

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
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☒ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan THE ANDERSONS, INC. DEFINED BENEFIT PENSION PLAN	1b Three-digit plan number (PN) ►	002	
	1c Effective date of plan	01/01/1984	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) THE ANDERSONS, INC. 480 W. DUSSEL DRIVE P.O. BOX 119 MAUMEE, OH 43537-0119	2b Employer Identification Number (EIN) 34-1562374	2c Sponsor's telephone number 419-893-5050	2d Business code (see instructions) 423990

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.	10/15/2010	STEPHEN M. DEDONATO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	ARTHUR D. DEPOMPEI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

PENSION COMMITTEE

P.O. BOX 119
MAUMEE, OH 43537-0119**3b** Administrator's EIN

34-1282858

3c Administrator's telephone number

419-893-5050

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**

1853

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**

1843

b Retired or separated participants receiving benefits.....**6b**

126

c Other retired or separated participants entitled to future benefits.....**6c**

187

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

2156

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

6

f Total. Add lines **6d** and **6e**.....**6f**

2162

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**

48

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ 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) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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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 <u>THE ANDERSONS, INC. DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE ANDERSONS, INC.</u>	D Employer Identification Number (EIN) <u>34-1562374</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>51208662</u>
b	Actuarial value 2b <u>51208662</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>109</u> <u>3386313</u>
b	For terminated vested participants 3b <u>119</u> <u>1230264</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>774993</u>
(2)	Vested benefits 3c(2) <u>39097967</u>
(3)	Total active 3c(3) <u>1625</u> <u>39872960</u>
d	Total 3d <u>1853</u> <u>44489537</u>
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 <u>8.16 %</u>
6	Target normal cost 6 <u>3299273</u>

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	<u>07/06/2010</u>
Signature of actuary	Date
<u>NEVILLE A. ARJANI, F.S.A.</u>	<u>08-02781</u>
Type or print name of actuary	Most recent enrollment number
<u>FINDLEY DAVIES, INC.</u>	<u>216-875-1900</u>
Firm name	Telephone number (including area code)
<u>1300 EAST NINTH STREET, SUITE 850</u> <u>CLEVELAND, OH 44114-1516</u>	
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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

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)	17141817	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).....	17141817	0
10	Interest on item 9 using prior year's actual return of <u>-31.30</u> %	-5365389	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		5652585
b	Interest on (a) using prior year's effective rate of <u>6.01</u> %		339720
c	Total available at beginning of current plan year to add to prefunding balance		5992305
d	Portion of (c) to be added to prefunding balance.....		5992305
12	Reduction in balances due to elections or deemed elections.....	6891518	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	4884910	5992305

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	90.65 %
15	Adjusted funding target attainment percentage.....	15	115.10 %
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	121.12 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/07/2009	1500000				
07/14/2009	1500000				
10/16/2009	1500000				
12/14/2009	1500000				
			Totals ►	18(b)	6000000
				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 5710301
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ 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
0	0
(3) 3rd	(4) 4th
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 62
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	3299273
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	3299273
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	3299273
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	5710301
38 Interest-adjusted excess contributions for current year (see instructions).....	38	2411028
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 THE ANDERSONS, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE ANDERSONS, INC.	D Employer Identification Number (EIN) 34-1562374	

Part I	Service Provider Information (see instructions)
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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
BNY CONVERGEX
13-3989198

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
CANTOR FITZGERALD
13-3680184

(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

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

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

FIDELITY

04-2723880

(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?
28	NONE	480752	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FINDLEY DAVIES INC.

34-1213174

(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?
11	NONE	91100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	PLANTE & MORAN PLLC	b EIN:	38-1357951
c Position:	AUDITOR		
d Address:	3434 GRANITE CIRCLE TOLEDO, OH 43617	e Telephone:	419-843-6000

Explanation: BUSINESS DECISION NO MATERIAL DISPUTES

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

A Name of plan <u>THE ANDERSONS, INC. DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE ANDERSONS, INC.</u>	D Employer Identification Number (EIN) <u>34-1562374</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VICTORY CAP EB DIVERSIFIED EQTY FD</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>34-6514544-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9807090</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FSTC SMALL CAP VALUE EQUITY-NEW SOU</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>13-3124172-022</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4350938</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS CORE PLUS COMMINGLED POOL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-052</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14133625</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS EMG MKT DEBT COMMINGLED POO</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-022</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2809025</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FSTC LG CAP GRWTH ETY - RAINIER</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>13-3124172-021</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11526466</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS SELECT INTL EQUITY COMMINGL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-021</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8197333</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS SELECT INTL SMALL CAP COMMI</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-036</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2630966</u>

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

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 <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>THE ANDERSONS, INC. DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE ANDERSONS, INC.</u>	D Employer Identification Number (EIN) <u>34-1562374</u>	

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		<u>240000</u>
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	<u>2699</u>	<u>304266</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>1062531</u>	<u>1239812</u>
(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)	<u>50279037</u>	<u>53455443</u>
(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)		<u>15754763</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	51344267	70994284

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	51344267	70994284
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6000000	
(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)		6000000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6540	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6540

(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)	1810472	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1810472

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		12685341
(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)		1555457
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		22057810

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1774606	
(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)		1774606
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)	91100	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	480752	
(4) Other	2i(4)	61335	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		633187
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2407793

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19650017
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: GILMORE JASION & MAHLER LTD

(2) EIN: 34-1827159

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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.			

- 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)

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

A Name of plan <u>THE ANDERSONS, INC. DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE ANDERSONS, INC.</u>	D Employer Identification Number (EIN) <u>34-1562374</u>

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	<u>0</u>
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): <u>04-3275867</u>		
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	<u>31</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 74% Investment-Grade Debt: 20% High-Yield Debt: 6% 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): _____

**THE ANDERSONS, INC.
DEFINED BENEFIT PENSION PLAN
FINANCIAL STATEMENTS
AND INDEPENDENT AUDITORS' REPORT
DECEMBER 31, 2009 AND 2008**

CONTENTS

	<u>PAGE</u>
INDEPENDENT AUDITORS' REPORT	3
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	4
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	5
STATEMENTS OF ACCUMULATED PLAN BENEFITS.....	6
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS.....	7
NOTES TO FINANCIAL STATEMENTS.....	8 – 14
SUPPLEMENTAL SCHEDULE:	
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR).....	15

GILMORE, JASION & MAHLER, LTD

INDEPENDENT AUDITORS' REPORT

The Pension Committee
The Andersons, Inc.
Defined Benefit Pension Plan

We were engaged to audit the statement of net assets available for benefits and supplemental schedule of The Andersons, Inc. Defined Benefit Pension Plan (the Plan) as of December 31, 2009 and the related statement of changes in net assets available for benefits for the year then ended. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2008 and for the year then ended were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974*, the Plan Administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the Fidelity Management Trust Company, the current trustee of the Plan and Huntington National Bank, the former trustee of the Plan. Their report dated September 3, 2009, indicated that because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and the form and content of the information included in the financial statements other than that derived from the current trustee and the former trustee, were presented in compliance with the United States Department of Labor's *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974*.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974*, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified by the current trustee of the Plan, except for comparing the information with the related information included in the 2009 financial statements and supplemental schedule. We have been informed by the Plan Administrator that the current trustee holds the Plan's investment assets and executed investment transactions. The Plan Administrator has obtained a certification from the current trustee as of and for the year ended December 31, 2009, that the information provided to the Plan Administrator by the current 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 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedule, other than that derived from the information certified by the current trustee, has 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 United States Department of Labor's *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974*.

Gilmore, Jasion & Mahler, LTD

October 1, 2010

THE ANDERSONS, INC. DEFINED BENEFIT PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Investments at fair value:		
Common collective trust funds	\$ 53,455,443	\$ 39,586,987
Mutual funds	15,754,763	10,692,050
Money market fund	1,239,812	1,062,531
Total investments at fair value	<u>70,450,018</u>	<u>51,341,568</u>
 Non-interest bearing cash	 240,000	 0
 Receivables:		
Other receivable	303,395	0
Accrued income	871	2,699
Total receivables	<u>304,266</u>	<u>2,699</u>
Net assets available for benefits	<u>\$ 70,994,284</u>	<u>\$ 51,344,267</u>

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

THE ANDERSONS, INC. DEFINED BENEFIT PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Contributions - employer	\$ 6,000,000	\$ 10,000,000
Investment income (loss)		
Interest and dividends	1,817,012	341,013
Net appreciation (depreciation) in fair value of:		
Mutual funds	1,555,457	(2,462,664)
Common collective trust funds	12,685,341	(18,342,852)
U.S. government securities	<u>0</u>	<u>(9,515)</u>
Total appreciation (depreciation)	<u>14,240,798</u>	<u>(20,815,031)</u>
Total investment income (loss)	16,057,810	(20,474,018)
Benefits paid to participants or their beneficiaries	(1,774,606)	(2,399,905)
Administrative expenses	<u>(633,187)</u>	<u>(144,729)</u>
Net increase (decrease)	19,650,017	(13,018,652)
Net assets available for plan benefits:		
Beginning of year	<u>51,344,267</u>	<u>64,362,919</u>
End of year	<u><u>\$ 70,994,284</u></u>	<u><u>\$ 51,344,267</u></u>

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

THE ANDERSONS, INC. DEFINED BENEFIT PENSION PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 4,742,550	\$ 3,869,192
Other vested participants	<u>51,891,302</u>	<u>41,698,069</u>
Total vested benefits	56,633,852	45,567,261
Nonvested benefits	<u>1,249,506</u>	<u>930,687</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 57,883,358</u></u>	<u><u>\$ 46,497,948</u></u>

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

THE ANDERSONS, INC. DEFINED BENEFIT PENSION PLAN
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Changes in accumulated plan benefits:		
Changes in actuarial assumptions	\$ 1,244,593	\$ 0
Benefits accumulated	8,280,253	824,722
Increase due to the decrease in the discount period	3,860,256	3,664,202
Benefits paid	(1,774,606)	(2,399,905)
Other	<u>(225,086)</u>	<u>0</u>
Net increase	11,385,410	2,089,019
Changes in accumulated plan benefits:		
Beginning of year	<u>46,497,948</u>	<u>44,408,929</u>
End of year	<u><u>\$ 57,883,358</u></u>	<u><u>\$ 46,497,948</u></u>

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

THE ANDERSONS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

Note 1—Description of the Plan

The following brief description of the Andersons, Inc. Defined Benefit Pension Plan (The Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan that provides for retirement, death, and disability benefits of participants who meet certain eligibility requirement, including one year of service and attainment of age 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective January 1, 2007, retail employees were no longer eligible to participate in the Plan and no benefits have accrued for service after December 31, 2006. Effective July 1, 2010, the Plan was also frozen for non-retail employees.

Funding policy/contributions

The Plan is funded entirely through contributions made by the Plan Sponsor. The Plan Sponsor contributes such amounts as are deemed necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to the Plan's participants. The contributions are designed to fund current service costs and to fund prior service costs over approximately twenty years. The Plan Sponsor's contributions for 2009 and 2008 have met the minimum funding requirements of ERISA.

Vesting

Participants are vested after five years of continuous credited service.

Pension benefits

Upon termination of service due to death, disability or retirement, participants will receive a lump-sum amount or installments over a period of not more than the participant's life expectancy determined at the time of distribution. Effective July 1, 2010, credited service was frozen for non-retail employees and no participants will be eligible to accrue service.

Termination of the Plan

While the Plan Sponsor has not expressed any intent to terminate the Plan or its contributions thereto, it has the right to do so at any time, subject to the provisions of ERISA. In the event of partial or total termination of the Plan, participants' benefits become nonforfeitable.

In the event the Plan terminates, its available net assets will be allocated to benefits as prescribed by ERISA, generally in the following order:

- a. Certain annuity benefits that former employees or their beneficiaries are receiving or that employees eligible for retirement would have been receiving had they retired.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) as discussed below.
- c. All other vested benefits.
- d. All non-vested benefits.

THE ANDERSONS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS – CONTINUED
December 31, 2009 and 2008

Note 1–Description of the Plan–continued

Termination of the Plan–continued

The PBGC guarantees most, but not all, vested retirement benefits and certain disability and survivor's pensions. However, there is a statutory ceiling on the amount of any individual's monthly benefit that PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination, whichever comes later. For younger annuitants, or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted.

Whether all participants receive their benefits should the Plan terminate 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, and the level of benefits guaranteed by the PBGC.

Note 2–Summary of significant accounting policies

Basis of accounting

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

Investments

Investments in common collective trust funds are stated at fair value, based on the fair value of the underlying assets. Money market funds are valued based on their outstanding balances, which approximate fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Administrative expenses

The administrative expenses of the Plan are paid by either the Plan Sponsor or the Plan.

Benefit Payments

Benefit payments are recorded when paid.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Estimates are most significantly utilized in determining the actuarial present value of accumulated plan benefits and fair value of plan investments. Actual results could differ from those estimates.

Subsequent events

The Plan has evaluated all events subsequent to the statement of net assets available for plan benefits date of December 31, 2009 through October 1, 2010, which is the date these financial statements were issued, and has determined that there are no subsequent events that are required to be disclosed.

Reclassifications

Certain amounts in the 2008 financial statements have been reclassified for comparative purposes to conform to the presentation of current year financial statements.

THE ANDERSONS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS – CONTINUED
December 31, 2009 and 2008

Note 3—Investments

All investment information, including non-interest bearing cash, for the years ending December 31, 2009 and 2008 disclosed in the accompanying financial statements, including investments held at December 31, 2009 and 2008, interest and dividends, net appreciation (depreciation) in fair value of investments, investment fees and expenses were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the trustees, Fidelity Management Trust Company and Huntington National Bank (The Trustees). Such information has not been examined by independent auditors. During 2008, the investments were transferred from Huntington National Bank to Fidelity Management Trust Company.

Investments that exceed 5 percent of beginning of year net assets are as follows:

	2009	2008
Pyramis Core Plus	\$ 14,133,625	\$ 10,017,532
Freeman Associates Large Cap Value	11,595,750	7,365,112
Rainier Large Cap Growth	11,526,466	8,247,889
EB Diversified Equity	9,807,090	7,192,751
Pyramis Select International Equity	8,197,333	6,548,769
New South Small Cap Equity	4,350,938	3,202,275
Montgomery Small Cap Growth Fund 3	4,159,013	3,326,938

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, “Fair Value Measurements” defines fair value, establishes a framework on measuring fair value, establishes a fair value hierarchy on the quality of inputs used to measure fair value and enhances disclosure requirements for fair value measurements. The Plan accounts for certain financial assets at fair value under various accounting literature.

In accordance with the standard, the Plan has categorized its financial instruments, based on the priority of the inputs to the valuation technique, into the three-level fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure the financial instruments fall within the different levels of the hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement of the instrument.

THE ANDERSONS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS – CONTINUED
December 31, 2009 and 2008

Note 3—Investments—continued

Financial assets and liabilities recorded on the Statement of Net Assets Available for Benefits are categorized based on the inputs to the valuation techniques as follows:

- Level 1. Financial assets and liabilities whose values are based on unadjusted quoted prices for identical assets or liabilities in an active market that the Plan has the ability to access.
- Level 2. Financial assets and liabilities whose values are based on quoted prices in markets that are not active or model inputs that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:
 - a. Quoted prices for similar assets or liabilities in active markets;
 - b. Quoted prices for identical or similar assets or liabilities in non-active markets;
 - c. Pricing models whose inputs are observable for substantially the full term of the asset or liability; and
 - d. Pricing models whose inputs are derived principally from or corroborated by observable market data through correlation of other means for substantially the full term of the asset or liability.
- Level 3. Financial assets and liabilities whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. These inputs reflect management's own assumptions about the assumptions a market participant would use in pricing the asset or liability.

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

THE ANDERSONS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS – CONTINUED
December 31, 2009 and 2008

Note 3—Investments—continued

The following table presents the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis:

Description	Fair Value as of December 31, 2009	Fair Value Measurements at December 31, 2009 Using		
		Quoted Market Prices in Active Markets for Identical Assets Level (1)	Other Significant Observable Inputs Level (2)	Significant Unobservable Inputs Level (3)
Money market fund	\$ 1,239,812	\$ 0	\$ 1,239,812	\$ 0
Mutual funds	15,754,763		15,754,763	
Common collective trust funds	53,455,443		53,455,443	
Total	<u>\$ 70,450,018</u>	<u>\$ 0</u>	<u>\$ 70,450,018</u>	<u>\$ 0</u>

The following table presents the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis:

Description	Fair Value as of December 31, 2008	Fair Value Measurements at December 31, 2008 Using		
		Quoted Market Prices in Active Markets for Identical Assets Level (1)	Other Significant Observable Inputs Level (2)	Significant Unobservable Inputs Level (3)
Money market fund	\$ 1,062,531	\$ 0	\$ 1,062,531	\$ 0
Mutual funds	10,692,050		10,692,050	
Common collective trust funds	39,586,987		39,586,987	
Total	<u>\$ 51,341,568</u>	<u>\$ 0</u>	<u>\$ 51,341,568</u>	<u>\$ 0</u>

THE ANDERSONS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS – CONTINUED
December 31, 2009 and 2008

Note 4—Administrative expenses

The Plan pays certain costs of administering the Plan from plan assets. A summary of expenses paid by the Plan for the years ended December 31 is as follows:

	<u>2009</u>	<u>2008</u>
PBGC premiums	\$ 61,335	\$ 64,383
Investment management fees	480,752	19,121
Actuarial fees	91,100	61,225
Total administrative expenses	<u>\$ 633,187</u>	<u>\$ 144,729</u>

Note 5—Federal income tax status

The Plan has received a determination letter from the Internal Revenue Service dated April 12, 2002, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and is exempt from taxation. Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

Note 6—Party-in-interest transactions

Fees paid from plan assets in 2009 and 2008 for legal, accounting, and other services rendered to the Plan were based on customary and reasonable rates for such services. In addition, certain plan investments are managed by the Trustees and certain administrative expenses are paid by the Plan Sponsor. There are no known prohibited transactions with a party-in-interest.

Note 7—Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired employees or their beneficiaries, (b) terminated employees with vested benefits, (c) beneficiaries of employees who have died, and (d) present employees or their beneficiaries. Accumulated benefits for active employees under the Plan are equal to 1 percent of compensation for each year of service on and after January 1, 2007. Prior to January 1, 2007, benefits for retired or terminated employees and accumulated benefits for active employees are based on the average of the highest five consecutive years of annual compensation during the 10 years preceding retirement, termination, or the valuation date. Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

An actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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 ANDERSONS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS – CONTINUED
December 31, 2009 and 2008

Note 7—Actuarial present value of accumulated plan benefits—continued

Significant actuarial assumptions used in performing the valuations include: (1) preretirement interest rate of 8.5 percent; (2) postretirement interest rate of 6.5 percent; (3) salary scale of 3.5 percent for 2009 and 4.5 percent for 2008; (4) mortality based on the RP-2000 Mortality Table; (5) probability table of retirement with normal retirement age of 65 and (6) the Unit Credit funding method.

These 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.

Note 8—Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that the changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

SUPPLEMENTAL SCHEDULE

THE ANDERSONS, INC. DEFINED BENEFIT PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Employer Identification No. 34-1562374 Plan No: 002
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 and Maturity Value	(d) Cost	(e) Current Value
* Fidelity Investments	Money market fund FMTC - Institutional Cash Portfolio	\$ 1,239,812	\$ 1,239,812
	Mutual funds		
* Fidelity Investments	Freeman Associates Large Cap Value	11,595,750	11,595,750
* Fidelity Investments	Montgomery Small Cap Growth Fund 3	3,646,278	4,159,013
	Total mutual funds	15,242,028	15,754,763
	Common collective trust funds:		
* Fidelity Investments	Pyramis Core Plus	12,554,853	14,133,625
* Fidelity Investments	Rainier Large Cap Growth	12,305,634	11,526,466
* Fidelity Investments	EB Diversified Equity	9,903,971	9,807,090
* Fidelity Investments	Pyramis Select International Equity	9,435,383	8,197,333
* Fidelity Investments	New South Small Cap Equity	3,641,709	4,350,938
* Fidelity Investments	Pyramis Emerging Market Debt Com Pool	2,234,761	2,809,025
* Fidelity Investments	Pyramis Slt International Small Cap Com Pool	2,837,080	2,630,966
	Total common collective trust funds	52,913,391	53,455,443
	Total investments	\$ 69,395,231	\$ 70,450,018

* *Party-in-interest*

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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.

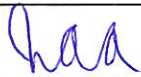
A Name of plan		B Three-digit plan number (PN) ▶	002
The Andersons, Inc. Defined Benefit Pension Plan			
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Identification Number (EIN)	
The Andersons, Inc.		34-1562374	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	51,208,662	
b Actuarial value.....	2b	51,208,662	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	109	3,386,313
b For terminated vested participants.....	3b	119	1,230,264
c For active participants:			
(1) Non-vested benefits.....	3c(1)		774,993
(2) Vested benefits.....	3c(2)		39,097,967
(3) Total active.....	3c(3)	1,625	39,872,960
d Total.....	3d	1,853	44,489,537
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	8.16 %	
6 Target normal cost.....	6	3,299,273	

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

Neville A. Arjani, F.S.A.

Type or print name of actuary

Findley Davies, Inc.

Firm name
1300 East Ninth Street, Suite 850

Cleveland

OH 44114-1516

Address of the firm

7/6/10

Date

08-02781

Most recent enrollment number

(216) 875-1900

Telephone number (including area code)

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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

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)	17,141,817	N/A
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)	17,141,817	0
10 Interest on item 9 using prior year's actual return of <u>(31.30)%</u>	(5,365,389)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		5,652,585
b Interest on (a) using prior year's effective rate of <u>6.01 %</u>		339,720
c Total available at beginning of current plan year to add to prefunding balance		5,992,305
d Portion of (c) to be added to prefunding balance		5,992,305
12 Reduction in balances due to elections or deemed elections	6,891,518	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	4,884,910	5,992,305

Part III Funding percentages

14 Funding target attainment percentage	14	90.65 %
15 Adjusted funding target attainment percentage	15	115.10 %
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	121.12 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/07/2009	1,500,000				
07/14/2009	1,500,000				
10/16/2009	1,500,000				
12/14/2009	1,500,000				
Totals ▶			18(b)	6,000,000	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	5,710,301

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ 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 62
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	3,299,273
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	3,299,273
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	3,299,273
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	5,710,301
38 Interest-adjusted excess contributions for current year (see instructions)	38	2,411,028
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 SB, line 22 – Description of Weighted Average Retirement
The Andersons, Inc. Defined Benefit Pension Plan
January 1, 2009 Valuation
EIN/PN: 34-1562374/ 002

Rates of Retirement

<u>Age(s)</u>	<u>Rate</u>
55	10%
56-59	5
60	20
61	15
62	25
63-69	15
70	100

100% of the nonretail participants are expected to take an in-service distribution at normal retirement.

Weighted Average Retirement Age is 62. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

<i>Interest Rates</i>	Full Yield Curve with the interest rates for October which are published in November 2008:
	a. Effective Interest Rate using the above rates 8.16%
	b. Intermediate Level Contribution 1. Pre-decrement 8.50% 2. Post-decrement 6.50%
	FAS 35 Present Value of Vested and Accumulated Benefits:
	a. Pre-decrement 8.50%
	b. Post-decrement 6.50%
	FAS 87 Expense:
	a. Discount Rate (liabilities) 6.30%
	b. Long-Term Rate (trust income) 8.25%
<i>Compensation</i>	Compensation is determined using base pay plus an assumed bonus of 12% for nonretail employees and 2% for retail employees.
<i>Salary Scale</i>	Actual individual pay histories have been used with missing and future years filled in using the appropriate salary scale below.
	Funding: 4.50%
	FAS 35: 4.50%
	FAS 87 Expense: 4.50%
<i>Mortality</i>	Funding Target Liabilities: RP-2000 Static Mortality Table as described in proposed Reg. 1.430(h)(3) projected by Scale AA, sex distinct, with different rates pre- and post-commencement.
	Funding PVFB for Intermediate and FAS 35 and 87: Prior to termination, the optional combined table per IRS Reg. 1.412(l)(7)-1. At termination, to calculate the lump sum payable, RP-2000 Mortality Table projected to 2010 weighted 50% male and 50% female.

Schedule SB, Line 23 – Statement of Actuarial Assumptions, Methods
The Andersons, Inc. Defined Benefit Pension Plan
January 1, 2009 Valuation
EIN/PN: 34-1562374/ 002

Rates of Retirement

<u>Age(s)</u>	<u>Rate</u>
55	10%
56-59	5
60	20
61	15
62	25
63-69	15
70	100

100% of the nonretail participants are expected to take an in-service distribution at normal retirement.

Weighted Average Retirement Age is 62. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Disability

75% of Table S-10 of the 11th Railroad Retirement Board Valuation (modified). Sample rates and ages are as follows.

<u>Age(s)</u>	<u>Rate</u>
25	.045%
40	.090
55	.803

Rates of Turnover

Based on age, length of service and division as follows:

Non-Retail						
Completed Years of Service						
<u>Age</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5+</u>
20	41.10%	34.94%	21.20%	21.20%	21.20%	21.20%
25	43.05	36.59	19.37	15.07	10.76	9.50
30	45.00	38.25	20.25	15.75	11.25	6.90
35	45.00	38.25	20.25	15.75	11.25	4.30
40	42.10	35.79	18.95	14.74	10.53	4.30
45	39.20	33.32	17.64	13.72	9.80	4.30
55	26.20	22.27	11.79	9.17	6.55	4.30

Retail						
Completed Years of Service						
<u>Age</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5+</u>
20	83.00%	70.55%	38.00%	38.00%	38.00%	38.00%
25	86.50	73.53	38.93	30.28	21.63	17.00
30	90.00	76.50	40.50	31.50	22.50	12.50
35	90.00	76.50	40.50	31.50	22.50	8.00
40	85.00	72.25	38.25	29.75	21.25	8.00
45	80.00	68.00	36.00	28.00	20.00	8.00
55	50.00	42.50	22.50	17.50	12.50	8.00

Schedule SB, Line 23 – Statement of Actuarial Assumptions, Methods
The Andersons, Inc. Defined Benefit Pension Plan
January 1, 2009 Valuation
EIN/PN: 34-1562374/ 002

<i>Assumptions Made In Valuing Spouse's Benefit</i>	Sixty percent of the male and forty-five percent of the female employees included in the valuation are assumed to be married. The wife is assumed to be three years younger than the husband.			
<i>Annual Increases to Maximum Benefits and Plan Compensation Limits</i>	Funding:	0.00%		
	FAS 87 Expense:	2.50%		
<i>Annual Increases to Social Security</i>		<u>Taxable</u>	<u>Cost of</u>	<u>Average</u>
		<u>Wage Base</u>	<u>Living</u>	<u>Earnings</u>
	Funding:	3.50%	2.50%	3.50%
	FAS 87 Expense:	3.50%	2.50%	3.50%
<i>Provision for Expenses</i>	The prior year's administrative expenses, rounded to the near \$10,000, were subtracted from the Expected Return on Assets for FAS 87 expense purposes.			
<i>Optional Form Election</i>	At decrement participants are assumed to elect a lump sum on the benefit earned prior to 1/1/04 and a life annuity on the benefit earned after 12/31/03.			
<i>Asset Method</i>	Market Value of Assets plus, for Funding purposes only, any unpaid contributions discounted for interest.			
<i>Employees Valued</i>	Only participants as of the valuation date were valued.			

APPENDIX A

SUMMARY OF PRINCIPAL PLAN PROVISIONS

<i>Plan Sponsor</i>	The Andersons, Inc.
<i>EIN/PN</i>	34-1562374/002
<i>Effective Dates</i>	January 1, 1984; amended and restated effective January 1, 1997. Last amendment in February, 2006 effective January 1, 2007. The Supplemental Retirement Plan was effective January 1, 1995.
<i>Plan Year</i>	The 12-month period beginning each January 1.
<i>Participation</i>	Any permanent employee on January 1, 1984 who was hired prior to age 60 participated starting on that date. Each other employee participates on the date he has both attained age 21 and completed one Year of Service. No Retail Employee will be permitted to enter the plan after December 31, 2006. Any participant of the qualified plan whose accrued benefit is affected by the applicable compensation and benefit limits participates in the Supplemental Retirement Plan.
<i>Compensation</i>	Total wages, salary, commissions and overtime pay including amounts received under the Cash Profit Sharing Plan, Management Performance payments and other incentive pay, as limited by IRC Section 401(a)(17). For the Supplemental Retirement Plan, the pay is not limited.
<i>Average Monthly Compensation</i>	1/60th of Compensation for the highest 5 years of employment, where the pay is annualized for any year in which less than one year of service is credited. Average Monthly Compensation will continue to change until December 31, 2011 at which time it will be frozen, but will not be less than the average as of December 31, 2006.
<i>Social Security Covered Compensation</i>	The average of the Social Security Maximum Taxable Wage Bases for the 35-year period ending with the year in which Social Security Retirement Age is attained. Social Security Retirement Age is 65 for employees born before 1938, 67 for those born after 1954, and 66 for those born in between.
<i>Year of Service</i>	One Year of Service is earned for each Plan Year in which 1,000 hours are worked. Effective January 1, 2007 this definition of service is used for the calculation of benefit amounts.

APPENDIX A (Continued)

Credited Service

Years of Credited Service are figured according to the following table:

Hours Paid in Plan Year	Years of Credited Service
Less than 1,000	0.0
1,000 - 1,199	0.6
1,200 - 1,399	0.7
1,400 - 1,599	0.8
1,600 - 1,799	0.9
1,800 or more	1.0

No hours are credited for employment prior to January 1, 1984. Service under this definition freezes December 31, 2006.

Accrued Benefit

Retail Employees:

A monthly life annuity starting at age 65 equal to 1.0% of Average Monthly Compensation plus 0.5% of Average Monthly Compensation in excess of Social Security Covered Compensation multiplied by Years of Credited Service through December 31, 2006, maximum of 40 years. The calculation of "Average Monthly Compensation" will use Compensation earned through the earlier of termination of employment and December 31, 2011.

No benefits will be accrued for Retail employees' service after December 31, 2006, except as provided in the above paragraph.

Non-Retail Employees:

A monthly life annuity starting at age 65 equal to (a) plus (b):

- (a) 1.0% of Average Monthly Compensation plus 0.5% of Average Monthly Compensation in excess of Social Security Covered Compensation multiplied by Years of Credited Service through December 31, 2006, maximum of 40 years. The calculation of "Average Monthly Compensation" will use Compensation earned through the earlier of termination of employment and December 31, 2011.
- (b) 1% of Compensation earned for each Year of Service earned after December 31, 2006.

Normal Retirement Benefit

Eligibility:

Age 65 or, if later, fifth anniversary of joining the Plan.

Monthly Benefit:

The Accrued Benefit.

Late Retirement Benefit

Eligibility:

After Normal Retirement.

APPENDIX A (Continued)

***Late Retirement
Benefit (Continued)***

Monthly Benefit:

The Accrued Benefit using service and pay through actual retirement, but not less than the Normal Retirement benefit actuarially increased for late commencement. Effective January 1, 2007 the actuarial increase provision is being eliminated for Non-Retail employees' benefits earned after that date.

***In-Service
Distribution***

The Normal or Late Retirement Benefit may be distributed to a participant while still employed. Effective January 1, 2007 Non-Retail employees cannot receive an in-service distribution on benefits earned after December 31, 2006.

***Early Retirement
Benefit***

Eligibility:

Age 55 and 10 Years of Service.

Monthly Benefit:

The Accrued Benefit at early retirement reduced by 0.5% for each month retirement precedes age 65.

***Disability Retirement
Benefit***

Eligibility:

Permanent and total disability at any age.

Monthly Benefit:

A single sum actuarially equivalent to the Accrued Benefit at disability retirement.

Termination Benefit

Upon termination of employment prior to retirement a participant is vested in a percentage of the Accrued Benefit as follows:

Eligibility:

- | | |
|---------------------------------------|------|
| a. If a participant on 1/01/1984 | 100% |
| b. If not a participant on 1/01/1984: | |
| i. Less than 5 Years of Service | 0% |
| ii. At least 5 Years of Service | 100% |

Monthly Benefit:

The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.

Death Benefit

Eligibility:

100% vested and married for at least one year at the date of death.

APPENDIX A (Continued)

***Death Benefit
(Continued)***

Monthly Benefit:

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.

***Optional Forms of
Payment***

Life Annuity – monthly benefits for the life of the participant.

Joint and Survivor Annuity – monthly payments for the life of the participant with 50%, 75% or 100% of the benefit continuing to the surviving spouse (if any).

Certain and Continuous Annuity – monthly payments for the life of the participant with 120 payments guaranteed.

Optional forms are calculated using 1971 GAM and 7% interest.

***Benefits Available as
Lump Sums***

The qualified plan pays small benefit amounts (lump sums less than \$5,000) automatically. Participants can elect a lump sum of the benefits earned prior to January 1, 2004. If the post-2003 benefit has a lump sum value of less than \$5,000 then a total lump sum can be elected.

The Supplemental Retirement Plan pays benefits in annual installments from 3 to 10 years depending on the size of the monthly annuity.

***Maximum Benefit
Limit***

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

This limit is not applicable to the Supplemental Retirement Plan.

***Plan Compensation
Limit***

The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.

This limit is not applicable to the Supplemental Retirement Plan.

***Changes in Plan
Provisions***

The automatic changes, if any, in the plan compensation limit and maximum benefit limit were recognized.

Schedule SB, line 24 – Change in Actuarial Assumptions
The Andersons, Inc. Defined Benefit Pension Plan
January 1, 2009 Valuation
EIN/PN: 34-1562374/ 002

***Changes in
Assumptions and
Methods since the
Last Actuarial
Valuation***

The mortality table for the funding target was changed as required under PPA '06.

***Justification for
Changes in Actuarial
Assumptions***

The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

Schedule SB, line 25 – Change in Methods
The Andersons, Inc. Defined Benefit Pension Plan
January 1, 2009 Valuation
EIN/PN: 34-1562374/ 002

Change in Methods

The full yield curve was used for the 2009 valuation which was a change from the segment interest rates used for the 2008 funding target calculation. This change does not need approval from the IRS for 2009.

Schedule SB, Line 26 - Schedule of Active Participant Data

January 1, 2009 Valuation
The Andersons, Inc. Defined Benefit Pension Plan
(EIN: 34-1562374; PN: 002)

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	5 (*)	30 20,394	2 (*)	-	-	-	-	-	-	-
25 to 29	8 (*)	83 24,597	43 35,090	1 (*)	-	-	-	-	-	-
30 to 34	4 (*)	45 31,160	44 35,911	45 45,221	2 (*)	-	-	-	-	-
35 to 39	4 (*)	41 33,326	44 39,682	49 47,959	32 53,392	1 (*)	-	-	-	-
40 to 44	3 (*)	35 33,238	38 43,147	32 49,665	45 47,076	36 62,853	-	-	-	-
45 to 49	4 (*)	30 27,958	44 39,675	38 45,923	34 53,817	50 66,732	5 (*)	-	-	-
50 to 54	3 (*)	34 26,708	50 41,068	40 54,134	36 56,596	48 80,784	42 73,966	-	-	-
55 to 59	5 (*)	40 30,255	40 31,034	34 48,852	33 49,285	38 90,725	45 80,845	-	-	-
60 to 64	6 (*)	27 15,926	30 29,914	22 41,887	15 (*)	25 70,779	24 58,441	-	-	-
65 to 69	3 (*)	22 12,547	8 (*)	8 (*)	3 (*)	2 (*)	1 (*)	-	-	-
70 & up	7 (*)	22 8,688	17 (*)	10 (*)	6 (*)	2 (*)	-	-	-	-

* Average compensation is not shown since there are fewer than 20 participants in this cell.

Schedule SB, line 32 – Schedule of Amortization Bases
The Andersons, Inc. Defined Benefit Pension Plan
January 1, 2009 Valuation
EIN/PN: 34-1562374/ 002

EXHIBIT VII
SCHEDULE OF SHORTFALL AMORTIZATION BASES

	Plan Year Beginning			1/01/2009
	Date Established	Present Value of Payments	Remaining Years	Shortfall Amortization Installment
<i>Shortfall Amortization Bases</i>	1/01/2009	\$ 0	N/A	<u>\$ 0</u>
	Total	\$ 0		\$ 0
<i>Waiver Amortization Bases</i>	1/01/2009	<u>\$ 0</u>	N/A	<u>\$ 0</u>
	Total	\$ 0		\$ 0

THE ANDERSONS, INC. DEFINED BENEFIT PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Employer Identification No. 34-1562374 Plan No: 002
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 and Maturity Value	(d) Cost	(e) Current Value
* Fidelity Investments	Money market fund FMTC - Institutional Cash Portfolio	\$ 1,239,812	\$ 1,239,812
	Mutual funds		
* Fidelity Investments	Freeman Associates Large Cap Value	11,595,750	11,595,750
* Fidelity Investments	Montgomery Small Cap Growth Fund 3	3,646,278	4,159,013
	Total mutual funds	15,242,028	15,754,763
	Common collective trust funds:		
* Fidelity Investments	Pyramis Core Plus	12,554,853	14,133,625
* Fidelity Investments	Rainier Large Cap Growth	12,305,634	11,526,466
* Fidelity Investments	EB Diversified Equity	9,903,971	9,807,090
* Fidelity Investments	Pyramis Select International Equity	9,435,383	8,197,333
* Fidelity Investments	New South Small Cap Equity	3,641,709	4,350,938
* Fidelity Investments	Pyramis Emerging Market Debt Com Pool	2,234,761	2,809,025
* Fidelity Investments	Pyramis Slt International Small Cap Com Pool	2,837,080	2,630,966
	Total common collective trust funds	52,913,391	53,455,443
	Total investments	\$ 69,395,231	\$ 70,450,018

* *Party-in-interest*