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. . . . . ▶ [X]

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
PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1960

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

2011 NORTH SOUTHPORT AVENUE
CHICAGO, IL 60614

2b Employer Identification Number (EIN)
36-2815417

2c Sponsor's telephone number
773-975-2562

2d Business code (see instructions)
332110

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	STEVEN DENTEN
	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")

A. FINKL & SONS CO.

2011 NORTH SOUTHPORT AVENUE
CHICAGO, IL 60614

3b Administrator's EIN: 36-2815417

3c Administrator's telephone number: 773-975-2562

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**	502
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**	207
b	Retired or separated participants receiving benefits	**6b**	125
c	Other retired or separated participants entitled to future benefits	**6c**	129
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	461
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	42
f	Total. Add lines **6d** and **6e**	**6f**	503
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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:

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
A. FINKL & SONS CO.

D Employer Identification Number (EIN)
36-2815417

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE GREAT WEST LIFE ASSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0467907	7692	16779GP	503	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	267967
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	25980		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	25980
d	Total of balance and additions (add **b** and **c(6)**)			7d	293947
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	493		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	68474		
	▶ TRUSTEES				
	(5) Total deductions			7e(5)	68967
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	224980

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

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

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

A Name of plan
PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
A. FINKL & SONS CO.

D Employer Identification Number (EIN)
36-2815417

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2009			
2	Assets:			
a	Market value	**2a**		9124891
b	Actuarial value	**2b**		10037380
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	163	4349362
b	For terminated vested participants	**3b**	120	1085212
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		553126
	(2) Vested benefits	**3c(2)**		5400611
	(3) Total active	**3c(3)**	220	5953737
d	Total	**3d**	503	11388311
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		8.21 %
6	Target normal cost	**6**		174056

Statement by Enrolled Actuary

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

SIGN HERE

	10/12/2010
Signature of actuary	Date
KRISTINE COOGAN	08-07417
Type or print name of actuary	Most recent enrollment number
AON CONSULTING	312-381-4904
Firm name	Telephone number (including area code)
200 EAST RANDOLPH STREET, SUITE 900 CHICAGO, IL 60601-6436	
Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of -16.47 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		103196
	b Interest on (a) using prior year's effective rate of 6.13 %		6326
	c Total available at beginning of current plan year to add to prefunding balance		109522
	d Portion of (c) to be added to prefunding balance		109522
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	109522

Part III Funding percentages

14	Funding target attainment percentage	14	87.17 %
15	Adjusted funding target attainment percentage	15	87.18 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/27/2009	242636				
04/15/2009	188736				
07/15/2009	188736				
10/15/2009	188736				
01/14/2010	188736				
			Totals ► 18(b)	997580	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	958070

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code) **21b** 2

22 Weighted average retirement age **22** 65

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

Part VI Miscellaneous items

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

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

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

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 174056

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1460453	309057
b Waiver amortization installment	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) **34** 483113

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 483113

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 958070

38 Interest-adjusted excess contributions for current year (see instructions) **38** 474957

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0

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
PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
A. FINKL & SONS CO.

D Employer Identification Number (EIN)
36-2815417

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

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

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

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

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

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

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

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

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

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

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

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

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)

NORTHERN TRUST CO.

36-1561860

(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?
21 26	NONE	54253	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREAT WEST LIFE & ANNUITY INSURANCE

84-0467907

(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?
21	NONE	501	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
A. FINKL & SONS CO.

D Employer Identification Number (EIN)
36-2815417

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT-TERM INVSTMNT FUND

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-068	C	607283

a Name of MTIA, CCT, PSA, or 103-12 IE: COLTV DAILY AGGREGATE BD FD LENDING

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-029	C	1891359

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
A. FINKL & SONS CO.

D Employer Identification Number (EIN)
36-2815417

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)	338989	188736
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	42308	54552
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	585156	0
(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)	7929059	2498642
(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)	0	8222107
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	273738	224980
(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	9169250	11189017
	Liabilities			
g	Benefit claims payable	1g		4325
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		2027
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	6352
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	9169250	11182665

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)	997580	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		997580
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)		
	(F) Other	2b(1)(F)	25980	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		25980
	(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)	183023	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		183023
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	74739	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	74739	
	(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)		165358
(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)		1306519
c Other income	2c		35106
d Total income. Add all **income** amounts in column (b) and enter total	2d		2713566
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	645397	
(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)		645397
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)	54253	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	501	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		54754
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		700151
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2013415
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: BLACKMAN KALLICK LLP (2) EIN: 36-3468829

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			
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
PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
A. FINKL & SONS CO.

D Employer Identification Number (EIN)
36-2815417

Part I Distributions

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

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

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

EIN(s): 36-1561860

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** 0

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):

Pension Plan of A. Finkl & Sons Co. for Eligible Office Employees

Financial Statements as of and for the Years Ended December 31, 2009 and 2008 and Supplemental Schedules as of and for the Year Ended December 31, 2009 and Independent Auditor's Report



Blackman Kallick, LLP
10 South Riverside Plaza
9th Floor
Chicago, IL 60606

PENSION PLAN OF A. FINKL & SONS CO.
FOR ELIGIBLE OFFICE EMPLOYEES

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of December 31, 2009 and 2008	2
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2009 and 2008	3
Notes to Financial Statements	4-13
SUPPLEMENTAL SCHEDULES:	
Form 5500, Schedule H, Part IV, Line 4i— Schedule of Assets (Held at End of Year) as of December 31, 2009	14
Form 5500, Schedule H, Part IV, Line 4i— Schedule of Investment Assets (Acquired and Disposed of Within Year) for the Year Ended December 31, 2009	15
Form 5500, Schedule H, Part IV, Line 4j— Schedule of Reportable Transactions for the Year Ended December 31, 2009	16

Blackman Kallick

Blackman Kallick, LLP
10 South Riverside Plaza, 9th Floor
Chicago, IL 60606

Phone 312-207-1040

Independent Auditor's Report

To the Trustees of and Participants
Pension Plan of A. Finkl & Sons Co. for
Eligible Office Employees

We were engaged to audit the financial statements of the **Pension Plan of A. Finkl & Sons Co. for Eligible Office Employees** as of December 31, 2009 and 2008, and for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and supplemental 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 10, which was certified by The Northern Trust Company, the trustee of the plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the plan's assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2009 and 2008, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Blackman Kallick, LLP

October 12, 2010

PENSION PLAN OF A. FINKL & SONS CO.
FOR ELIGIBLE OFFICE EMPLOYEES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS:		
Investments, at fair value:		
The Northern Trust Company		
NTGI Collective Government Short Term Investment Fund	$ 13,235,168	$ 13,608,916
Great-West Life Assurance Co., Group Annuity Contract	105,873	128,818
Total investments	13,341,041	13,737,734
Receivables:		
Employer contributions	133,476	151,117
Other	3,238	10,878
Total receivables	136,714	161,995
Total assets	13,477,755	13,899,729
LIABILITIES		
Due to related pension plan	16,998	12,749
Other	42,803	-
Total liabilities	59,801	12,749
NET ASSETS AVAILABLE FOR BENEFITS	$ 13,417,954	$ 13,886,980

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

PENSION PLAN OF A. FINKL & SONS CO.
FOR ELIGIBLE OFFICE EMPLOYEES

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
ADDITIONS		
Investment Income		
Net depreciation in fair value of investments	$ -	$ (517,849)
Interest and dividends	18,947	260,093
CONTRIBUTIONS - Employer	533,904	1,221,207
Total Additions	552,851	963,451
DEDUCTIONS		
Benefits paid directly to participants	952,777	917,832
Administrative expenses	69,100	70,801
Total Deductions	1,021,877	988,633
TRANSFER OF ASSETS TO RELATED PLAN	-	(15,070)
DECREASE IN NET ASSETS	(469,026)	(40,252)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	13,886,980	13,927,232
End of year	$ 13,417,954	$ 13,886,980

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

1. DESCRIPTION OF THE PLAN

The following description of the Pension Plan of A. Finkl & Sons Co. for Eligible Office Employees (the plan) is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General—The plan is a defined benefit pension plan. The plan was established to provide retirement income for eligible office employees of A. Finkl & Sons Co., A. Finkl & Sons Sales Co. (this entity was dissolved on December 31, 2008 and its operations were mergered into A. Finkl & Sons Co.), and Finkl Outdoor Services (collectively, the Company). The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The plan's investment assets are held in a trust account at The Northern Trust Company (the trustee). The plan's trust fund is administered under the terms of a trust agreement, as amended, between the Company and the trustee.

Eligibility—Office employees are eligible on their first day of work.

Pension Benefits—The normal retirement date is the first day of the month coinciding with or next following the later of the date on which the employee attains age 65 or which is the fifth anniversary of plan participation. Employee participants may elect early retirement on the first day of any month between the ages of 55 and 65 with 15 years of credited service, or at any age after completing at least 30 years of credited service. If a participant ends employment after completing at least five years of vesting service, a vested pension is computed in the same manner as the early retirement pension. Benefits are determined by a formula set forth in the plan based on the participant's years of credited service, average monthly earnings and estimated primary Social Security benefit. Participants may elect to receive their distributions, subject to certain plan provisions, in the form of a single life annuity, or 50% or 100% joint and survivor annuity. Plan participants shall take into account the years of credited service, if any, completed under the A. Finkl & Sons Co. Hourly Warehouse and Bargaining Unit Employees Pension Plan for purposes of the 30 years of credited service clause within the early retirement provisions.

Participants vest in their accrued benefits according to the following schedule:

Years of Service	Vested Percentage
Less than five	- %
Five or more	100

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

***Basis of Accounting*—**The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAPUSA).

***Use of Estimates*—**The preparation of financial statements in conformity with GAAPUSA requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits as of the date of the financial statements. Actual results could differ from those estimates. The plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the financial statements.

***Investment Valuation and Income Recognition*—**The plan's investments are stated at fair value as discussed further in Note 3.

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

In September 2009, the Financial Accounting Standards Board (FASB) issued new guidance regarding the use of net asset value per share provided by the investee as a practical expedient to estimate the fair value of alternative investments (such as hedge funds, private equity funds, common collective trusts and pooled separate accounts). The plan's adoption of this new guidance had no material effect on its net assets available for benefits, but did result in additional disclosures included in Note 3 of these financial statements.

In August 1985, the plan entered into a 30-year group annuity contract with The Great-West Life and Annuity Co. (Great-West), which will make monthly payments to the plan equal to the projected benefit payments for a certain group of retirees. Great-West maintains contributions in an insurance company general account. The account is credited with earnings on the underlying investments and charged with plan withdrawals and administrative expenses charged by Great-West. The contract is included in the financial statements at fair value, which is determined by Great-West. The average yield and crediting interest rate was approximately 11.2% in 2009 and 2008.

***Expenses*—**Trustee fees of the plan are paid by the plan, as provided in the plan document. All other administrative expenses are paid by the Company.

***Payment of Benefits*—**Benefit payments to participants are recorded upon distribution.

Subsequent Events—The Company has evaluated subsequent events through October 12, 2010, the date the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

GAAPUSA defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants in the principal market or, in the absence of a principal market, the most advantageous market accessible to the reporting entity as of the measurement date. Under GAAPUSA, the principal market is the market in which the reporting entity would sell the asset or transfer the liability with the greatest volume and level of activity. The most advantageous market, which may be a hypothetical market, is the market in which the reporting entity would sell the asset or transfer the liability with the price that maximizes the amount that would be received for the asset or minimizes the amount that would be paid to transfer the liability, considering transaction costs in the respective market.

GAAPUSA describes three approaches to measuring fair value: the market approach, the income approach and the cost approach. Each approach includes multiple valuation techniques. The standard does not prescribe which valuation technique should be used when measuring fair value, but does establish a fair value hierarchy that prioritizes the inputs used in applying the various techniques based on the degree to which such inputs are observable to market participants. Inputs broadly refer to the assumptions that market participants use to make pricing decisions, including assumptions about risk.

The plan's investments are classified in one of the following three categories based on the inputs used to determine their respective fair values.

- Level 1 - Quoted prices (unadjusted) for identical assets or liabilities in active markets as of the reporting date. Active markets are those in which transactions for the asset or liability occur in sufficient frequency and volume to provide pricing information on an ongoing basis.

- Level 2 - Observable market-based inputs or unobservable inputs that are corroborated by market data. These inputs may include quoted prices for similar assets or liabilities in active markets as well as quoted prices for identical or similar assets or liabilities in inactive markets.

- Level 3 - Unobservable inputs that cannot be corroborated by market data. These inputs reflect management's best estimate of fair value using its own assumptions about the assumptions a market participant would use in pricing the asset or liability.

When the inputs used to value an investment fall into more than one level, the investment is classified in its entirety based on the lowest level input that is significant to that investment's fair value measurement. Management's assessment of the significance of a particular input to the fair value measurement requires judgment and is dependent on factors specific to the investment. Valuation techniques used need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

3. FAIR VALUE MEASUREMENTS (CONTINUED)

As of December 31, 2009 and 2008, the following valuation methodologies have been used to value the plan's investments:

- Collective Investment Trust – This investment vehicle is valued using the net asset value (NAV) provided by the administrator of the trust. Such NAV is based on the value of the underlying assets and liabilities of the trust. The investment objective of the trust held by the plan is to preserve principal and provide a stable return over the life of the investment. There are no significant redemption restrictions pertaining to the common collective trust.

- Investment Contract – Valued by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer.

The methods described above may produce a fair value calculation that might not be indicative of net realizable value or reflective of future fair values. Furthermore, while the plan believes its valuation methods are appropriate and consistent with other market participants, the different methodologies or assumptions used to determine fair value of certain financial instruments could result in a different fair value measurement as of the reporting date.

The following tables summarize by level, within the fair value hierarchy, the plan's investments accounted for at fair value as of December 31, 2009 and 2008:

		Fair Value Measurement as of Reporting Date Using:		
Description	Total Fair Values as of December 31, 2009	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common Collective Trusts				
Stable Value	$ 13,235,168	$ -	$ 13,235,168	$ -
Group Annuity Contract	105,873	-	-	105,873
	$ 13,341,041	$ -	$ 13,235,168	$ 105,873

3. FAIR VALUE MEASUREMENTS (CONTINUED)

		Fair Value Measurement as of Reporting Date Using:		
Description	Total Fair Values as of December 31, 2008	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common Collective Trusts				
Stable Value	$ 13,608,916	$ -	$ 13,608,916	$ -
Group Annuity Contract	128,818	-	-	128,818
	$ 13,737,734	$ -	$ 13,608,916	$ 128,818

The following table summarizes the changes in investments measured at fair value using Level 3 inputs for the year ended December 31, 2009:

	Investment Contracts
Beginning balance	$ 128,818
Issuances and settlements, net	(22,945)
Ending balance	$ 105,873

4. FUNDING POLICY

Contributions to provide benefits under the plan are made solely by the Company. The Company's funding policy is to make cash contributions to the plan in amounts as determined by the plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2009 and 2008.

5. ACCUMULATED PLAN BENEFITS (CONTINUED)

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The actuarial present value of accumulated plan benefits as of January 1, 2009 and 2008 is as follows:

	2009	2008
Vested benefits:		
Participants and/or beneficiaries currently receiving benefits	$ 7,909,280	$ 8,856,170
Other participants	5,850,873	7,261,256
Total vested benefits	13,760,153	16,117,426
Nonvested benefits	486,616	618,286
Total actuarial present value of accumulated plan benefits	$ 14,246,769	$ 16,735,712

The changes in the actuarial present value of the plan's accumulated plan benefits for the year ended January 1, 2009 are as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2008	$ 16,735,712
Increase (decrease) during the year attributable to:	
Decrease due to change in assumptions	(2,001,909)
Benefits paid	(917,832)
Benefits accumulated and actuarial gain during plan year	(564,130)
Interest due to the decrease in the discount period	994,928
Actuarial present value of accumulated plan benefits as of January 1, 2009	$ 14,246,769

5. ACCUMULATED PLAN BENEFITS (CONTINUED)

The significant actuarial assumptions used in the January 1, 2009 and 2008 valuations were:

- Mortality: RP-2000 IRS PPA Non-Annuitant/Annuitant Morality Tables Projected for 2009 (2009 Only) and Mortality: RP-2000 IRS PPA Non-Annuitant/Annuitant Morality Tables Projected for 2008 (2008 Only)
- Retirement age: Average retirement age of 65
- Investment return: 7.5% per annum
- Discount rate: 7.5% in 2009 and a tiered rate which approximated 6.0% in 2008
- Employee turnover rates: based upon a standard turnover table for the steel industry

As presented in the table on page 9, the actuarial present value of accumulated plan benefits decreased by approximately $2 million due to a change in assumptions. The overall discount rate was increased to 7.5%. Further, management eliminated the use of tiered discount rate levels which resulted in a further increase to the discount rate being used for 2009. The foregoing actuarial assumptions are based on the presumption that the plan will continue. If the plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. See Note 9 for the Company's right to terminate the plan at any time.

Note 11 discusses the circumstances surrounding the freezing of the plan, which occurred on December 31, 2006.

6. INVESTMENTS (Unaudited)

The following table presents the values of investments:

	2009	2008
Common Collective Trust:		
NTGI Collective Government Short-Term Investment Fund	$ 13,235,168	$ 13,608,916
Insurance Company General Account:		
Great-West Life, Group Annuity Contract	105,873	128,818
Total Investments	$ 13,341,041	$ 13,737,734

6. INVESTMENTS (CONTINUED)

During 2009 and 2008, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value as follows:

	2009	2008
MFB Benchmark Funds—Diversified Growth	$ -	$ (595,190)
MFB Benchmark Funds—Bond Portfolio	-	13,116
MFB Benchmark Funds—Daily Aggregate	-	64,225
Net depreciation in fair value of investments	$ -	$ (517,849)

The plan's investments that represented 5% or more of net assets available for benefits as of December 31, 2009 and 2008 are as follows:

	2009		2008	
	# Units	Fair Value	# Units	Fair Value
NTGI Collective Government Short-Term Investment Fund	13,235,168	$ 13,235,168	13,608,916	$ 13,608,916

7. PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of a common collective trust managed by affiliates of The Northern Trust Company. The Northern Trust Company is the trustee as defined by the plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the plan for the investment management services were $69,100 and $70,801 for the years ended December 31, 2009 and 2008, respectively.

8. FEDERAL INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter, dated October 29, 2009, that the plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the plan's financial statements.

9. PLAN TERMINATION

As discussed further in note 11, the plan has been frozen but has not been terminated.

The Company has the right under the plan, in certain circumstances, to discontinue its contributions at any time and to terminate the plan subject to the provisions set forth in ERISA. In the event that the plan is terminated, the net assets of the plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations and provisions which are set forth in the plan document.

Certain benefits under the plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions.

However, the PBGC does not guarantee all types of benefits under the plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the plan are guaranteed at the level in effect on the date of the plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the plan be terminated at some future time will depend on the sufficiency, at that time, of the plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

10. INFORMATION CERTIFIED BY TRUSTEE

The following is a summary of the information regarding the plan as of and for the years ended December 31, 2009 and 2008, included in the plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by the trustee of the plan, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that such information is complete and accurate.

	2009	2008
Statements of Net Assets:		
Investments	$ 13,341,041	$ 13,737,734
Statements of Changes in Net Assets:		
Dividends and interest	18,947	260,093
Net appreciation (depreciation) in fair value of investments	-	(517,849)

10. INFORMATION CERTIFIED BY TRUSTEE (CONTINUED)

All information in:

- Form 5500, Schedule H, Part IV, Line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2009
- Form 5500, Schedule H, Part IV, Line 4i—Schedule of Investment Assets (Acquired and Disposed of Within Year) for the Year Ended December 31, 2009
- Form 5500, Schedule H, Part IV, Line 4j—Schedule of Reportable Transactions for the Year Ended December 31, 2009
- Note 6 to the financial statements

11. PLAN FREEZING

On November 15, 2006, the Board of Directors elected to freeze the plan effective December 31, 2006. The plan was amended to reflect that participants' compensation received or changes to compensation effective after December 31, 2006, which will not be taken into account in determining their pension benefit. Additionally, no employees hired by the plan sponsor after December 31, 2006 will be eligible to participate in the defined benefit plan.

Further, on February 23, 2007, the Board of Directors unanimously elected to terminate the plan effective February 28, 2007. However, the Board of Directors reversed this decision before termination of the plan started. The plan remains frozen but has not been terminated.

PENSION PLAN OF A. FINKL & SONS CO.
FOR ELIGIBLE OFFICE EMPLOYEES

FORM 5500, SCHEDULE H, PART IV, LINE 4i—
EIN 36-2815417, plan 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(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) Fair Value
Interest in Common/Collective Trusts:				
*	The Northern Trust Company	NTGI Collective Government Short-Term Investment Fund	$ 13,235,168	$ 13,235,168
Funds Held in Insurance Company General Accounts:				
*	Great-West Life Assurance Co.	Group annuity contract # 16779GP	105,873	105,873
Total investments			$ 13,341,041	$ 13,341,041

* Permitted party in interest.

See independent auditor's report regarding supplemental information.

PENSION PLAN OF A. FINKL & SONS CO.
FOR ELIGIBLE OFFICE EMPLOYEES

FORM 5500, SCHEDULE H, PART IV, LINE 4i—
EIN 36-2815417, plan 001
SCHEDULE OF INVESTMENT ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
YEAR ENDED DECEMBER 31, 2009

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Shares	Cost of Acquisition	Proceeds of Disposition
Great-West Life Assurance Co.	Group annuity contract # 16779GP	12,226	$ (12,226)	$ -
		(35,171)	-	35,171

See independent auditor's report regarding supplemental information.

PENSION PLAN OF A. FINKL & SONS CO.
FOR ELIGIBLE OFFICE EMPLOYEES

FORM 5500, SCHEDULE H, PART IV, LINE 4j—
EIN 36-2815417, plan 001
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2009

Series of Transactions By Issue in Excess of 5%

Identity of Party Involved/ Description of Security	Purchase Price	Number of Purchases	Selling Price	Number of Sales	Expenses Incurred with Trades: Purchases	Sales	Total	Cost of Security	Fair Value	Net Gain or Loss
The Northern Trust Company										
NTGI Collective Govt. Short Term Inv.	$ 647,803	32			$ -	$ -	$ -	$ 647,803	$ 647,803	$ -
			$ 1,022,662	21	-	-	-	1,022,662	1,022,662	-

See independent auditor's report regarding supplemental information.

Plan Sponsor: A. Finkl & Sons Co.
Plan Name: Pension Plan of A. Finkl & Sons Co. For Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417
Plan Number: 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Cost Method

Funding Target: Traditional Unit Credit.

Asset Method

Funding: The asset valuation method has been changed such that the actuarial value of assets is based on the average of fair market values over the period beginning on the last day of the 25th month preceding the month in which the valuation occurs and ending on the Valuation Date. This result is limited to no lower than 90% and no greater than 110% of the fair market value of plan assets as of the Valuation Date.

Dates of Calculations

Funding and FAS 35: The Valuation Date is January 1, 2009.

Employees Included in the Calculations

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Source of Data

Data is as of the valuation date and is supplied to us by the Employer.

Financial information was supplied to us by the Trustee, Northern Trust.

Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

Plan Sponsor: A. Finkl & Sons Co.
Plan Name: Pension Plan of A. Finkl & Sons Co. For Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417
Plan Number: 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Interest and Other Rate Assumptions

Below is a summary of interest and inflation rates used for the January 1, 2009 valuation.

Interest Rates		Assumption
(1)	Funding	October 2008 FYC
	(a) PPA Effective Rate[1]	8.21%
(2)	FAS 35	7.50%

[1] The Effective Interest Rate s the equivalent single rate of interest that reproduces the Regular Target Liability.

Plan Sponsor: A. Finkl & Sons Co.
Plan Name: Pension Plan of A. Finkl & Sons Co. For Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417
Plan Number: 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Decrement Assumptions

Below is a summary of decrements used in this valuation.

Mortality Decrements	Description
(1) Funding Target and FAS 35	RP-2000 Non-Annuitant /Annuitant MortalityTables projected to the valuation date

	—Disability—			—Termination—	
Decrement Age	Male Rates	Female Rates	Decrement Age	Male Rates	Female Rates
25	0.000000	0.000000	25	0.077242	0.077242
40	0.001100	0.001100	40	0.051504	0.051504
55	0.010200	0.010200	55	0.009394	0.009394
65	0.023000	0.023000	65	0.000000	0.000000

The weighted average retirement age is 65.00. Sample Retirement, Disability, and Termination rates are illustrated in the tables above.

Plan Sponsor: A. Finkl & Sons Co.
Plan Name: Pension Plan of A. Finkl & Sons Co. For Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417
Plan Number: 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Retirement Assumptions

For participants hired on or after November 22, 1995, all participants are assumed to retire at age 65.

For participants hired before November 22, 1995, retirement rates are as follows:

0%	at all ages before first eligibility for unreduced benefits
20%	at first eligibility age
10%	at age 62, if first eligibility age is before age 62
5%	at all ages subsequent to first eligibility age except age 62 and normal retirement age
100%	at normal retirement age

Expenses

Expenses for the year are assumed to be $57,463. This has been included in the target normal cost.

Plan Sponsor: A. Finkl & Sons Co.
Plan Name: Pension Plan of A. Finkl & Sons Co. For Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417
Plan Number: 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Changes in Valuation Assumptions

The following changes in actuarial assumptions or methods have been made since the prior valuation:

(1) Mandated assumptions were changed as shown below.

	01/01/2009	01/01/2008
Funding Target	October Full Yield Curve	5.31%, 5.92%, 6.43%
Funding and FAS 35 Mortality	RP-2000 IRS PPA @ 2009 Non-Annuitant/Annuitant tables for Males and Females	RP-2000 IRS PPA @ 2008 Non-Annuitant/Annuitant tables for Males and Females

(2) The asset valuation method has been changed such that the actuarial value of assets is based on the average of fair market values over the period beginning on the last day of the 25th month preceding the month in which the valuation occurs and ending on the Valuation Date. This result is limited to no lower than 90% and no greater than 110% of the fair market value of plan assets as of the Valuation Date.

Plan Sponsor: A. Finkl & Sons Co.
Plan Name: Pension Plan of A. Finkl & Sons Co. For Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417
Plan Number: 002

Schedule SB, Part V - Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date:	January 1, 1960
Plan Year:	January 1st to December 31st

Eligibility

All employees who are an hourly paid individual or an individual represented by one of the unions is eligible to participate in the Plan.

Service

Effective for any Plan Year ending on or after December 31, 1974, credited service shall be determined as follows:

Hours of Service during Plan Year	Credited Service
Less then 375 hours	None
375 – 749	0.25
750 – 1,124	0.50
1,125 – 1,499	0.75
1,500 or more hours	1.00

Plan Sponsor: A. Finkl & Sons Co.
Plan Name: Pension Plan of A. Finkl & Sons Co. For Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417
Plan Number: 002

Schedule SB, Part V - Summary of Plan Provisions (cont.)

Normal Retirement Date

The first of the month following the later of age 65 or the fifth anniversary of participation in the Plan.

Normal Retirement Benefit

Effective January 1, 2005, the standard retirement benefit is a monthly benefit payable for life according to the following schedule for each of the respective unions.

Machinists Union
$16.00 multiplied by the number of years of credited service earned before January 1, 1990, plus $17.00 multiplied by the number of years of credited service earned between January 1, 1990 and December 31, 1992, plus $19.00 multiplied by the number of years of credited service earned between January 1, 1993 and December 31, 1995, plus $21.00 multiplied by the number of years of credited service earned between January 1, 1996 and December 31, 1998, plus $22.00 multiplied by the number of years of credited service earned between January 1, 1999 and December 31, 2001, plus $24,00 multiplied by the number of years of credited service earned between January 1, 2002 and December 31, 2004, plus $25.00 multiplied by the number of years of credited service earned between January 1, 2005 and December 31, 2005, plus $26.00 multiplied by the number of years of credited service earned on or after January 1, 2006, with a 35 year maximum for credited service.

Blacksmiths Union
$16.00 multiplied by the number of years of credited service earned before January 1, 1980 plus $17.00 multiplied by the number of years of credited service earned January 1, 1980 and December 31, 1989, plus $18.00 multiplied by the number of years of credited service earned between January 1, 1990 and December 31, 1992, plus $20.00 multiplied by the number of years of credited service earned between January 1, 1993 and December 31, 1998, plus $21.00 multiplied by the number of years of credited service earned between January 1, 1999 and December 31, 2001, plus $23.00 multiplied by the number of years of credited service earned between January 1, 2002 and December 31, 2004, plus $24.00 multiplied by the number of years of credited service earned between January 1, 2005 and December 31, 2005, plus $25,00 multiplied by the number of years of credited service earned on or after January 1, 2006, with a 35 year maximum for credited service.

Plan Sponsor: A. Finkl & Sons Co.
Plan Name: Pension Plan of A. Finkl & Sons Co. For Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417
Plan Number: 002

Schedule SB, Part V - Summary of Plan Provisions (cont.)

Early Retirement Date

A participant may retire early once they reach age 55 with 10 years of service, or at any age with 30 years of credited service, provided that they were hired prior to November 22, 1995.

Early Retirement Benefit

A participant who elects to retire early is entitled to the accrued retirement benefit determined as of his early retirement date and payable commencing at his normal retirement date. However, a participant may elect to have his benefit commence prior to his normal retirement date in a reduced amount determined in accordance with the provisions of the plan. If retirement occurs after 30 years of credited service and you were hired before November 22, 1995, no reduction in benefits is applied. (Prior to 30 years of service, benefits are reduced for each month by which the early retirement precedes the normal retirement date).

Disability Retirement Benefit

An eligible disabled participant shall be entitled to his accrued retirement benefit, based upon his credited service as of his disability retirement date commencing as of his date of disability. Benefits shall cease upon recovery or attainment of age 65, at which time retirement benefits shall commence.

Death Benefit

If a participant's death occurs after his completion of five years of service while actively employed, his surviving spouse shall be entitled to a benefit payable for life equal to 50% of the benefit that would have been payable if the participant had terminated employment on his date of death, survived to his earliest retirement age, and elected a joint and survivor benefit with 50% continuing to his spouse. This benefit shall commence on the date that the participant would have attained his earliest retirement age.

If a participant terminates employment after August 22, 1984 with a deferred vested benefit and dies before commencement of his retirement benefit, his surviving spouse shall be entitled to a benefit payable for life equal to 50% of the benefit that would have been payable if the participant ha survived to his earliest retirement age and elected a joint and survivor benefit with 50% continuing to his spouse. This benefit shall commence on the date that the participant would have attained his earliest retirement age.

Schedule SB, Part V - Summary of Plan Provisions (cont.)

If a participant retires before age 65 with 30 years of service or with a disability benefit, and dies before age 65, his surviving spouse shall be entitled to a benefit payable for life equal to 50% of the benefit that would have been payable if the participant had survived to his earliest retirement age and elected a joint and survivor benefit with 50% continuing to his spouse. The benefit shall commence on the date that the participant would have attained his earliest retirement age.

Severance Benefit

A participant who terminates employment after completing at least five year of vesting service shall be 100% vested in his accrued retirement benefit, determined as of his termination date and payable commencing at his normal retirement date. However, a participant may elect to have his benefit commence at his early retirement date in a reduced amount, determined in the same manner as early retirement benefits.

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due.
If the Plan is terminated, the Plan assets will be distributed among the Plan participants based upon a priority allocation procedure, and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Sponsor: A. Finkl & Sons Co.
Plan Name: Pension Plan of A. Finkl & Sons Co. For Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417
Plan Number: 002

Schedule SB, Line 24 – Change in Actuarial Assumptions

An expense load equal to the prior year's administrative expenses paid out of plan assets has been added to the target normal cost.

Plan Sponsor: A. Finkl & Sons Co.
Plan Name: Pension Plan of A. Finkl & Sons Co. For Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417
Plan Number: 002

Schedule SB, line 25 - Change in Method

1) The asset method has been changed from Market Value to 24 month average of the market value of assets using 12 month intervals, and further adjusted to remain within a 10% corridor of the market value as of January 1, 2009.

2) The funding liability interest rate was changed from the IRS mandated three-segment interest rates based on the look-back month of December 2007 to the IRS approved Full Yield Curve based on the look-back month of October 2008.

3) Effective with the January 1, 2009 valuation for the A. Finkl & Sons Co. For Hourly Warehouse and Bargaining Unit Employees Pension Plan, Aon Consulting changed actuarial software from an internal software program to the externally based ProVal system. In accordance with Announcement 2010-3, this change qualifies for automatic approval since (1) the changes in funding target and target normal cost were each within 2%, (2) the underlying methods were unchanged from those used on the prior year's Schedule SB without regard to methods already receiving automatic approval, (3) the calculations determined with this software are no less accurate than those produced under the prior valuation system, and (4) the change was not made in conjunction with a change in enrolled actuary and actuarial firm.

Plan Sponsor: A. Finkl & Sons Co.
Plan Name: Pension Plan of A. Finkl & Sons Co. For Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417
Plan Number: 002

Schedule SB, line 26 - Schedule of Active Participant Data

	Years of Service as of 01/01/2009										
Age	**Under 1**	**01-04**	**05-09**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
Under 25	0	11	0	0	0	0	0	0	0	0	11
25 - 29	0	10	0	0	0	0	0	0	0	0	10
30 - 34	0	8	2	3	0	0	0	0	0	0	13
35 - 39	0	13	4	5	1	1	0	0	0	0	24
40 - 44	0	8	3	2	3	7	0	0	0	0	23
45 - 49	0	5	3	4	3	5	3	3	0	0	26
50 - 54	1	5	3	4	1	5	4	8	1	0	32
55 - 59	0	5	3	0	7	9	4	7	8	0	43
60 - 64	0	3	1	1	2	7	2	10	4	2	32
65 - 69	0	0	0	0	0	1	0	1	1	1	4
70 & Up	0	0	0	0	0	1	0	0	0	1	2
Totals	1	68	19	19	17	36	13	29	14	4	220

Plan Sponsor: A. Finkl & Sons Co.
Plan Name: Pension Plan of A. Finkl & Sons Co. For Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417
Plan Number: 002

Schedule SB, line 32 - Schedule of Amortization Bases

Date Established	Period Remaining	Current Year Present Value Factor	Balance		Annual Payment
			Original	Remaining	
Prior Years' Subtotal					
01/01/2008	6	4.99889	$2,667,813	$2,230,559	$446,211
01/01/2009	7	5.61489	($770,106)	($770,106)	($137,154)
Total				$1,460,453	$309,057

PENSION PLAN OF A. FINKL & SONS CO.
FOR ELIGIBLE OFFICE EMPLOYEES

FORM 5500, SCHEDULE H, PART IV, LINE 4i—
EIN 36-2815417, plan 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(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) Fair Value
Interest in Common/Collective Trusts:				
*	The Northern Trust Company	NTGI Collective Government Short-Term Investment Fund	$ 13,235,168	$ 13,235,168
Funds Held in Insurance Company General Accounts:				
*	Great-West Life Assurance Co.	Group annuity contract # 16779GP	105,873	105,873
Total investments			$ 13,341,041	$ 13,341,041

* Permitted party in interest.

See independent auditor's report regarding supplemental information.

PENSION PLAN OF A. FINKL & SONS CO.
FOR ELIGIBLE OFFICE EMPLOYEES

FORM 5500, SCHEDULE H, PART IV, LINE 4i—
EIN 36-2815417, plan 001
SCHEDULE OF INVESTMENT ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
YEAR ENDED DECEMBER 31, 2009

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Shares	Cost of Acquisition	Proceeds of Disposition
Great-West Life Assurance Co.	Group annuity contract # 16779GP	12,226	$ (12,226)	$ -
		(35,171)	-	35,171

See independent auditor's report regarding supplemental information.

PENSION PLAN OF A. FINKL & SONS CO.
FOR ELIGIBLE OFFICE EMPLOYEES

FORM 5500, SCHEDULE H, PART IV, LINE 4j—
EIN 36-2815417, plan 001
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2009

Series of Transactions By Issue in Excess of 5%

Identity of Party Involved/ Description of Security	Purchase Price	Number of Purchases	Selling Price	Number of Sales	Expenses Incurred with Trades: Purchases	Sales	Total	Cost of Security	Fair Value	Net Gain or Loss
The Northern Trust Company										
NTGI Collective Govt. Short Term Inv.	$ 647,803	32			$ -	$ -	$ -	$ 647,803	$ 647,803	$ -
			$ 1,022,662	21	-	-	-	1,022,662	1,022,662	-

See independent auditor's report regarding supplemental information.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

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

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

A Name of plan

PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE &

B Three-digit plan number (PN) ▶ 002

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

A. FINKL & SONS CO.

D Employer Identification Number (EIN)

36-2815417

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

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

Part I Basic Information

1	Enter the valuation date: Month 1 Day 1 Year 2009			
2	Assets:			
	a Market value	2a		9,124,891
	b Actuarial value	2b		10,037,380
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	163	4,349,362
	b For terminated vested participants	3b	120	1,085,212
	c For active participants:			
	(1) Non-vested benefits	3c(1)		553,126
	(2) Vested benefits	3c(2)		5,400,611
	(3) Total active	3c(3)	220	5,953,737
	d Total	3d	503	11,388,311
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		8.21 %
6	Target normal cost	6		174,056

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/12/2010
Date

Kristine Coogan
Type or print name of actuary

08-07417
Most recent enrollment number

AON CONSULTING
Firm name

(312)381-4904
Telephone number (including area code)

200 EAST RANDOLPH STREET, SUITE 900

CHICAGO IL 60601-6436
Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of (16.47)%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		103,196
	b Interest on (a) using prior year's effective rate of 6.13 %		6,326
	c Total available at beginning of current plan year to add to prefunding balance		109,522
	d Portion of (c) to be added to prefunding balance		109,522
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	109,522

Part III Funding percentages

14	Funding target attainment percentage	14	87.17 %
15	Adjusted funding target attainment percentage	15	87.18 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/27/2009	242,636				
04/15/2009	188,736				
07/15/2009	188,736				
10/15/2009	188,736				
01/14/2010	188,736				
			Totals ► 18(b)	997,580	18(c) 0

19	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	958,070

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)		**31**	174,056
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	1,460,453		309,057
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)		**34**	483,113

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	483,113
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	958,070
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	474,957
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0