefits

Upon termination of service, including termination due to death, disability, or retirement, participants may elect to receive a distribution amount equal to the vested interest in his or her account. Several payment options are available, including lump sum or installment payments, as defined in the Plan document.

Forfeited Accounts

At December 31, 2009, the Plan held forfeited non-vested accounts totaling $25,115. These amounts may be used to reduce future employer matching contributions, pay for certain plan expenses, or allocated to participants in the same manner as employer contributions, as defined in the Plan agreement.

Plan Expenses

Significant expenses incurred in the administration of the Plan are paid for by the Plan. Plan expenses are paid from available forfeited balances. The expenses include, but are not limited to, certain participant account administration fees, Internal Revenue Service annual filing and The Department of Labor annual audit and reporting requirement. Plan expenses recorded for the year ended December 31, 2009 amounted to $23,826.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

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 and Income Recognition

Assets held in mutual funds are valued daily at their respective market price.

Assets held in pooled separate accounts are valued using unit values to perform daily account valuations. These unit values are based upon the reported daily net asset values, including dividends and capital gains declared, of the underlying funds less the daily asset management charges, as defined in the custodial agreement.

Note 2 - Summary of Significant Accounting Policies (cont.)

Net appreciation or depreciation of investments is reported in the statement of changes in net assets available for benefits and consists of realized gains or losses, including the allocation of the daily asset management charges, and the unrealized appreciation or depreciation of these investments, as applicable.

Payment of Benefits
Benefits are recorded when paid.

Note 3 - Investments

The following presents investments that represent 5% or more of the Plan's net assets:

	2009	2008
Participant-Directed Investments, at fair value		
Schwab Investor Money Fund	$ 1,526,612	$ 1,227,787
EuroPacific Growth Fund R5	862,921	677,198
T Rowe Price Retirement Income FD	255,875	346,593
T Rowe Price Retirement 2010 FD	438,043	370,366
T Rowe Price Retirement 2030 FD	432,716	225,966
Vanguard Morgan Growth FD Inc	1,039,978	826,666
Vanguard Total Bd Market Index Fd	1,469,728	1,005,098

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

Cash and cash equivalents	$ 2,196
Mutual funds	1,179,977
Collective investment trust	1,051
	$ 1,183,224

Note 4 - Information Prepared and Certified by Trustees

The December 31, 2009 and 2008 Statement of Net Assets Available for Benefits, the investment activities included on the Statement of Changes In Net Assets Available for Benefits for the twelve months ended December 31, 2009, the accompanying Notes to the Financial Statements, and the Supplemental Disclosures were prepared in part or entirely from information certified by the trustee, Hartford Life Insurance Company in accordance with 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 information certified includes total investments of $7,954,735 and $5,956,994 at December 31, 2009 and 2008 respectively, and related income of $1,183,224 for the twelve months ended December 31, 2009.

Note 5 - Fair Value Measurements

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

		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2009				
Cash and cash equivalents	$ 1,560,686	$ -	$ 1,560,686	$ -
Mutual funds	6,339,425	6,339,425	-	-
Collective investment trust	54,624	-	-	54,624
Total	$ 7,954,735	$ 6,339,425	$ 1,560,686	$ 54,624
December 31, 2008				
Cash and cash equivalents	$ 1,227,787	$ -	$ 1,227,787	$ -
Mutual funds	4,729,207	4,729,207	-	-
Total	$ 5,956,994	$ 4,729,207	$ 1,227,787	$ -

Note 5 - Fair Value Measurements (cont.)

Financial Accounting Standards Board (FASB) Accounting Standards Codification 820-10, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted market in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Level 1 Fair Value Measurements
The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The mutual funds consist of investments whose fair values are based on the published market values.

Level 2 Fair Value Measurements
The fair value of bank deposits is based on the cash balances on deposit with financial institutions.

Level 3 Fair Value Measurements
The collective investment trust funds consist of investments whose fair values are based on the values of the underlying assets within the fund. These assets include wrap contacts, which utilize insurance-like provisions, are typically underwritten by large insurance companies. The fair values of these funds may be determined by the wrap providers. The following provides further details of the level 3 fair value measurements:

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Collective Investment Trust
December 31, 2009	
Beginning balance	$ -
Total gains or losses (realized and unrealized) included in changes in net assets available for benefit	1,051
Purchases, sales, issuances, and settlements (net)	53,573
Ending Balance	$ 54,624

Note 5 - Fair Value Measurements (cont.)

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

Note 6 - Plan Termination

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

Note 7 - Tax Status

The Internal Revenue Service has determined (February, 2004) that the Plan qualifies under Section 401(a) of the Internal Revenue Code (IRC) and is, therefore not subject to tax under present income tax law. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan sponsor and Trustees of the Plan are not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

Note 8 - 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 that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 9 - Return of Excess Contributions

Contributions from participants for 2009 are net refunds of excess deferrals of $14,436 made in 2010 to certain highly compensated participants to satisfy the relevant nondiscrimination provisions of the Plan. This amount is also included in the Plan's Statement of Net Assets Available for Benefits as a payable for the return of excess contributions at December 31, 2009.

Note 10 - Subsequent Events

For the year ended December 31, 2009, the Plan's management has evaluated subsequent events through October 11, 2010, which is the date the financial statements were available to be issued. No subsequent events have been identified that are required to be disclosed at that date.

SUPPLEMENTARY INFORMATION

RICHARDS BUILDING SUPPLY COMPANY
EIN: 36-2958463 Plan Number: 001
SCHEDULE H, LINE 4 I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

Parties-in Interest (a)	Identity of Issue, Borrower, Lessor, or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value (c)	Cost (d)	Current Value (e)
	Schwab Investor Money Fund	Cash and cash equivalent		$ 1,526,612
	Schwab cash deposit (unallocated cash)	Cash and cash equivalent		34,074
	Columbia Acorn Fd Cl Z	Mutual fund		237,605
	EuroPacific Growth Fund R5	Mutual fund		862,921
	Fidelity Mid Cap Val	Mutual fund		261,256
	MFS Value Fund CL A	Mutual fund		311,840
	Northern Small Cap Value Fund	Mutual fund		119,707
	T Rowe Price Retirement Income FD	Mutual fund		255,875
	T Rowe Price Retirement 2010 FD	Mutual fund		438,043
	T Rowe Price Retirement 2020 FD	Mutual fund		308,494
	T Rowe Price Retirement 2030 FD	Mutual fund		432,716
	T Rowe Price Retirement 2040 FD	Mutual fund		78,951
	T Rowe Price Retirement 2050 FD	Mutual fund		24,735
	Vanguard Mid Cap Index Fd	Mutual fund		37,728
	Vanguard Morgan Growth FD Inc	Mutual fund		1,039,978
	Vanguard Short Term Investment Gr	Mutual fund		77,190
	Vanguard Small Cap Growth Index Fd	Mutual fund		121,143
	Vanguard Small-Cap Index Fund	Mutual fund		166,103
	Vanguard Total Bd Market Index Fd	Mutual fund		1,469,728
	Vanguard 500 Indez fd Investors	Mutual fund		95,412
	Schwab Stable Value Fund Inst Cl	Collective investment fund		54,624

Note: Column (a) is blank as there are no parties-in-interest
Column (d) is blank as all investments are participant directed

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(a), 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 the 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
Richards Building Supply Company Profit Sharing Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/1979

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

7030 W. 63rd Street

US Chicago IL 60638

2b Employer Identification Number (EIN) 36-2958463

2c Sponsor's telephone number (773) 586-7777

2d Business code (see instructions) 423300

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	John F DeRoche	10-14-10	JOHN F. DeRoche
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	John F DeRoche as President	10-14-10	JOHN F. DeRoche as President
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") Same	**3b** Administrator's EIN	
	3c Administrator's telephone number	

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: **a** Sponsor's name	**4b** EIN	
	4c PN	

5 Total number of participants at the beginning of the plan year	**5**	251
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**	211
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	49
d Subtotal. Add lines **6a, 6b** and **6c**	**6d**	260
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	260
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	251
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer complete this item)	**7**	

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

2E 2F 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) [ ] Insurance	(1) [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [ ] General assets of the sponsor	(4) [ ] General assets of the sponsor

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

a Pension Schedules	**b** General Schedules
(1) [X] **R** (Retirement Plan Information)	(1) [X] **H** (Financial Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ] **I** (Financial Information - Small Plan)
	(3) [ ] ___ **A** (Insurance Information)
	(4) [X] **C** (Service Provider Information)
(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) [ ] **D** (DFE/Participating Plan Information)
	(6) [ ] **G** (Financial Transaction Information)

RICHARDS BUILDING SUPPLY COMPANY
PROFIT SHARING PLAN

Financial Statements

For the Plan Years Ended
December 31, 2009 and 2008

Richards Building Supply Company
PROFIT SHARING PLAN

Financial Statements

For the Plan Years Ended
December 31, 2009 and 2008

Table of Contents

Independent Auditor's Report 1

Statement of Net Assets Available for Benefits 2

Statement of Changes in Net Assets Available for Benefits 3

Notes to Financial Statements ..... 4 - 9

Supplementary Information

Schedule of Assets Held for Investment Purposes 10

D&A
Desmond &Ahern, Ltd.
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

Independent Auditor's Report

To the Trustees and Management
Richards Building Supply Company Profit Sharing Plan
Chicago, IL

We were engaged to audit the financial statements of Richards Building Supply Company Profit Sharing Plan as of December 31, 2009 and 2008 and the twelve-month period ending December 31, 2009. These financial statements and schedules 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 4, which was certified by First Midwest Bank, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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 periods 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with generally accepted auditing standards 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.

Desmond & Ahern, Ltd

October 11, 2010
Chicago, IL

RICHARDS BUILDING SUPPLY COMPANY
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	2009	2008
Assets		
Investments at Fair Value		
Participant-Directed Investments		
Cash and cash equivalents	$ 1,560,686	$ 1,227,787
Mutual funds	6,339,425	4,729,207
Collective trust funds	54,624	-
	7,954,735	5,956,994
Accounts Receivable		
Employer matching contributions	-	6,246
Employer profit sharing contributions	-	179,470
Total Assets	7,954,735	6,142,710
Liabilities		
Accounts Payable		
Return of excess deferrals	14,436	10,384
Total Liabilities	14,436	10,384
Net Assets Available for Benefits	$ 7,940,299	$ 6,132,326

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

RICHARDS BUILDING SUPPLY COMPANY
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009

Additions	
Additions to net assets attributed to	
Net appreciation in fair value of investments	$ 1,053,222
Interest and dividends	130,002
Employee contributions	455,585
Employer matching contributions	298,182
Rollover contributions	45,150
Total Additions	1,982,141
Deductions	
Deductions from net assets attributed to	
Benefits paid to participants	150,292
Fees and charges	23,876
Total Deductions	174,168
Net Increase	1,807,973
Net Assets, Beginning of Year	6,132,326
Net Assets, End of Year	$ 7,940,299

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

RICHARDS BUILDING SUPPLY COMPANY PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009

Note 1 - Description of Plan

The following description of the Richards Building Supply Company (the "Company") Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of the Company who have one year of service, except certain members of a collective bargaining agreement, non-resident aliens, and certain employees acquired as part of a merger. Entry dates to the plan are quarterly, January 1, April 1, July 1, and October 1. Participants age twenty-one and older are eligible for company contributions, including matching and profit sharing, after the first entry date following one year of employment of at least 1,000 hours. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute, subject to limitations, pretax and after-tax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company may make discretionary matching contributions and the Company may contribute a discretionary profit sharing contribution or a qualified non-elective contribution as needed.

For the year ended December 31, 2009, the employer matching contribution was equal to 100% of the employee's elective contribution up to 3% of eligible wages and 50% of the employee's elective contribution between 3% and 7% of eligible wages. For the year ended December 31, 2009, the employer did not authorize a discretionary contribution. Company contributions are subject to certain limitations. Participants direct the investments of the contributions into various investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's Contribution and, (b) Plan earnings, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions and company qualified non-elective contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 % vested after six years of credited service.

Note 1 - Description of Plan (cont.)

Payment of Benefits

Upon termination of service, including termination due to death, disability, or retirement, participants may elect to receive a distribution amount equal to the vested interest in his or her account. Several payment options are available, including lump sum or installment payments, as defined in the Plan document.

Forfeited Accounts

At December 31, 2009, the Plan held forfeited non-vested accounts totaling $25,115. These amounts may be used to reduce future employer matching contributions, pay for certain plan expenses, or allocated to participants in the same manner as employer contributions, as defined in the Plan agreement.

Plan Expenses

Significant expenses incurred in the administration of the Plan are paid for by the Plan. Plan expenses are paid from available forfeited balances. The expenses include, but are not limited to, certain participant account administration fees, Internal Revenue Service annual filing and The Department of Labor annual audit and reporting requirement. Plan expenses recorded for the year ended December 31, 2009 amounted to $23,826.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

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 and Income Recognition

Assets held in mutual funds are valued daily at their respective market price.

Assets held in pooled separate accounts are valued using unit values to perform daily account valuations. These unit values are based upon the reported daily net asset values, including dividends and capital gains declared, of the underlying funds less the daily asset management charges, as defined in the custodial agreement.

Note 2 - Summary of Significant Accounting Policies (cont.)

Net appreciation or depreciation of investments is reported in the statement of changes in net assets available for benefits and consists of realized gains or losses, including the allocation of the daily asset management charges, and the unrealized appreciation or depreciation of these investments, as applicable.

Payment of Benefits
Benefits are recorded when paid.

Note 3 - Investments

The following presents investments that represent 5% or more of the Plan's net assets:

	2009	2008
Participant-Directed Investments, at fair value		
Schwab Investor Money Fund	$ 1,526,612	$ 1,227,787
EuroPacific Growth Fund R5	862,921	677,198
T Rowe Price Retirement Income FD	255,875	346,593
T Rowe Price Retirement 2010 FD	438,043	370,366
T Rowe Price Retirement 2030 FD	432,716	225,966
Vanguard Morgan Growth FD Inc	1,039,978	826,666
Vanguard Total Bd Market Index Fd	1,469,728	1,005,098

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

Cash and cash equivalents	$ 2,196
Mutual funds	1,179,977
Collective investment trust	1,051
	$ 1,183,224

Note 4 - Information Prepared and Certified by Trustees

The December 31, 2009 and 2008 Statement of Net Assets Available for Benefits, the investment activities included on the Statement of Changes In Net Assets Available for Benefits for the twelve months ended December 31, 2009, the accompanying Notes to the Financial Statements, and the Supplemental Disclosures were prepared in part or entirely from information certified by the trustee, Hartford Life Insurance Company in accordance with 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 information certified includes total investments of $7,954,735 and $5,956,994 at December 31, 2009 and 2008 respectively, and related income of $1,183,224 for the twelve months ended December 31, 2009.

Note 5 - Fair Value Measurements

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

		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2009				
Cash and cash equivalents	$ 1,560,686	$ -	$ 1,560,686	$ -
Mutual funds	6,339,425	6,339,425	-	-
Collective investment trust	54,624	-	-	54,624
Total	$ 7,954,735	$ 6,339,425	$ 1,560,686	$ 54,624
December 31, 2008				
Cash and cash equivalents	$ 1,227,787	$ -	$ 1,227,787	$ -
Mutual funds	4,729,207	4,729,207	-	-
Total	$ 5,956,994	$ 4,729,207	$ 1,227,787	$ -

Note 5 - Fair Value Measurements (cont.)

Financial Accounting Standards Board (FASB) Accounting Standards Codification 820-10, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted market in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Level 1 Fair Value Measurements
The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The mutual funds consist of investments whose fair values are based on the published market values.

Level 2 Fair Value Measurements
The fair value of bank deposits is based on the cash balances on deposit with financial institutions.

Level 3 Fair Value Measurements
The collective investment trust funds consist of investments whose fair values are based on the values of the underlying assets within the fund. These assets include wrap contacts, which utilize insurance-like provisions, are typically underwritten by large insurance companies. The fair values of these funds may be determined by the wrap providers. The following provides further details of the level 3 fair value measurements:

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Collective Investment Trust
December 31, 2009	
Beginning balance	$ -
Total gains or losses (realized and unrealized) included in changes in net assets available for benefit	1,051
Purchases, sales, issuances, and settlements (net)	53,573
Ending Balance	$ 54,624

Note 5 - Fair Value Measurements (cont.)

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

Note 6 - Plan Termination

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

Note 7 - Tax Status

The Internal Revenue Service has determined (February, 2004) that the Plan qualifies under Section 401(a) of the Internal Revenue Code (IRC) and is, therefore not subject to tax under present income tax law. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan sponsor and Trustees of the Plan are not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

Note 8 - 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 that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 9 - Return of Excess Contributions

Contributions from participants for 2009 are net refunds of excess deferrals of $14,436 made in 2010 to certain highly compensated participants to satisfy the relevant nondiscrimination provisions of the Plan. This amount is also included in the Plan's Statement of Net Assets Available for Benefits as a payable for the return of excess contributions at December 31, 2009.

Note 10 - Subsequent Events

For the year ended December 31, 2009, the Plan's management has evaluated subsequent events through October 11, 2010, which is the date the financial statements were available to be issued. No subsequent events have been identified that are required to be disclosed at that date.

SUPPLEMENTARY INFORMATION

RICHARDS BUILDING SUPPLY COMPANY
EIN: 36-2958463 Plan Number: 001
SCHEDULE H, LINE 4 I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

Parties-in Interest (a)	Identity of Issue, Borrower, Lessor, or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value (c)	Cost (d)	Current Value (e)
	Schwab Investor Money Fund	Cash and cash equivalent		$ 1,526,612
	Schwab cash deposit (unallocated cash)	Cash and cash equivalent		34,074
	Columbia Acorn Fd Cl Z	Mutual fund		237,605
	EuroPacific Growth Fund R5	Mutual fund		862,921
	Fidelity Mid Cap Val	Mutual fund		261,256
	MFS Value Fund CL A	Mutual fund		311,840
	Northern Small Cap Value Fund	Mutual fund		119,707
	T Rowe Price Retirement Income FD	Mutual fund		255,875
	T Rowe Price Retirement 2010 FD	Mutual fund		438,043
	T Rowe Price Retirement 2020 FD	Mutual fund		308,494
	T Rowe Price Retirement 2030 FD	Mutual fund		432,716
	T Rowe Price Retirement 2040 FD	Mutual fund		78,951
	T Rowe Price Retirement 2050 FD	Mutual fund		24,735
	Vanguard Mid Cap Index Fd	Mutual fund		37,728
	Vanguard Morgan Growth FD Inc	Mutual fund		1,039,978
	Vanguard Short Term Investment Gr	Mutual fund		77,190
	Vanguard Small Cap Growth Index Fd	Mutual fund		121,143
	Vanguard Small-Cap Index Fund	Mutual fund		166,103
	Vanguard Total Bd Market Index Fd	Mutual fund		1,469,728
	Vanguard 500 Indez fd Investors	Mutual fund		95,412
	Schwab Stable Value Fund Inst Cl	Collective investment fund		54,624

Note: Column (a) is blank as there are no parties-in-interest
Column (d) is blank as all investments are participant directed