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 04/01/2009 and ending 03/31/2010

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WADSWORTH GOLF CONSTRUCTION COMPANY PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 03/31/1973

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

13941 VAN DYKE ROAD
PLAINFIELD, IL 60544

13941 VAN DYKE ROAD
PLAINFIELD, IL 60544

2b Employer Identification Number (EIN)
59-1381059

2c Sponsor's telephone number
815-436-8400

2d Business code (see instructions)
238900

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.	10/04/2010	JIM BANNON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2010	JIM BANNON
	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")
WADSWORTH GOLF CONSTRUCTION COMPANY

13941 VAN DYKE ROAD
PLAINFIELD, IL 60544

3b Administrator's EIN
59-1381059

3c Administrator's telephone number
815-436-8400

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**	363
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**	93
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	145
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	238
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	238
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	225
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	50
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 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

A Name of plan
WADSWORTH GOLF CONSTRUCTION COMPANY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
WADSWORTH GOLF CONSTRUCTION COMPANY

D Employer Identification Number (EIN)
59-1381059

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)

WOLF FINANCIAL MANAGEMENT LLC

20-1935294

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	THIRD PARTY ADMINISTRATOR	17226	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FOLEY & LARDNER

39-0473800

(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?
29	LEGAL	17213	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DAVIDSON, JAMIESON & CRISTINI, P.L.

59-3732759

(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?
10	AUDITOR	5700	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 ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

A Name of plan
WADSWORTH GOLF CONSTRUCTION COMPANY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
WADSWORTH GOLF CONSTRUCTION COMPANY

D Employer Identification Number (EIN)
59-1381059

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	193000	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4916	4983
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	683761	203510
(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)	9453395	12173475
(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)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	10335072	12381968
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	3984	411
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	3984	411
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10331088	12381557

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)	181333	
	(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)		181333
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	295	
	(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)	1481	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1776
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	264822	
	(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)		264822
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	98618	
	(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)		98618

		(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)		
(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)		3020175
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3566724
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1469784	
(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)		1469784
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)	17213	
(2) Contract administrator fees	2i(2)	22926	
(3) Investment advisory and management fees	2i(3)	6332	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		46471
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1516255
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2050469
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) [X] 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 [X] No

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

(1) Name: DAVIDSON, JAMIESON & CRISTINI, P.L. (2) EIN: 59-3732759

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

A Name of plan
WADSWORTH GOLF CONSTRUCTION COMPANY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
WADSWORTH GOLF CONSTRUCTION COMPANY

D Employer Identification Number (EIN)
59-1381059

Part I Distributions

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

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

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

EIN(s): 59-6842187

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):

WADSWORTH GOLF CONSTRUCTION COMPANY
PROFIT SHARING PLAN

FINANCIAL STATEMENTS
March 31, 2010

DAVIDSON, JAMIESON & CRISTINI, P.L.
Certified Public Accountants

Davidson, Jamieson & Cristini, P.L.
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American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants

Board of Trustees
Wadsworth Golf Construction Company
Profit Sharing Plan
Plainfield, Illinois

INDEPENDENT AUDITOR'S REPORT

We have audited the accompanying statements of net assets available for benefits of Wadsworth Golf Construction Company Profit Sharing Plan (Plan) as of March 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Wadsworth Golf Construction Company Profit Sharing Plan as of March 31, 2010 and 2009 and the changes in its net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Board of Trustees
Wadsworth Golf Construction Company
Profit Sharing Plan

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules as of and for the year ended March 31, 2010 on pages 14 through 17 are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements for the year ended March 31, 2010, and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Davidson, Jamieson & Cristini, P.L.

August 20, 2010

WADSWORTH GOLF CONSTRUCTION COMPANY
PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
March 31, 2010 and 2009

Assets

	2010	2009
Investments:		
At Fair Value-		
Mutual funds, domestic	$ 11,110,079	$ 8,111,175
Mutual funds, foreign	1,063,396	1,342,220
Money market funds	203,510	683,761
Total investments	12,376,985	10,137,156
Receivables:		
Employer contributions	-	193,000
Accrued income	4,983	4,916
Total receivables	4,983	197,916
Total assets	12,381,968	10,335,072

Liabilities

Accounts payable	411	3,984
Total liabilities	411	3,984
Plan net assets available for benefits	$ 12,381,557	$ 10,331,088

See Notes to Financial Statements.

WADSWORTH GOLF CONSTRUCTION COMPANY
PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended March 31, 2010 and 2009

	2010	2009
Additions to net assets attributed to:		
Investment income (loss):		
Net unrealized appreciation (depreciation) in fair value of investments	$ 3,012,192	$ (3,914,331)
Realized gain (loss) on sale of investments	98,618	-
Interest	295	19,568
Dividends	269,677	472,609
Other	4,609	13,070
Total investment income (loss)	3,385,391	(3,409,084)
Contributions:		
Employer	181,333	193,000
Total contributions	181,333	193,000
Total additions (reductions)	3,566,724	(3,216,084)
Deductions from net assets attributed to:		
Benefits paid to terminated employees	1,469,784	781,799
Administrative expenses	46,471	40,522
Total deductions	1,516,255	822,321
Net increase (decrease)	2,050,469	(4,038,405)
Net assets available for benefits:		
Balance, beginning of year	10,331,088	14,369,493
Balance, end of year	$ 12,381,557	$ 10,331,088

See Notes to Financial Statements.

WADSWORTH GOLF CONSTRUCTION COMPANY
PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
March 31, 2010 and 2009

1. Description of Plan

The following brief description of the Wadsworth Golf Construction Company Profit Sharing Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

General - The Plan is a defined contribution plan covering all full-time non-union employees of the Company who have worked at least one thousand hours during their first twelve months of employment and are age eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Employer contributions to the Plan are determined by the Board of Directors of the employer and are limited to the maximum allowable under federal income tax law. Participants may make voluntary contributions provided the total of such contributions for all years meet the following requirements:

A. Contributions cannot exceed ten percent of the aggregate compensation received for all years since the employee became a participant and the current year.

B. Contributions cannot cause the annual addition to an employee's account to exceed $49,000 or one hundred percent of compensation (not exceeding $245,000).

Participant Accounts - Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Participants may not borrow from the Plan.

1. Description of Plan (Continued)

Vesting - Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100 percent vested after six years of credited service.

Payment of Benefits - Under terms of the Plan, participants are eligible to receive retirement benefits (1) upon reaching age 65, or (2) upon the death or disability of the participant. On termination of service, a participant will receive a lump-sum amount equal to the value of his or her vested account balance not fewer than 90 days after the date of termination.

Subsequent Events - Management has adopted the provisions set forth in SFAS No. 2010-09 (Topic 855), *Subsequent Events*, and considered subsequent events through the date of the audit report which is the date that the financial statements were available to be issued.

2. Summary of Significant Accounting Policies

The Wadsworth Golf Construction Company Profit Sharing Plan was created by Wadsworth Golf Construction Company (Company) on January 1, 1973, to provide retirement benefits to its employees. The following summarizes the more significant accounting policies:

Income Recognition - 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.

Payment of Benefits - Benefits are recorded when paid.

Valuation of Investments - The Plan's investments are stated 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 and represents an exit price not an entry price. Investments traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year; securities traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the mean between the last

2. Summary of Significant Accounting Policies (Continued)

reported bid and asked prices. Closely held investments or investments not publicly traded are recorded at estimated amounts determined by management or the Plan's trustee. Realized and unrealized investment appreciation or depreciation for the year is reflected in the Statement of Changes in Net Assets Available for Benefits.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Risk and Uncertainties - The Plan invests in a variety of investment funds. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

3. Federal Income Taxes

On July 24, 1981, the U.S. Treasury Department advised that except for any income which is derived from debt-financed investments and unrelated trade or business investments, the Fund constituted a qualified trust under Section 501(a) of the Internal Revenue Code and is therefore exempt from federal and state income taxes under provisions of Section 501(a).

The Plan received a favorable determination letter dated June 6, 1996 for all amendments adopted through March 29, 1995. On March 29, 2002, the Plan filed an amended and restated plan document with the Internal Revenue Service requesting a determination that the Plan and Trust continues to qualify under the provisions of Sections 401(a) and 501(a) of the Internal Revenue Code. The Plan received a favorable determination letter dated May 9, 2003 on the amended and restated plan.

4. Investments

The Plan's investments are held by a licensed broker-dealer. The following table presents the Plan's investments at market value as of March 31, 2010 and 2009:

		2009			2009	
Mutual Funds, Domestic	**Shares**	**Cost**	**Market Value**	**Shares**	**Cost**	**Market Value**
American Funds - Growth Funds of American	50,564.4330	$ 1,687,000	$1,439,569*	50,564.4330	$ 1,687,000	$ 994,097*
Bond Fund of America	84,232.4070	1,080,851	1,007,420*	88,455.3800	1,134,632	935,858*
Frankling Floating Rate Fund	75,269.3430	749,215	680,435*	75,269.3430	749,215	563,767*
Franklin Investment Securities Fund	116,881.8890	1,685,454	1,595,438*	116,881.8890	1,685,454	1,091,677*
Franklin Custom Funds, U.S. Government Securities	127,375.8470	856,062	852,144*	127,375.8470	856,063	850,871*
Intermediate Bond Fund of America	45,685.7160	635,031	603,965*	45,685.7160	635,031	583,407*
Investment Company America Fund	18,475.7370	556,943	492,563	18,475.7370	556,943	351,224
New Perspective Fund	13,255.6170	262,088	347,960	14,292.5310	277,300	250,548
Oppenheimer Small Capital Value Fund	34,289.3960	1,355,117	970,733*	35,316.0900	1,395,692	629,686*
Scudder U.S. Government Securities Fund	62,318.0020	538,765	543,413*	79,965.9680	688,181	682,909*
Van Kampen Comstock Fund	68,450.8530	1,357,380	1,002,120*	70,382.8470	1,395,692	663,006*
First Midwest Small Cap Equity Fund	12,998.5800	118,198	157,115	-	-	-
First Midwest Gems Fund	26,830.6520	276,000	325,047	9,591.4760	90,000	94,906
First Midwest Large Cap Equity Fund	11,295.7700	210,290	305,344	8,346.5760	150,000	157,594
First Midwest Midcap Equity Fund	8,304.1930	95,724	146,160	5,509.0020	60,000	64,422
First Midwest Fixed Income Fund	25,959.5710	600,000	640,653*	8,568.3830	195,000	197,203
Total		$12,064,118	$ 11,110,079		$ 11,556,203	$ 8,111,175

*Exceeds 5% or more of Plan net assets available for benefits.

4. Investments (Continued)

		2010			2009	
Mutual Funds, Foreign	**Shares**	**Cost**	**Market Value**	**Shares**	**Cost**	**Market Value**
Dodge & Cox Fds Int'l	925.5760	$ 29,250	$ 30,572	-	$ -	$ -
Euro Pac Growth Fd SBI	26,744.0300	1,427,401	1,032,824*	52,064.3840	2,175,678	1,342,220
Total		$ 1,456,651	$ 1,063,396		$ 2,175,678	$ 1,342,220

	2010		2009	
Money Market Funds	**Cost**	**Market Value**	**Cost**	**Market Value**
Goldman MM Fund	$ 12,698	$ 12,698	$ 5,000	$ 5,000
Live Oak General MM Fund	190,812	190,812		
Total	$ 203,510	$ 203,510	$ 5,000	$ 5,000

The Plan has no instrument that, in whole or in part, is accounted for as a derivative instrument under FASB statement No. 133, *Accounting for Derivative Instruments and Hedging Activities* during the current plan year.

*Exceeds 5% of the Plan net assets available for benefits.

5. Fair Value Measurements

Financial Accounting Standards Board Statement No. 157, *Fair Value Measurements* (FASB Statement No. 157), 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 FASB Statement No. 157 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 asest 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.

5. Fair Value Measurements (Continued)

The following is a description of the valuation methodologies used for assets measured at fair value:

Common stocks, corporate bonds and U.S. government securities: Valued at the closing price reported on the active market which the individual securities are traded.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

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 or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Plan's investments meet Level 1 measurements as of March 31, 2010 and 2009.

6. Net Appreciation in Fair Value of Investments

The Plan's investments appreciated (depreciated) in value during the years ended March 31, 2010 and 2009, are as follows:

	2010	2009
Investments at fair value as determined by quoted market prices:		
Mutual funds, domestic	$ 2,490,988	$ (2,818,376)
Mutual funds, foreign	521,204	(1,095,955)
Net appreciation (depreciation) in fair value of investments	$ 3,012,192	$ (3,914,331)

7. Realized Gain (Loss) on Sale of Investments

Realized gain (loss) on the sale of the Plan's investments for the fiscal years ended March 31, 2010 and 2009 are summarized as follows:

	2010	2009
Mutual funds, domestic	$ (7,801)	$ -
Mutual funds, foreign	106,419	-
Realized gain (loss) on sale of investments	$ 98,618	$ -

8. Plan Amendments

During the fiscal year ended March 31, 2010 the Plan was restated and included the following amendments:

A. Provides for the timing of the distribution of a participants' vested account balance in the event of termination of employment for any reason other than death.

B. Provides for the timing of the distribution of a participant's vested account balance in the event of death.

C. Provides the specific limitations on annual additions to each participant's account as specified by Internal Revenue Code Section 415.

D. Clarifies when the Plan will be viewed as "top heavy" and what plans will be included in a "required aggregation group" for purposes of the top heavy rules.

9. 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.

10. Terminated Participants

As of March 31, 2010 and 2009 vested account balances of terminated participants were $5,812,600 and $1,115,192, respectively.

11. Transactions with Party-in-Interest

Fees paid during 2010 and 2009 for investment management fees, professional fees and third-party administrative services are based on customary and reasonable rates for such services.

There were no Cap Trust investment fees for the years ended March 31, 2010 and 2009. Commissions on investment transactions or mutual fund fees are included in the cost basis of the investments purchased or sold.

Legal, audit, insurance premium, bank custodial costs and administrator's fees for the years ended March 31, 2010 and 2009 are summarized as follows:

	2010	2009
Legal Fees	$ 17,213	$ 13,062
Plan insurance	1,796	-
Audit Fees	5,700	5,000
Custodian fees	4,536	-
Third Party Administrator's Fees	17,226	22,460
Total Administrative Expenses	$ 46,471	$ 40,522

The Plan has not considered Company contributions to the Plan or benefits accrued or paid by the Plan for participants as party in interest transactions.

SUPPLEMENTARY INFORMATION

Required by the Department of Labor's Rules and Regulations for
Reporting and Disclosure under the Employee
Retirement Income Security Act of 1974

WADSWORTH GOLF CONSTRUCTION COMPANY
PROFIT SHARING PLAN

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN, FORM 5500 DISCLOSURES
March 31, 2010

Schedule H, Line 4i - Schedule of assets held for investment purposes

5% of net assets available for benefits as of March 31, 2010 $516,554.

The determination of the fair value of the investments shown in the financial statements is summarized as follows:

Investments at fair value as determined by quoted prices:

		2010	
Mutual Funds, Domestic	**Shares**	**Cost**	**Market Value**
American Funds - Growth Funds of American	50,564.4330	$ 1,687,000	$1,439,569*
Bond Fund of America	84,232.4070	1,080,851	1,007,420*
Frankling Floating Rate Fund	75,269.3430	749,215	680,435*
Franklin Investment Securities Fund	116,881.8890	1,685,454	1,595,438*
Franklin Custom Funds, U.S. Government Securities	127,375.8470	856,062	852,144*
Intermediate Bond Fund of America	45,685.7160	635,031	603,965*
Investment Company America Fund	18,475.7370	556,943	492,563
New Perspective Fund	13,255.6170	262,088	347,960
Oppenheimer Small Capital Value Fund	34,289.3960	1,355,117	970,733*
Scudder U.S. Government Securities Fund	62,318.0020	538,765	543,413*
Van Kampen Comstock Fund	68,450.8530	1,357,380	1,002,120*
First Midwest Small Cap Equity Fund	12,998.5800	118,198	157,115
First Midwest Gems Fund	26,830.6520	276,000	325,047
First Midwest Large Cap Equity Fund	11,295.7700	210,290	305,344
First Midwest Midcap Equity Fund	8,304.1930	95,724	146,160
First Midwest Fixed Income Fund	25,959.5710	600,000	640,653*
Total		$12,064,118	$ 11,110,079

*Exceeds 5% or more of Plan net assets available for benefits.

WADSWORTH GOLF CONSTRUCTION COMPANY
PROFIT SHARING PLAN

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN, FORM 5500 DISCLOSURES
March 31, 2010

Schedule H, Line 4i - Schedule of assets held for investment purposes (Continued)

		March 31, 2010	
Mutual Funds, Foreign	**Shares**	**Cost**	**Market Value**
Dodge & Cox Fds Int.'l	925.5760	$ 29,250	$ 30,572
Euro Pac Growth Fd SBI	26,744.0300	1,427,401	1,032,824
Total		$ 1,456,651	$ 1,063,396

	March 31, 2010	
Money Market Funds	**Cost**	**Market Value**
Goldman MM Fund	$ 12,698	$ 12,698
Live Oak General MM Fund	190,812	190,812
Total	$ 203,510	$ 203,510

WADSWORTH GOLF CONSTRUCTION COMPANY
PROFIT SHARING PLAN

ANNUAL RETURN/REPORT OF
EMPLOYEE BENEFIT PLAN, FORM 5500 DISCLOSURES
SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTION,
CATEGORY I, SINGLE TRANSACTION EXCEEDING 5% OF PLAN ASSETS
Year Ended March 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Mutual Funds:								
Plan	Dodge & Cox FDS, Int'l	$ -	$ -	$ -	$ -	$ 29,250	$ -	$ -
Plan	Euro Pac Growth FD SBI	866,027	972,446	-	-	37,500	-	106,419
Plan	First Midwest Gems Fund	-	-	-	-	186,000	-	-
Plan	First Midwest Large Cap Equity Fund	49,710	56,000	-	-	110,000	-	6,290
Plan	First Midwest Midcap Equity Fund	16,776	20,000	-	-	52,500	-	3,224
Plan	First Midwest Small Cap Equity Fund	1,803	2,000	-	-	120,000	-	197
Plan	First Midwest Fixed Income Fund	-	-	-	-	405,000	-	-
Plan	Scudder U.S. Government Securities Fund	149,416	154,892	-	-	-	-	5,476
Plan	Bond Fund of America	53,781	49,973	-	-	-	-	(3,808)
Plan	New Perspective Fund	15,211	24,973	-	-	-	-	9,762
Plan	Oppenheimer Small Capital Value Fund	40,575	24,973	-	-	-	-	(15,602)
Plan	Van Kampen Comstock Fund	38,313	24,973	-	-	-	-	(13,340)
	Total Mutual Funds	$ 1,231,612	$ 1,330,230	$ -	$ -	$ 940,250	$ -	$ 98,618

WADSWORTH GOLF CONSTRUCTION COMPANY
PROFIT SHARING PLAN

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN,
FORM 5500 DISCLOSURES
March 31, 2010

Schedule H, Line 4 j - There were no Category II, III or IV reportable transactions for the year ended March 31, 2010.

Schedule G - Schedule of loans or fixed income obligations in default or classified as uncollectible

2010
NONE

Schedule G - Schedule of leases in default or classified as uncollectible

2010
NONE

Schedule G - Non-exempt transactions

2010
NONE

WADSWORTH GOLF CONSTRUCTION COMPANY
PROFIT SHARING PLAN

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN, FORM 5500 DISCLOSURES
March 31, 2010

Schedule H, Line 4i - Schedule of assets held for investment purposes

5% of net assets available for benefits as of March 31, 2010 $516,554.

The determination of the fair value of the investments shown in the financial statements is summarized as follows:

Investments at fair value as determined by quoted prices:

		2010	
Mutual Funds, Domestic	**Shares**	**Cost**	**Market Value**
American Funds - Growth Funds of American	50,564.4330	$ 1,687,000	$1,439,569*
Bond Fund of America	84,232.4070	1,080,851	1,007,420*
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First Midwest Fixed Income Fund	25,959.5710	600,000	640,653*
Total		$12,064,118	$ 11,110,079

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WADSWORTH GOLF CONSTRUCTION COMPANY
PROFIT SHARING PLAN

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN, FORM 5500 DISCLOSURES
March 31, 2010

Schedule H, Line 4i - Schedule of assets held for investment purposes (Continued)

		March 31, 2010	
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	March 31, 2010	
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WADSWORTH GOLF CONSTRUCTION COMPANY
PROFIT SHARING PLAN

ANNUAL RETURN/REPORT OF
EMPLOYEE BENEFIT PLAN, FORM 5500 DISCLOSURES
SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTION,
CATEGORY I, SINGLE TRANSACTION EXCEEDING 5% OF PLAN ASSETS
Year Ended March 31, 2010

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Mutual Funds:									
	Plan	Dodge & Cox FDS, Int'l	$ -	$ -	$ -	$ -	$ 29,250	$ -	$ -
	Plan	Euro Pac Growth FD SBI	866,027	972,446	-	-	37,500	-	106,419
	Plan	First Midwest Gems Fund	-	-	-	-	186,000	-	-
	Plan	First Midwest Large Cap Equity Fund	49,710	56,000	-	-	110,000	-	6,290
	Plan	First Midwest Midcap Equity Fund	16,776	20,000	-	-	52,500	-	3,224
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	Plan	First Midwest Fixed Income Fund	-	-	-	-	405,000	-	-
	Plan	Scudder U.S. Government Securities Fund	149,416	154,892	-	-	-	-	5,476
	Plan	Bond Fund of America	53,781	49,973	-	-	-	-	(3,808)
	Plan	New Perspective Fund	15,211	24,973	-	-	-	-	9,762
	Plan	Oppenheimer Small Capital Value Fund	40,575	24,973	-	-	-	-	(15,602)
	Plan	Van Kampen Comstock Fund	38,313	24,973	-	-	-	-	(13,340)
		Total Mutual Funds	$ 1,231,612	$ 1,330,230	$ -	$ -	$ 940,250	$ -	$ 98,618

WADSWORTH GOLF CONSTRUCTION COMPANY
PROFIT SHARING PLAN

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN,
FORM 5500 DISCLOSURES
March 31, 2010

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Schedule G - Schedule of leases in default or classified as uncollectible

2010
NONE

Schedule G - Non-exempt transactions

2010
NONE