Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
KENNICOTT BROTHERS COMPANY EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 09/29/1991

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

1638 WEST HUBBARD STREET
CHICAGO, IL 60622-6723

2b Employer Identification Number (EIN)
36-1317280

2c Sponsor's telephone number
312-492-5614

2d Business code (see instructions)
424930

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.	06/17/2011	REBECCA CARRASCO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/17/2011	REBECCA CARRASCO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") KENNICOTT BROTHERS COMPANY 1638 WEST HUBBARD STREET CHICAGO, IL 60622-6723	**3b** Administrator's EIN 36-1317280 **3c** Administrator's telephone number 312-492-5614

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**	243
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**	185
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	60
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	245
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	245
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	193
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

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

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

For calendar plan year 2009 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009

A Name of plan	**B** Three-digit plan number (PN) ▶	
KENNICOTT BROTHERS COMPANY EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN		003
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
KENNICOTT BROTHERS COMPANY	36-1317280	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

GREATBANC TRUST CO.

39-6079818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	15930	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009

A Name of plan
KENNICOTT BROTHERS COMPANY EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
KENNICOTT BROTHERS COMPANY

D Employer Identification Number (EIN)
36-1317280

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	11759	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	521407	626459
(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)	210741	201965
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3795350	3934278
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	5959870	6189715
	(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	10499127	10952417
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i	2301526	2101437
j	Other liabilities	1j	1607	1476
k	Total liabilities (add all amounts in lines 1g through1j)	1k	2303133	2102913
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8195994	8849504

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	341104	
	(B) Participants	2a(1)(B)	367547	
	(C) Others (including rollovers)	2a(1)(C)	62548	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		771199
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4951	
	(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)	15088	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		20039
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	452440	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		452440
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-4070
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1239608
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	398266	
(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)		398266
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		30891
h Interest expense	2h		141011
i Administrative expenses: (1) Professional fees	2i(1)	15930	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		15930
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		586098
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		653510
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: MCGLADREY & PULLEN LLP (2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		900000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009

A Name of plan
KENNICOTT BROTHERS COMPANY EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
KENNICOTT BROTHERS COMPANY

D Employer Identification Number (EIN)
36-1317280

Part I Distributions

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

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

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

EIN(s): 39-6079818

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☒ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☒ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☒ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☒ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Kennicott Bros. Company Employee Stock Ownership and 401(k) Plan

Financial Report
September 30, 2009

Contents

Independent Auditor's Report on the Financial Statements	1
Financial Statements	
Statements of net assets available for benefits	2 - 3
Statement of changes in net assets available for benefits	4
Notes to financial statements	5 - 14
Supplemental Schedule	
Schedule of assets (held at end of year)	15

McGladrey

Independent Auditor's Report
on the Financial Statements

To the Board of Directors
Kennicott Bros. Company Employee Stock Ownership and 401(k) Plan
Chicago, Illinois

We were engaged to audit the accompanying statements of net assets available for benefits of Kennicott Bros. Company Employee Stock Ownership and 401(k) Plan as of September 30, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended September 30, 2009, and the supplemental schedule , Schedule of Assets (Held at End of Year), as of September 30, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by GreatBanc Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Note 3, the Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the trustee as of September 30, 2009 and 2008, and for the year ended September 30, 2009.

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

As described in Note 12, the DOL has alleged the existence of a non-exempt transaction. Plan management disputes this conclusion and has not presented the Schedule G - Schedule of Non-Exempt Transactions for the year ended September 30, 2009. Where applicable, disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McGladrey & Pullen, LLP

Deerfield, Illinois
May 26, 2011

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Member of RSM International network, a network of independent accounting, tax and consulting firms.

Kennicott Bros. Company
Employee Stock Ownership and 401(k) Plan

Statement of Net Assets Available for Benefits
September 30, 2009

	2009			
	Participant Directed	Nonparticipant Directed		Total
		Allocated	Unallocated	
Assets				
Investments, at fair value:				
Shares of registered investment companies	$ 3,934,278	$ -	$ -	$ 3,934,278
Kennicott Bros. Company common stock	-	3,993,884	2,195,831	6,189,715
Shares of common/collective trust	626,459	-	-	626,459
Participant notes receivable	201,965	-	-	201,965
Total assets	4,762,702	3,993,884	2,195,831	10,952,417
Liabilities				
Accrued expenses	1,476	-	-	1,476
Loans payable	-	-	2,101,437	2,101,437
Total liabilities	1,476	-	2,101,437	2,102,913
Net assets available for benefits	$ 4,761,226	$ 3,993,884	$ 94,394	$ 8,849,504

See Notes to Financial Statements.

Kennicott Bros. Company
Employee Stock Ownership and 401(k) Plan

Statement of Net Assets Available for Benefits
September 30, 2008

	2008			
	Participant Directed	Nonparticipant Directed		Total
		Allocated	Unallocated	
Assets				
Investments, at fair value:				
Shares of registered investment companies	$ 4,316,757	$ -	$ -	$ 4,316,757
Kennicott Bros. Company common stock		3,622,065	2,337,805	5,959,870
Shares of common/collective trust	11,759	-	-	11,759
Participant notes receivable	210,741	-	-	210,741
Total assets	4,539,257	3,622,065	2,337,805	10,499,127
Liabilities				
Accrued expenses	1,607	-	-	1,607
Loans payable	-	-	2,301,526	2,301,526
Total liabilities	1,607	-	2,301,526	2,303,133
Net assets available for benefits	$ 4,537,650	$ 3,622,065	$ 36,279	$ 8,195,994

See Notes to Financial Statements.

Kennicott Bros. Company
Employee Stock Ownership and 401(k) Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended September 30, 2009

	2009			
	Participant Directed	Nonparticipant Directed		Total
		Allocated	Unallocated	
Additions (deductions) to net assets attributed to:				
Investment income (loss)				
Net appreciation (depreciation) in fair value of investments	$ (65,847)	$ 270,003	$ 182,438	$ 386,594
Interest and dividends	81,815	-	-	81,815
	15,968	270,003	182,438	468,409
Contributions:				
Company	-	-	341,104	341,104
Employee	367,547	-	-	367,547
Rollovers	62,548	-	-	62,548
	430,095	-	341,104	771,199
Allocation of 27,307.7246 shares in 2009 of common stock of Kennicott Bros. Company, at fair value	-	324,416	-	324,416
Total	446,063	594,419	523,542	1,564,024
Deductions from net assets attributed to:				
Benefits paid directly to participants	206,557	222,600		429,157
Interest expense	-	-	141,011	141,011
Administrative expenses	15,930	-	-	15,930
Allocation of 27,307.7246 shares in 2009 of common stock of Kennicott Bros. Company, at fair value	-	-	324,416	324,416
Total	222,487	222,600	465,427	910,514
Net increase	223,576	371,819	58,115	653,510
Net assets available for benefits:				
Beginning of year	4,537,650	3,622,065	36,279	8,195,994
End of year	$ 4,761,226	$ 3,993,884	$ 94,394	$ 8,849,504

See Notes to Financial Statements.

Note 1. Plan Description

The following brief description of Kennicott Bros. Company (the Company) Employee Stock Ownership and 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General: The Plan is an ESOP plan with a 401(k) feature which provides for discretionary matching by the Company of employee deferrals contributed to the Plan. The Company match can be in the form of cash and/or securities, including additional Company stock, as determined by the Company's Board of Directors. The Plan covers non-union employees of the Company who have met the eligibility requirements, as defined by the Plan. Employees may enter the Plan on April 1 or October 1 following six months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan purchased Kennicott Bros. Company stock using the proceeds from a note payable from the sponsoring Company and notes payable from former shareholders guaranteed by the Company (see Note 8), and holds the stock in a trust established under the Plan. The borrowing is to be repaid over a period of 15 years, as determined in the loan agreements, by fully deductible Company contributions to the trust fund. As the Plan makes each payment of principal and interest, as required, an appropriate percentage of stock will be allocated to eligible employees' accounts in accordance with applicable regulations under the Internal Revenue Code.

The sponsoring Company borrowed from a Bank to fund the purchase of its common stock by the Plan. Unallocated shares of stock in the Plan and a first mortgage on the Chicago plant are collateral for the related bank borrowings of the Company. The lenders have no rights against shares once they are allocated under the Plan. Accordingly, the financial statements of the Plan for the years 2009 and 2008 present separately the assets and liabilities and the changes therein pertaining to a) the accounts of employees with vested or unvested rights in allocated stock, and b) stock not yet allocated to employees.

Payment of benefits: Distributions from the Plan are made upon retirement, termination, total disability or death. If termination of employment is prior to retirement age, the distribution of benefits, other than Company stock, will be distributed in a single lump sum upon request or may be retained in the Plan if requested. Participants may also make withdrawals from their vested account balances if a determination that a financial hardship, as defined, has occurred.

Under the provisions of the Plan, the Company is obligated to repurchase participant shares which have been distributed under the terms of the Plan as long as the shares are not publicly traded or if the shares are subject to trading limitations. The Company repurchased from participants 20,199.6258 shares at prices determined from the independent appraisal during the year ended September 30, 2009.

Voting rights: The Trustee shall vote the shares held in the trust fund with respect to all matters. The ESOP Voting Committee shall be entitled to direct the Trustee as to how to vote such shares, including the shares allocated to the suspense account and if the participants are allowed to direct the Trustee, pursuant to the Code, all other shares with respect to which the participants may fail to direct the Trustee.

Note 1. Plan Description (Continued)

Contributions: Eligible participants can elect to make contributions to the Plan by means of a salary deferral from 1 percent to 25 percent of compensation, not to exceed the limitation amount determined by the Internal Revenue Code (the Code). Additionally, participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company may allocate a matching contribution equal to the proportion that each participant's elective deferral bears to the total elective deferrals of all eligible participants for that year based upon the Company's allocation percentage. The Company may also contribute a non-elective contribution of Company stock and forfeitures equal to the allocation of the proportion that each participant's compensation for the year bears to all participants' compensation. Contributions are subject to limitations as provided in the Internal Revenue Code (the Code) and as described in the Plan.

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the remainder of their accounts plus actual earnings is based on years of credited service. Participants are 20 percent vested after two years of service, and vesting increases 20 percent each additional year of service to a maximum of 100 percent after six years. Participants are also 100 percent vested in all accounts in the event of death, permanent disability, or upon reaching retirement age.

Put option: Under federal income tax regulations, the Company stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations, includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair value of the stock. The Company can pay for the purchases with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

Diversification: Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company stock into investments which are more diversified. Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25 percent of the numbers of shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50 percent. Participants who elect to diversify shall be entitled to direct the investment to or among one or more investment funds offered by the Plan.

Participant accounts: Each participant's account is credited with the participant's contribution and the Company's matching contribution, if any, allocations of the Company's non-elective contribution, if any, forfeitures, if any, and Plan earnings. Allocations are based on participant account balances or compensation, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Forfeitures: At September 30, 2009 and 2008, forfeited non-vested accounts totaled $96,839 and $82,020, respectively. Forfeitures shall be kept in a suspense account until such time when the notes payable of the Plan are paid in full. Beginning in the first fiscal year that there is no indebtedness outstanding, the Company shall release the company stock in the forfeiture suspense account over a fixed period of time to be determined by the Company. The portion of the company stock released will be allocated to the accounts of eligible participants in the same proportion as the ratio which each participant's compensation bears to the total compensation of all eligible participants for that year.

Note 1. Plan Description (Continued)

Investment options: Upon enrollment in the Plan, a participant may direct employee contributions in a variety of investment choices as more fully described in the Plan's literature. Participants may change their investment options on a quarterly basis.

The Company stock portion of the Plan is invested in Company stock in accordance with the plan document.

Participant notes receivable: Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of (a) $50,000 or (b) one-half of their account balance attributable to employee deferrals and Company matching contributions. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant notes receivable fund. Loan terms range from 1 to 5 years or longer for the purchase of a primary residence. The loans are collateralized by the balance in the participant's account and bear interest at the prime rate, as published in the Wall Street Journal, plus 1 percent. The interest rate on current loans outstanding ranges from 4.25 percent to 9.25 percent. Principal and interest are paid through payroll deductions.

Note 2. Significant Accounting Policies

Investment valuation and income recognition: Investments are reported at 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. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

New accounting pronouncement: Effective October 1, 2008, the Plan adopted ASC 820, *Fair Value Measurements and Disclosures*. See Note 5.

Pending accounting pronouncements: In September, 2009, the FASB issued Accounting Standards Update (ASU) 2009-12, *Fair Value Measurement and Disclosures (Topic 820) – Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)* which provides guidance on how entities should estimate fair value of certain alternative investments. The fair value of investments within the scope of this guidance can now be determined using net asset value (NAV) per share as a practical expedient, when the fair value is not readily determinable, unless it is probable the investment will be sold at something other than NAV. It also requires disclosure of certain attributes by major category of alternative investments, regardless of whether the practical expedient was used. This amendment will be effective for periods ending after December 15, 2009. Management is currently evaluating the impact of the guidance related to disclosures in the financial statements.

Note 2. Significant Accounting Policies (Continued)

In addition, the FASB issued ASU 2010-6, *Fair Value Measurements and Disclosures (Topic 820) – Improving Disclosures about Fair Value Measurements* which requires new disclosures and reasons for transfers of financial assets and liabilities between Levels 1 and 2. This amendment also clarifies that fair value measurement disclosures are required for each class of financial assets and liabilities, and disclosures about inputs and valuation techniques are required for both Level 2 and Level 3 measurements. It further clarifies that the reconciliation of Level 3 measurements should separately present purchases, sales, issuances, and settlements instead of netting these charges. With respect to matters other than Level 3 measurements, the amendment is effective for periods beginning after December 15, 2009. The guidance related to Level 3 measurements is effective for periods beginning after December 15, 2010. Management is currently evaluating the impact of the guidance related to disclosures in the financial statements.

In September 2010, the FASB issued an amendment, ASU 2010-25, *Plan Accounting – Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans*, which provides guidance on how loans to participants should be classified and measured by defined contribution pension plans. This amendment requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. This amendment is effective for periods ending after December 15, 2010, with early adoption permitted. This amendment requires retrospective application to all periods presented. This amendment has not yet been adopted. Management is currently evaluating the impact of the guidance on the presentation and disclosures in the financial statements.

Payment of benefits: Benefits are recorded when paid.

Reclassifications: Certain items in the 2008 financial statements have been reclassified to conform to the current year presentation.

Accounting estimates: The preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Subsequent events: The Plan Administrator has evaluated subsequent events for potential recognition and/or disclosure through May 26, 2011, the date the financial statements were available to be issued.

Note 3. Information Certified by GreatBanc Trust Company, Trustee

The following is a summary of the investment information as of September 30, 2009 and 2008, and for the year ended September 30, 2009, included throughout the Plan's financial statements and supplemental schedule that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following investments is complete and accurate to the best of their knowledge. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following investments:

	2009	2008
Shares of registered investment companies	$ 3,934,278	$ 4,316,757
Common stock	6,189,715	5,959,870
Shares of common/collective trust	626,459	11,759
Participant notes receivable	201,965	210,741

GreatBanc Trust Company also certified as to the completeness and accuracy of $386,594 of net appreciation in fair value of investments and $81,815 of interest and dividends related to the aforementioned investments for the year ended September 30, 2009.

Note 4. Investments

The following presents investments as of September 30, 2009 and 2008 that represent 5 percent or more of the Plan's net assets.

	2009	2008
Shares of registered investment companies:		
Goldman Sachs Financial Square Fund	$ -	$ 521,407
Vanguard Fixed Income GNMA # 36 Fund	618,879	465,074
Vanguard Mid Cap Index Fund	842,921	949,284
Goldman Sachs Structured US Equity Fund	1,092,669	1,042,378
Templeton Foreign Fund	680,460	775,874
Shares of common/collective trust:		
USFS Short Term Investment Fund	626,459	*
Common stock - Kennicott Bros. Company	6,189,715	5,959,870

* Less than 5 percent at year end.

Note 4. Investments (Continued)

The Plan's investments, including investments brought, sold and held during the year, appreciated (depreciated) in value by $386,594 in 2009 as follows:

Shares of registered investment companies	$	(65,847)
Common stock		452,441
	$	386,594

Note 5. Fair Value Measurements

ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Note 5. Fair Value Measurements (Continued)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2009 and 2008.

Registered investment companies: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

Kennicott Bros. Company common stock: Valued at fair value, as determined by the ESOP Trustee after taking into consideration a valuation from an independent appraiser. This appraisal was based upon a combination of the capitalization of cash flow method and discounted cash flow method consistent with prior years. The appraiser took into account historical and projected cash flow and net income, and market comparables.

Common/collective trust – Valued at fair value, which represents the NAV held by the Trust at year-end as reported by GreatBanc Trust Company.

Participant notes receivable: Valued at amortized cost, which approximates fair value.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value as of September 30, 2009.

	Assets Measured at Fair Value as of September 30, 2009			
	Level 1	Level 2	Level 3	Total
Shares of registered investment companies	$ 3,934,278	$ -	$ -	$ 3,934,278
Common stock - Kennicott Bros. Company	-	-	6,189,715	6,189,715
Shares of common/collective trust	-	626,459	-	626,459
Participant notes receivable	-	-	201,965	201,965
	$ 3,934,278	$ 626,459	$ 6,391,680	$ 10,952,417

Note 5. Fair Value Measurements (Continued)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended September 30, 2009.

	Common stock	Participants notes receivable
Balance, beginning of the year	$ 5,959,870	$ 210,741
Realized gains	4,364	-
Unrealized gains relating to instruments still held at the reporting date	448,077	-
Purchases, sales, issuances, and settlements (net)	(222,596)	(8,776)
Balance, end of the year	$ 6,189,715	$ 201,965

Note 6. Related Party Transactions

The Plan's investments are held and invested by GreatBanc Trust Company, the Trustee. Therefore, these transactions qualify as party-in-interest transactions. GreatBanc Trust Company received fees for services to the Plan of $15,930 for the year ended September 30, 2009.

Certain employees of the Company provide services to the Plan and are not reimbursed for their services from the Plan. Certain other administrative expenses are paid by the Company on behalf of the Plan.

Note 7. Plan Termination

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

Note 8. Investments and Transactions with Sponsor

The fair value of Kennicott Bros. Company common stock was $11.88 and $11.02 per share based upon the September 30, 2009 and 2008, valuations, respectively. Information about the Plan's investment in the Company's common stock at September 30, 2009 and 2008, is as follows:

	2009		2008	
	Allocated	Unallocated	Allocated	Unallocated
Number of shares	336,185.4698	184,834.2788	328,681.0682	212,142.0034
Cost	$ 2,857,576	$ 1,571,091	$ 2,793,789	$ 1,803,207
Fair value	$ 3,993,884	$ 2,195,831	$ 3,622,065	$ 2,337,805

Note 9. Loans Payable

Loans payable consist of the following at September 30, 2009 and 2008:

	2009	2008
Term note payable to the Company, due in monthly installments of $16,674 plus interest at 5.75 percent, due April 30, 2015, collateralized by the unallocated shares of Kennicott Bros. Company common stock.	$ 908,930	$ 1,109,019
Notes payable to former shareholders, due in monthly installments of $9,940 beginning on the last day of the month in which the Term Note is paid in full, with interest payments at 7 percent due monthly beginning on May 31, 2000, with the final payment due no later than ten years after the Term Note has been paid in full, collateralized by the unallocated shares of Kennicott Bros. Company common stock.	1,192,507	1,192,507
Total notes payable	$ 2,101,437	$ 2,301,526

Maturities for long-term debt are as follows:

Years ending September 30:	
2010	$ 200,088
2011	200,088
2012	200,088
2013	200,088
2014	200,088
Thereafter	1,100,997
	$ 2,101,437

The estimated fair value of the notes payable as of September 30, 2009 was approximately $2,420,800, determined by using interest rates currently available for issuance of debt with similar terms, maturity dates and nonperformance risk.

Note 10. Tax Status

The Internal Revenue Service has determined and informed the sponsor by a letter dated March 12, 2003, that the Plan is qualified and the trust established under the Plan is tax exempt under the appropriate sections of the Internal Revenue Code (Code). The Plan has been amended since receiving the determination letter. The Plan Administrator believes that the Plan is designed and is currently operating in compliance with applicable requirements of the Code.

Note 11. Risks and Uncertainties

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

Note 12. Subsequent Events

Effective December 16, 2009 the Plan was amended and restated. In connection with the amendment and restatement of the Plan, Reliance Trust Company was named as the new trustee. All participant-directed assets were transferred to the new trustee effective March 23, 2010.

In correspondence dated April 18, 2011, the Department of Labor (DOL) has alleged that the Plan has failed to comply with the regulations governing the exempt status of the ESOP loan agreement. The allegation is based upon the DOL's position that the notes given in redemption of shares distributed from the Plan to former participants lack adequate security. Plan management believes that the notes have historically been in compliance with the guidance, but have offered to provide additional security on these notes in an effort to demonstrate their good faith in maintaining and operating the Plan. Plan management and their legal counsel believe that the ESOP loan satisfies the terms and conditions required to maintain its exempt loan status and no non-exempt transaction should be reported.

Kennicott Bros. Company
Employee Stock Ownership and 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
September 30, 2009

EIN: 36-1317280
Plan Number: 003

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Participant-directed:				
		Shares of registered investment companies:		
	Vanguard	Vanguard Small Cap Index Fund	**	$ 363,842
	Vanguard	Vanguard Mid Cap Index Fund	**	842,921
	Vanguard	Vanguard Fixed Income GNMA #36 Fund	**	618,879
	Goldman Sachs	Goldman Sachs Structured US Equity Fund	**	1,092,669
	Templeton	Templeton Foreign Fund	**	680,460
	Vanguard	Vanguard Star Fund	**	335,507
				3,934,278
		Shares of common/collective trust:		
	USFS	Short Term Investment Fund		626,459
*	Participants	Participant notes receivable, interest rates of 4.25% to 9.25%	**	201,965
Nonparticipant-directed:				
		Common stock:		
*	Kennicott Bros. Company	Kennicott Bros. Company common stock, 521,019.7486 shares	$ 4,428,668	6,189,715
				$ 10,952,417

* Represents party-in-interest investment.
** Cost is not required for participant-directed investments.

Kennicott Bros. Company
Employee Stock Ownership and 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
September 30, 2009

EIN: 36-1317280
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	Templeton	Templeton Foreign Fund	**	680,460
	Vanguard	Vanguard Star Fund	**	335,507
				3,934,278
		Shares of common/collective trust:		
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