Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1959

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

1000 ALLANSON ROAD
MUNDELEIN, IL 60060

2b Employer Identification Number (EIN) 36-2431745

2c Sponsor's telephone number 847-566-0010

2d Business code (see instructions) 332700

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.	10/13/2010	GEORGE KRUEGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	GEORGE KRUEGER
	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")
MACLEAN-FOGG COMPANY

1000 ALLANSON ROAD
MUNDELEIN, IL 60060

3b Administrator's EIN
36-2431745

3c Administrator's telephone number
847-566-0010

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**	1847
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**	1515
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	266
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1784
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	5
f	Total. Add lines **6d** and **6e**	**6f**	1789
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1706
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	81
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500.
MACLEAN-FOGG COMPANY

D Employer Identification Number (EIN)
36-2431745

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
ALLSTATE FINANCIAL WORKPLACE DIVISION

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-0781901	60534	AG568	210	01/01/2009	12/31/2009

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ INFO NOT PROVIDED BY INSURANCE CO

b	Premiums paid to carrier	6b	169036
c	Premiums due but unpaid at the end of the year	6c	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

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

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

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

(3) [ ] guaranteed investment (4) [ ] other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	169036
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	0

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500.
MACLEAN-FOGG COMPANY

D Employer Identification Number (EIN)
36-2431745

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MASS MUTUAL FINANCIAL GROUP

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1041383	93432	71024520	1	01/01/2009	12/31/2009

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ INFO NOT PROVIDED BY INSURANCE CO

b	Premiums paid to carrier	6b	0
c	Premiums due but unpaid at the end of the year	6c	3080
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

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

(3) ☒ other (specify) ▶ FLEX PREMIUM ADJ LIFE

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	3080
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	0

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500.
MACLEAN-FOGG COMPANY

D Employer Identification Number (EIN)
36-2431745

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

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE & ANNUITY CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-1050034	93629	015428		01/01/2009	12/31/2009

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

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	8037394
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	430034		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	430034
d	Total of balance and additions (add **b** and **c(6)**).			7d	8467428
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	430928		
	▶ CASH				
	(5) Total deductions			7e(5)	430928
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	8036500

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MACLEAN-FOGG COMPANY

D Employer Identification Number (EIN)
36-2431745

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

MARSHALL & ILSLEY TRUST COMPANY NA

39-1186267

(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 19 21 25 36 37 38 50 57 59 60 61 62 63 64 65	NONE	211042	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

DIMEO SCHNEIDER

36-4001764

(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?
27	NONE	104223	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PIOTROWSKI & GEBIS

36-3712775

(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	NONE	27000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MID-CONTINENT CAPITAL, LLC

36-4157405

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	123485	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHICAGO EQUITY PARTNERS, LLC

36-4338679

(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?
27	NONE	28313	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL FINANCIAL

(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?
22	NONE	34405	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MACLEAN-FOGG COMPANY

D Employer Identification Number (EIN)
36-2431745

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: M&I EB STABLE PRINCIPAL FUND

b Name of sponsor of entity listed in (a): MARSHALL ILSLEY TRUST COMPANY NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-6490536-001	C	9515874

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MACLEAN-FOGG COMPANY

D Employer Identification Number (EIN)
36-2431745

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	1457	14863
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	534905	407477
(2) Participant contributions	1b(2)	116612	24252
(3) Other	1b(3)	255047	216021
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	9507531	7522476
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2029542	3476316
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	129529	144637
(B) Common	1c(4)(B)	10367111	12461156
(5) Partnership/joint venture interests	1c(5)	3773978	3233357
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1857367	1736389
(9) Value of interest in common/collective trusts	1c(9)	10920366	9515874
(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)	23592018	29850365
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	8000000	8000000
(15) Other	1c(15)	1115419	1137255

			(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	72200882	77740438
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	128893	42271
k	Total liabilities (add all amounts in lines 1g through1j)	1k	128893	42271
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	72071989	77698167

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)	1432489	
	(B) Participants	2a(1)(B)	4454150	
	(C) Others (including rollovers)	2a(1)(C)	88578	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5975217
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)	335041	
	(C) Corporate debt instruments	2b(1)(C)	148666	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	113641	
	(F) Other	2b(1)(F)	430036	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1027384
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	12362	
	(B) Common stock	2b(2)(B)	219618	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	472952	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		704932
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	12335749	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	14068739	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-1732990

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3439608	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3439608
(6) Net investment gain (loss) from common/collective trusts	2b(6)		222206
(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)		6301614
c Other income	2c		122940
d Total income. Add all **income** amounts in column (b) and enter total	2d		16060911
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9822641	
(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)		9822641
f Corrective distributions (see instructions)	2f		38957
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	27000	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	256021	
(4) Other	2i(4)	290114	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		573135
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10434733
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		5626178
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: PIOTROWSKI & GEBIS (2) EIN: 36-3712775

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		10000000
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 01/01/2009 and ending 12/31/2009

A Name of plan
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MACLEAN-FOGG COMPANY

D Employer Identification Number (EIN)
36-2431745

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): 39-6436442

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):

PIOTROWSKI & GEBIS

CERTIFIED PUBLIC ACCOUNTANTS

3315 Algonquin Road, Suite 300
Rolling Meadows, IL 60008
(847) 259-1900
Fax (847) 259-2016

REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator
MacLean-Fogg Company Profit Sharing and Savings Plan
Mundelein, Illinois

We were engaged to audit the accompanying statements of net assets available for benefits of the MacLean-Fogg Company Profit Sharing and Savings Plan (the "Plan") as of December 31, 2009 and 2008 and the related statements of changes in net assets available for benefits for the years then ended and the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Marshall & Ilsley Trust Company N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee held the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the trustees is complete and accurate.

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

Piotrowski + Gebis

October 13, 2010
Rolling Meadows, Illinois

MacLean-Fogg Company Profit Sharing and Savings Plan
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

Schedule I

Identity of Issue	Description of Investment Number of Shares	Current Value
Common Stock		
3M Co Com	600	$ 49,602
Abb Ltd Sponsored ADR	10,000	191,000
Abbott Laboratories Com	4,000	215,960
Advanced Micro Devices Inc Com	5,100	49,368
Amazon com Inc Com	700	94,164
Amerisourcebergen Corp Com	2,800	72,996
Amgen Inc Com	1,100	62,227
Anadarko Pete Corp Com	1,000	62,420
Annaly Capital Mgmt Inc Com	1,800	31,230
AOL Inc Com	354	8,241
Apache Corp Com	600	61,902
Apple Inc Com	650	137,059
Archer Daniels Midland Com	1,900	59,489
AT&T Inc Com	5,795	162,434
Automatic Data Processing Inc com	800	34,256
Autonation Inc Del Com	1,000	19,150
Avnet Inc Com	1,850	55,796
Bank of America Corp Com	2,900	43,674
Bard C R Inc Com	500	38,950
Baxter Intl Inc Com	600	35,208
Blackrock Inc Com	375	87,075
BMC Software Inc Com	1,300	52,130
C H Robinson Worldwide Inc Com New	750	44,047
Chubb Corp Com	1,400	68,852
Cisco Sys Inc	14,100	337,554
Coca Cola Enterprises Inc Com	3,400	72,080
Colgate Palmolive Co Com	1,950	160,193
Comcast Corp New CL A Spl	12,500	200,125
Conagra Foods Inc Com	1,600	36,880
Conocophillips Com	3,300	168,531
Constellation Energy Group Inc	1,200	42,204
Convergys Corp Com	3,100	33,325
Costco Whsl Corp New Com	4,500	266,265
Coventry Health Care Inc Com	3,800	92,302
CVS Caremark Corp Com	7,500	241,575
Devon Energy Corp New Com	900	66,150
DeVry Inc Del Com	4,000	226,920
Disney Walt Co Com	7,500	241,875
Dover Corp Com	1,200	49,932
DTE Energy Co Com	1,550	67,564
E M C Corp Mass Com	15,000	262,050
Edison Intl Com	2,800	97,384
Ensco Intl Inc com	1,600	63,904

Note: Cost Information is omitted for participant directed investments

The information in this schedule has been derived from information certified by Marshall & Ilsley Trust Company N.A

MacLean-Fogg Company Profit Sharing and Savings Plan
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

Schedule I

Identity of Issue	Description of Investment Number of Shares	Current Value
Common Stock		
Exxon Mobil Corp Com	3,825	$ 260,827
Fluor Corp New Com	900	40,536
Ford Mtr Co Del Com Par $0 01	5,400	54,000
Freeport-McMoran Copper & Gold Inc	1,150	92,333
General Elec Co Com	19,500	295,035
Gilead Sciences Inc Com	6,000	259,680
Goldman Sachs Group Inc Com	920	155,333
Google Inc Cl A	520	322,390
Grainger W W Inc Com	300	29,049
HCP Inc Com	1,500	45,810
Hertz Global Hldgs Inc Com	3,900	46,488
Hewlett Packard Co Com	1,081	55,682
International Business Machs Corp	3,550	464,695
Intuitive Surgical Inc Com new	750	227,490
Johnson & Johnson Com	7,575	487,906
Joy Global Inc Com	650	33,534
JPMorgan Chase & Co Com	11,654	485,622
Kinder Morgan Management LLC Shs	0.861	47
Kroger Co Com	2,800	57,484
Leggett & Platt Inc Com	2,100	42,840
Lilly Eli & Com Com	2,200	78,562
Lockheed Martin Corp Com	950	71,582
Lorillard Inc Com	700	56,161
Lubrizol Corp Com	1,600	116,720
Macys Inc Com	4,200	70,392
Marvell Technology Group Ltd	5,800	120,350
Mastercard Inc Cl A	150	38,397
McDonalds Corp Com	4,100	256,004
McKesson Corp Com	1,000	62,500
Meadwestvaco Corp Com	1,600	45,808
Medco Health Solutions Inc Com	900	57,519
Metlife Inc Com	6,000	212,100
Microsoft Corp Com	6,100	185,989
Neutral Tandem Inc Com	10,000	227,500
Newell Rubbermaid Inc Com	3,500	52,535
Newmont Mng Corp Com	400	18,924
Nicor Inc	1,200	50,520
Noble Corp	1,800	73,260
Northern Tr Corp Com	3,000	157,200
Northrop Grumman Corp Com	1,800	100,530
Novellus Sys Inc Com	2,100	49,014
Pepsico Inc Com	5,475	332,880
Pfizer Inc Com	5,460	99,317

Note: Cost Information is omitted for participant directed investments

The information in this schedule has been derived from information certified by Marshall & Ilsley Trust Company N A

MacLean-Fogg Company Profit Sharing and Savings Plan
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

Schedule I

Identity of Issue	Description of Investment Number of Shares	Current Value
Common Stock		
Phillip Morris Intl Inc Com	1,050	$ 50,600
PNC Finl Svcs Group Inc Com	1,900	100,301
Procter & Gamble Co Com	3,000	181,890
Qualcomm Inc Com	550	25,443
Qwest Communications Intl Inc Com	6,800	28,628
Sandisk Corp Com	2,400	69,576
Starbucks Corp Com	2,600	59,956
Stericycle Inc Com	4,000	220,680
Symantec Corp Com	1,500	26,835
Sysco Corp Com	1,100	30,734
Talisman Energy Inc Com	15,000	279,600
Tellabs Inc Com	6,400	36,352
Time Warner Inc Com New	3,900	113,646
TJX Co Inc new Com	1,700	62,135
Travelers Cos Inc com	1,800	89,748
United Parcel Svc Inc Cl B	600	34,422
US Bancorp Del Com new	4,200	94,542
Virgin Media Inc Com	4,300	72,369
Walmart Stores Inc Com	2,050	109,573
Western Digital Corp Com	1,100	48,565
Wyndham Worldwide Corp Com	1,900	38,323
XTO Energy Inc Com	5,000	232,650
Total common stocks		12,461,156
Preferred Stock		
General Elec Cap Corp Public Income	2,000	50,080
MBNA CaP E TR Originated PFD Secs	2,000	49,357
Privatebancorp Cap Tr IV Gtd TR PFD	2,000	45,200
Total preferred stocks		144,637

Note: Cost Information is omitted for participant directed investments

The information in this schedule has been derived from information certified by Marshall & Ilsley Trust Company N.A

MacLean-Fogg Company Profit Sharing and Savings Plan
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

Schedule I

Identity of Issue	Description of Investment: Interest Rate	Maturity Date	Par Value	Current Value
Government Bonds				
Federal Farm Credit Banks	4.770%	10/3/2011	$ 500,000	$ 531,453
Federal Home Loan Banks	1.875%	6/20/2012	750,000	755,658
Federal Home Loan Banks	3.250%	3/11/2011	750,000	772,579
Federal Home Loan Banks	3.125%	6/10/2011	1,000,000	1,027,982
Federal Home Loan Banks	7.375%	2/12/2010	400,000	403,050
Federal Home Loan Banks	4.600%	1/14/2015	500,000	500,595
Federal Home Loan Banks	4.625%	7/29/2013	500,000	512,856
Federal Home Loan Mtg Corp Medium Term	2.000%	7/27/2012	1,000,000	1,002,060
Federal Home Loan Mtg Corp Medium Term	2.375%	2/24/2012	1,000,000	1,002,618
Federal Home Loan Mtg Corp Reference	4.875%	2/9/2010	500,000	502,313
Federal Natl Mtg Assn Mtn	4.680%	7/27/2010	500,000	511,312
Total government obligations				7,522,476
Corporate Bonds				
AT&T Inc NT	4.850%	2/15/2014	500,000	532,143
General Dynamics Corp Global NT	4.500%	8/15/2010	500,000	512,982
General Electric Cap Corp Medium Term	3.500%	8/13/2012	250,000	255,316
JPMorgan Chase & Co Sub NT	5.375%	10/1/2012	250,000	270,706
Kinder Morgan Inc Sr Nt	5.150%	3/1/2015	500,000	482,500
Kraft Foods, Inc Global NT	5.625%	11/1/2011	500,000	531,263
Walgreen Co	4.875%	8/1/2013	500,000	537,364
Zions Bancoporation Sub NT	6.000%	9/15/2015	500,000	354,042
Total corporate bonds				3,476,316

Note: Cost Information is omitted for participant directed investments.

The information in this schedule has been derived from information certified by Marshall & Ilsley Trust Company N.A.

MacLean-Fogg Company Profit Sharing and savings Plan
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

Schedule I

Identity of Issue	Description of Investment: Number of Shares	Description of Investment: Current Value
Registered Investment Entities		
American Europacific Growth R5 #2516	255,922 16	$ 9,796,700
Ishares TR Dow Jones US Consumer	1,000 000	55,530
Ishares TR Dow Jones US Energy	900	29,916
Ishares TR Dow Jones US Finl Sector	1,200	62,136
Ishares TR Dow Jones US INDL Sector	1,200	63,636
Ishares TR Dow Jones US Technology	1,000	57,540
Ishares TR Msci Emerging Mkts Indelx	2,500	103,750
Ishares TR Nasdaq Biotechnology	600	49,098
Ishares Tr S&P Small Cap 600 Indext FD	2,000	109,440
Matthews China Fund	1,676 630	42,754
Matthews India Fund	2,513 332	40,942
Oppenheimer Main Street Small	384,063 043	6,682,697
Vanguard Institutional Index Fd #94	103,584 278	10,563,524
Vanguard International Equity Index	1,000	43,610
Total registered investment entities		27,701,273

Note: Cost Information is omitted for participant directed investments

The information in this schedule has been derived from information certified by Marshall & Ilsley Trust Company N A.

MacLean-Fogg Company Profit Sharing and Savings Plan
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

Schedule I

Identity of Issue	Description of Investment: Number of Shares	Description of Investment: Current Value
Common/Collective Trusts		
* M & I Stable Principal Fund - (1)	10,920,366	$ 9,515,874
Total common/collective trusts		9,515,874
Money Market Funds		
* Marshall Prime Money Market	2,149,092	2,149,092
Total money market funds		2,149,092
Limited Partnership Interests		
HWK Capital Partners II LP	170,251 2	200,815
Madison Dearborn Cap Partners II	98,305 06	31,132
Madison Dearborn Cap Partners III	109,059	78,858
Madison Dearborn Cap Partners IV	725,381 6	1,160,280
Madison Dearborn Cap Partners V	801,890	625,465
Madison Dearborn Cap Partners VI	68,301 89	71,642
Potomac Realty Loan Fund Q, L P	3	231,027
Sapphire Voyager Offshore Fund	517	834,138
Total limited partnership interests		3,233,357
Participant Loans		
* Participant loans (Interest rate range from 4 25% to 10 50%)		1,736,389
Total participant loans		1,736,389
Guaranteed Investment Contract		
Deposit with Prudential		8,000,000
Total guaranteed investment contract		8,000,000
Total investments		75,940,570
Life Insurance Policies		
Cash Surrender Value of Life Insurance Policies		119,955
MacLean Fogg Participant Life Insurance Policies		1,017,300
Total life insurance policies		1,137,255
Grand Total		$ 77,077,825

* Represents a party-in-interest to the Plan

(1) - At contract value (current value $9,420,715)

Note: Cost Information is omitted for participant directed investments

The information in this schedule has been derived from information certified by Marshall & Ilsley Trust Company N A

MacLean-Fogg Company
Profit Sharing and Savings Plan
Financial Statements and Supplemental Schedule
As of and for the Years Ended
December 31, 2009 and 2008

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Note: Supplemental schedules required by the Employee Retirement Income Security Act of 1974 that have not been included herein are not applicable to the MacLean-Fogg Company Profit Sharing and Savings Plan

PIOTROWSKI & GEBIS

CERTIFIED PUBLIC ACCOUNTANTS

3315 Algonquin Road, Suite 300
Rolling Meadows, IL 60008
(847) 259-1900
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REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator
MacLean-Fogg Company Profit Sharing and Savings Plan
Mundelein, Illinois

We were engaged to audit the accompanying statements of net assets available for benefits of the MacLean-Fogg Company Profit Sharing and Savings Plan (the "Plan") as of December 31, 2009 and 2008 and the related statements of changes in net assets available for benefits for the years then ended and the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Marshall & Ilsley Trust Company N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee held the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the trustees is complete and accurate.

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

Piotrowski + Gebis

October 13, 2010
Rolling Meadows, Illinois

MacLean-Fogg Company Profit Sharing and Savings Plan
Statements of Net Assets Available for Plan Benefits
December 31, 2009 and 2008

	2009	2008
Assets		
Investments at fair value	$ 75,845,411	$ 69,631,424
Cash surrender value of life insurance policies	1,137,255	1,115,419
Cash	14,863	1,457
	76,997,529	70,748,300
Receivables		
Interest and dividends receivable	216,021	255,047
Employer contributions receivable	407,477	534,905
Employee contributions and loan repayment receivables	24,252	116,612
Total receivables	647,750	906,564
Total assets	77,645,279	71,654,864
Liabilities		
Accounts Payable	42,271	128,893
Net assets reflecting investments at fair value	77,603,008	71,525,971
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	95,159	546,018
Net assets available for benefits	$ 77,698,167	$ 72,071,989

The accompanying notes are an integral part of these financial statements

MacLean-Fogg Company Profit Sharing and Savings Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2009 and 2008

	2009	2008
Additions		
Contributions		
Employer	$ 1,432,489	$ 2,284,515
Employee	4,454,150	5,099,596
Rollovers	88,578	4,049,574
	5,975,217	11,433,685
Investment income		
Interest	1,261,700	1,565,402
Dividends	691,123	1,080,033
Net appreciation in fair value of investments (Note 4)	8,008,232	-
Income from limited partnership and other interests	124,639	277,916
	10,085,694	2,923,351
Total additions	16,060,911	14,357,036
Deductions		
Net depreciation in fair value of investments (Note 4)	-	22,761,182
Benefit payments	9,822,641	10,183,674
Corrective Distributions	38,957	19,891
Administrative expenses	573,135	506,760
Total deductions	10,434,733	33,471,507
Net increase (decrease) in net assets	5,626,178	(19,114,471)
Net assets available for plan benefits		
Beginning of year	72,071,989	91,186,460
End of year	$ 77,698,167	$ 72,071,989

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

1. Plan Description

A brief description of the MacLean-Fogg Company Profit Sharing and Savings Plan (the "Plan") follows Participants should refer to the Plan agreement for a more complete description of the Plan's provisions

The Plan is funded through both employee and MacLean-Fogg Company (the "Company") contributions Company contributions are made from current or accumulated profits. Participants in the Plan may contribute up to 75% of their annual earnings ("salary deferral contributions"), but the total annual contribution cannot exceed $16,500 in 2009 ($15,500 in 2008) plus an additional $5,500 ($5,000 in 2008) for participants who have reached the age of 50 years old

Marshall & Ilsley Trust Company N.A. is the trustee of the Plan Employees have the option to invest their contributions in either the Short Term Bond Fund, Fixed Income Fund, Vanguard Institutional Index Fund, Diversified Growth Fund, Oppenheimer Main Street Small Cap Fund, American Europacific Growth Fund and the M&I Stable Principal Fund based upon allocation percentages determined by participants Annually, participants can also invest a specified dollar amount in the Aggressive Growth Fund. Participants can also elect to invest in certain target retirement funds, which each contain specified allocations of the aforementioned funds In May 2010, certain changes were made regarding investment fund choices.

A participant's election to invest their accounts or change the investments of future contributions may be made at their discretion. Changes to their investment balance options may be done four times within a rolling twelve month period, except for the Aggressive Growth Fund, which participants may elect in or out of once per year In prior years, participants also had one-time options to invest in certain limited partnerships; currently, the Aggressive Growth Fund includes certain partnership investments. The life of the partnership investments is a minimum of 10 years. Maximum future commitments to the partnerships are immaterial at December 31, 2009 Participants' withdrawals from the non Aggressive Growth Fund partnerships are limited to once per year (in July), provided that funds are available for distribution (the Aggressive Growth Fund purchases the partnership investments for any requested withdrawals). In prior years, participants had an option to request that a portion of their accounts be applied to purchase a term or cash value insurance policy. All premiums on insurance policies are charged against the account balance of the participant in whose name the policy was purchased. The Director of Employee Benefits at MacLean-Fogg Company is the administrator of the life insurance policies with the Plan

The Company contributes to the Plan on behalf of each participant an amount equal to 50% of the participants' salary deferral contributions, up to 6% of the participants' annual earnings (a "matching contribution"). Effective April 1, 2008, the Plan was amended to provide that the Company, in its sole discretion may, but is not required to, make matching contributions to the Plan Effective April 1, 2009, the Company matching contribution was decreased to 25% of the participants' salary deferral contributions. On July 1, 2010, the 50% matching contribution was reinstated

In addition, the Company may contribute an additional discretionary amount subject to the approval of the Board of Directors (the "profit-sharing contribution") This additional contribution is allocated to eligible participants on a pro rata basis according to each participant's earnings for the respective calendar year.

Each covered employee is eligible to participate in the Plan on the first day of the month following the date on which the employee is credited with a period of service of three consecutive months An employee whose benefits are subject to a collective bargaining agreement shall be eligible to

1. Plan Description (continued)

participate only if the agreement so provides. Effective January 1, 2009, the Plan was amended to include an automatic enrollment feature.

Under the Plan, separate accounts are maintained to reflect the interests of each participant. One portion of the account is maintained to reflect each participant's salary deferral contributions and any income or earnings thereon. A second portion is maintained to reflect each participant's share of Company contributions, forfeitures from terminated participants' accounts and any income or earnings attributable to those amounts. A third portion is maintained to reflect each participant's share of Company profit sharing contributions.

A participant is always 100% vested in the portion of their account attributable to their own contributions. If a participant terminates employment due to retirement, disability or death, they will also be fully vested in the portion of their account attributable to Company contributions. If a participant terminates employment before retirement for a reason other than disability or death, they will be vested in the portion of their account attributable to Company contributions as follows: twenty percent after one year of service, forty percent after two years of service, sixty percent after three years of service, eighty percent after four years of service and one hundred percent after five years of service

Participants may obtain loans from the Plan, which are limited in amount (as prescribed in the plan document so as to comply with Internal Revenue Service and Department of Labor rules and regulations), shall bear interest at a reasonable rate with substantially level amortization and payments at least quarterly, specify a repayment period not to exceed five years (15 years in the case of a loan obtained for the purchase of a principal residence) and be made only from the accounts of the participant requesting the loan (and be treated as an investment of such accounts, with interest payments on the loan being credited as earnings to those respective accounts). Upon retirement or termination, any outstanding loan balance will be treated as a participant distribution or the participant can repay the loan completely within a ninety day period

Plan Expenses

All proper expenses of the Plan and trust administration are paid by the participants, except for associated legal expenses which have been paid by the Company

Forfeited Accounts

At December 31, 2009 and 2008, forfeited nonvested accounts totaled approximately $107,000 and $165,000, respectively. These accounts are returned to participants as additional contributions.

2. Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets of a defined-contribution plan attributable to fully benefit-responsive contracts because contract value is the amount participants would receive if they were to initiate transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contract

2. Significant Accounting Policies (continued)

Basis of Accounting (continued)

from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on the contract value basis.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make significant estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the date of the financial statements and the changes in net assets available for plan benefits during the reporting period and, where applicable, disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments and Investment Transactions

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 participants at the measurement date. See note 6 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 includes the Plan's gains and losses on investments sold as well as held during the year The Plan invests temporary cash in money market accounts with Marshall & Ilsley Trust Company N.A

Subsequent Events

The Plan has evaluated subsequent events through October 13, 2010, the date the financial statements were available to be issued.

3. Termination of the Plan

The Company has established the Plan with the intention that the Plan will be permanent The Company has reserved the right, however, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of Employee Retirement Income Act of 1974 ("ERISA") In the event the Plan is discontinued, all participants' accounts shall become fully vested and nonforfeitable after proportionate adjustments of the participants' accounts to reflect expenses, earnings and other allocations to the date all assets of the Plan will be distributed Each participant or beneficiary, as the case may be, is entitled to receive any amounts credited to their accounts in the Plan, provided, however, that the Company and Marshall & Ilsley Trust Company N A. are not required to effect such distribution until written evidence of approval of such termination and distribution has been received from the Commissioner of the Internal Revenue Service ("IRS).

4. Financial Data Certified by the Trustee

The following summary of the Plan's financial information as shown in the Statements of Net Assets Available for Plan Benefits and the Statements of Changes in Net Assets Available for Plan Benefits and the financial information appearing in Schedule H - Line 4i have been derived from information prepared and certified as complete and accurate by Marshall & Ilsley Trust

4. Financial Data Certified by the Trustee (continued)

Company N.A., the trustee, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	2009	2008
Investments:		
At fair value		
Common stock	$ 12,461,156	$ 10,367,111
Preferred Stock	144,637	129,529
Government obligations	7,522,476	9,507,531
Corporate bonds	3,476,316	2,029,542
Registered investment entities	27,701,273	20,238,271
Common/collective trusts	9,420,715	10,374,348
Guaranteed deposit account	8,000,000	8,000,000
Money market funds	2,149,092	3,353,747
Limited partnership interests	3,233,357	3,773,978
Participant loans	1,736,389	1,857,367
	$ 75,845,411	$ 69,631,424

The following investment information presents investments that represent five percent or more of Plan's net assets:

	2009	2008
Registered investment entities		
Oppenheimer Main Street Small Cap Fund	$ 6,682,697	$ 4,689,501
Vanguard Institutional Index Fund	10,563,524	8,238,607
American Europacific Growth Fund	9,796,700	6,881,568
Common/Collective Trusts		
M&I Stable Principal Fund	9,420,715	10,374,348
Guaranteed deposit account		
Deposit with Prudential	8,000,000	8,000,000

During 2009 and 2008, the Plan's investments in marketable securities, limited partnership interests, and registered investment entities (including investments bought, sold, and held during the year) appreciated (depreciated) in value as follows:

	2009	2008
Common stock	$ 2,005,178	$ (6,363,463)
Government obligations	(177,655)	109,942
Corporate bonds	111,519	(751,657)
Preferred stock	15,108	(18,617)
Registered investment entities	6,301,614	(13,611,880)
Limited partnership interests	(247,532)	(2,125,507)
Net appreciation (depreciation) in fair value	$ 8,008,232	$ (22,761,182)

4. Financial Data Certified by the Trustee and the Insurance Carrier (continued)

Investment income for the years ended December 31, 2009 and 2008 was as follows:

	2009	2008
Interest	$ 1,261,700	$ 1,565,402
Dividends	691,123	1,080,033
Income from limited partnership and other interests	124,639	277,916

5. Unallocated Investment Contract

The Plan has a deposit in an unallocated investment contract held by Prudential Retirement Insurance and Annuity Company. The credited interest rate and average yield on the deposit at and for the years ended December 31, 2009 and 2008 were as follows:

	Credited Interest Rate on Account	Average Yield
2008	5.65%	5.50%
2009	5.50%	5.35%

Prior to the first date of each calendar year, Prudential notifies the Plan administrator of the annual rate of credited interest which will be applied to the amounts held in the guaranteed deposit account during the next calendar year. Interest is credited to the account on a monthly basis, as provided in the contract.

6. Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the 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 ASC 820 are described as follows:

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

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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

6. Fair Value Measurements (continued)

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

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

The asset 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.

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 December 31, 2009 and 2008

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

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

Common/collective trusts: Valued at fair value as determined by the fund.

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

Guaranteed investment contract: Valued at contract value, which approximates fair value as determined by the insurance company.

Limited Partnerships: Valued at fair value as determined by the general partner

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2009 and 2008:

6. Fair Value Measurements (continued)

	Investments at Fair Value at December 31, 2009			
	Level 1	Level 2	Level 3	Total
Common stock:				
Consumer Discretionary	$ 1,604,434	$ -	$ -	$ 1,604,434
Consumer Staples	1,655,803	-	-	1,655,803
Energy	1,269,291	-	-	1,269,291
Financials	1,571,487	-	-	1,571,487
Health Care	1,790,617	-	-	1,790,617
Industrials	1,206,437	-	-	1,206,437
Information Technology	2,413,067	-	-	2,413,067
Other	950,020	-	-	950,020
Preferred Stock	144,637	-	-	144,637
Government obligations	7,522,476	-	-	7,522,476
Corporate bonds	3,476,316	-	-	3,476,316
Registered investment entities:				
Small Cap Equity Funds	6,682,697	-	-	6,682,697
Large Cap Equity Funds	10,563,524	-	-	10,563,524
International Equity Funds	9,880,396	-	-	9,880,396
Exchange Traded Funds	574,656	-	-	574,656
Common/collective trusts	-	9,420,715	-	9,420,715
Guaranteed deposit account	-	-	8,000,000	8,000,000
Money market funds	-	2,149,092	-	2,149,092
Limited partnership interests	-	-	3,233,357	3,233,357
Participant loans	-	-	1,736,389	1,736,389
	$ 51,305,858	$ 11,569,807	$ 12,969,746	$ 75,845,411

	Investments at Fair Value at December 31, 2008			
	Level 1	Level 2	Level 3	Total
Common stock:				
Consumer Discretionary	504,834	$ -	$ -	$ 504,834
Consumer Staples	1,832,133	-	-	1,832,133
Energy	924,247	-	-	924,247
Financials	1,507,725	-	-	1,507,725
Health Care	1,755,628	-	-	1,755,628
Industrials	1,673,417	-	-	1,673,417
Information Technology	1,555,487	-	-	1,555,487
Other	613,640	-	-	613,640
Preferred Stock	129,529	-	-	129,529
Government obligations	9,507,531	-	-	9,507,531
Corporate bonds	2,029,542	-	-	2,029,542
Registered investment entities:				
Small Cap Equity Funds	4,689,501	-	-	4,689,501
Large Cap Equity Funds	8,238,607	-	-	8,238,607
International Equity Funds	6,926,304	-	-	6,926,304
Exchange Traded Funds	383,859	-	-	383,859
Common/collective trusts	-	10,374,348	-	10,374,348
Guaranteed deposit account	-	-	8,000,000	8,000,000
Money market funds	-	3,353,747	-	3,353,747
Limited partnership interests	-	-	3,773,978	3,773,978
Participant loans	-	-	1,857,367	1,857,367
	$ 42,271,984	$ 13,728,095	$ 13,631,345	$ 69,631,424

6. Fair Value Measurements (continued)

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the years ended December 31, 2009 and 2008:

Year Ending December 31, 2009

	Guaranteed deposit account	Limited partnership interests	Participant loans	Total
Balance, beginning of year	$ 8,000,000	$ 3,773,978	$ 1,857,367	$ 13,631,345
Realized gains	-	6,853	-	6,853
Unrealized (losses) relating to instruments still held at the reporting date	-	(237,898)	-	(237,898)
Purchases, sales, issuances, and settlements (net)	-	(309,576)	(120,978)	(430,554)
Balance, end of year	$ 8,000,000	$ 3,233,357	$ 1,736,389	$ 12,969,746

Year Ending December 31, 2008

	Guaranteed deposit account	Limited partnership interests	Participant loans	Total
Balance, beginning of year	$ 8,000,000	$ 7,846,437	$ 1,682,397	$ 17,528,834
Realized gains	-	299,398	-	299,398
Unrealized (losses) relating to instruments still held at the reporting date	-	(1,729,103)	-	(1,729,103)
Purchases, sales, issuances, and settlements (net)	-	(2,642,754)	174,970	(2,467,784)
Balance, end of year	$ 8,000,000	$ 3,773,978	$ 1,857,367	$ 13,631,345

7. M&I Stable Principal Fund

The common/collective trust investment is the M&I (the Trustee) Stable Principal Fund, which is a fully benefit responsive fund. Contributions are maintained in a pooled account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses charged by the Trustee

Since the fund is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the fund. Contract value, as reported by the Trustee, represents contributions made under the contract plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract

7. M&I Stable Principal Fund (continued)

value The fund could be limited in its ability to transact with issuers at contract value if the fund raises its risk profile or is subjected to an extended period of significant cash outflow The Trustee maintains strong risk parameters and works with its issuers before any risk parameter changes are contemplated The Trustee maintains cash, internal cash flow and a maturity ladder of investments to offset cash withdrawals Further, the Trustee may limit withdrawals in order to maintain sufficient liquidity Therefore, the probability of the fund losing its access to contract value transactions is remote

All issuer transactions are guaranteed at contract value unless the fund is found to have acted negligently, fraudulently or with intent to mislead the issuer

The average yield and crediting interest rates on the contract were 3 78% and 3.36%, respectively, for the year ended December 31, 2009, and 4 25% and 3 28%, respectively, for the year ended December 31, 2008 The basis and frequency of determining the crediting interest rate is done on a daily basis. There were no limitations or guarantees on the contract at December 31, 2009 and 2008

8. Tax Status

The Plan obtained its latest determination letter on May 21, 2002, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has not requested a determination letter with respect to the amendments adopted since the above referenced date, however the Plan administrator believes that the Plan is designed and is currently operating in compliance with the applicable requirements of the IRC Accordingly, no provision for income taxes has been included in the Plan's financial statements. The Company has filed a determination letter with the IRS and expects that the results will be completed in early 2011.

9. Risks and Uncertainties

The Plan provides for various investment options in any combination of stocks, bonds, fixed income securities, mutual funds, and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Plan Benefits and the Statement of Changes in Net Assets Available for Plan Benefits

SUPPLEMENTAL SCHEDULE

MacLean-Fogg Company Profit Sharing and Savings Plan
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

Schedule I

Identity of Issue	Description of Investment Number of Shares	Current Value
Common Stock		
3M Co Com	600	$ 49,602
Abb Ltd Sponsored ADR	10,000	191,000
Abbott Laboratories Com	4,000	215,960
Advanced Micro Devices Inc Com	5,100	49,368
Amazon com Inc Com	700	94,164
Amerisourcebergen Corp Com	2,800	72,996
Amgen Inc Com	1,100	62,227
Anadarko Pete Corp Com	1,000	62,420
Annaly Capital Mgmt Inc Com	1,800	31,230
AOL Inc Com	354	8,241
Apache Corp Com	600	61,902
Apple Inc Com	650	137,059
Archer Daniels Midland Com	1,900	59,489
AT&T Inc Com	5,795	162,434
Automatic Data Processing Inc com	800	34,256
Autonation Inc Del Com	1,000	19,150
Avnet Inc Com	1,850	55,796
Bank of America Corp Com	2,900	43,674
Bard C R Inc Com	500	38,950
Baxter Intl Inc Com	600	35,208
Blackrock Inc Com	375	87,075
BMC Software Inc Com	1,300	52,130
C H Robinson Worldwide Inc Com New	750	44,047
Chubb Corp Com	1,400	68,852
Cisco Sys Inc	14,100	337,554
Coca Cola Enterprises Inc Com	3,400	72,080
Colgate Palmolive Co Com	1,950	160,193
Comcast Corp New CL A Spl	12,500	200,125
Conagra Foods Inc Com	1,600	36,880
Conocophillips Com	3,300	168,531
Constellation Energy Group Inc	1,200	42,204
Convergys Corp Com	3,100	33,325
Costco Whsl Corp New Com	4,500	266,265
Coventry Health Care Inc Com	3,800	92,302
CVS Caremark Corp Com	7,500	241,575
Devon Energy Corp New Com	900	66,150
DeVry Inc Del Com	4,000	226,920
Disney Walt Co Com	7,500	241,875
Dover Corp Com	1,200	49,932
DTE Energy Co Com	1,550	67,564
E M C Corp Mass Com	15,000	262,050
Edison Intl Com	2,800	97,384
Ensco Intl Inc com	1,600	63,904

Note: Cost Information is omitted for participant directed investments

The information in this schedule has been derived from information certified by Marshall & Ilsley Trust Company N.A

MacLean-Fogg Company Profit Sharing and Savings Plan
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

Schedule I

Identity of Issue	Description of Investment Number of Shares	Current Value
Common Stock		
Exxon Mobil Corp Com	3,825	$ 260,827
Fluor Corp New Com	900	40,536
Ford Mtr Co Del Com Par $0 01	5,400	54,000
Freeport-McMoran Copper & Gold Inc	1,150	92,333
General Elec Co Com	19,500	295,035
Gilead Sciences Inc Com	6,000	259,680
Goldman Sachs Group Inc Com	920	155,333
Google Inc Cl A	520	322,390
Grainger W W Inc Com	300	29,049
HCP Inc Com	1,500	45,810
Hertz Global Hldgs Inc Com	3,900	46,488
Hewlett Packard Co Com	1,081	55,682
International Business Machs Corp	3,550	464,695
Intuitive Surgical Inc Com new	750	227,490
Johnson & Johnson Com	7,575	487,906
Joy Global Inc Com	650	33,534
JPMorgan Chase & Co Com	11,654	485,622
Kinder Morgan Management LLC Shs	0.861	47
Kroger Co Com	2,800	57,484
Leggett & Platt Inc Com	2,100	42,840
Lilly Eli & Com Com	2,200	78,562
Lockheed Martin Corp Com	950	71,582
Lorillard Inc Com	700	56,161
Lubrizol Corp Com	1,600	116,720
Macys Inc Com	4,200	70,392
Marvell Technology Group Ltd	5,800	120,350
Mastercard Inc Cl A	150	38,397
McDonalds Corp Com	4,100	256,004
McKesson Corp Com	1,000	62,500
Meadwestvaco Corp Com	1,600	45,808
Medco Health Solutions Inc Com	900	57,519
Metlife Inc Com	6,000	212,100
Microsoft Corp Com	6,100	185,989
Neutral Tandem Inc Com	10,000	227,500
Newell Rubbermaid Inc Com	3,500	52,535
Newmont Mng Corp Com	400	18,924
Nicor Inc	1,200	50,520
Noble Corp	1,800	73,260
Northern Tr Corp Com	3,000	157,200
Northrop Grumman Corp Com	1,800	100,530
Novellus Sys Inc Com	2,100	49,014
Pepsico Inc Com	5,475	332,880
Pfizer Inc Com	5,460	99,317

Note: Cost Information is omitted for participant directed investments

The information in this schedule has been derived from information certified by Marshall & Ilsley Trust Company N A

MacLean-Fogg Company Profit Sharing and Savings Plan
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

Schedule I

Identity of Issue	Description of Investment: Number of Shares	Description of Investment: Current Value
Common Stock		
Phillip Morris Intl Inc Com	1,050	$ 50,600
PNC Finl Svcs Group Inc Com	1,900	100,301
Procter & Gamble Co Com	3,000	181,890
Qualcomm Inc Com	550	25,443
Qwest Communications Intl Inc Com	6,800	28,628
Sandisk Corp Com	2,400	69,576
Starbucks Corp Com	2,600	59,956
Stericycle Inc Com	4,000	220,680
Symantec Corp Com	1,500	26,835
Sysco Corp Com	1,100	30,734
Talisman Energy Inc Com	15,000	279,600
Tellabs Inc Com	6,400	36,352
Time Warner Inc Com New	3,900	113,646
TJX Co Inc new Com	1,700	62,135
Travelers Cos Inc com	1,800	89,748
United Parcel Svc Inc Cl B	600	34,422
US Bancorp Del Com new	4,200	94,542
Virgin Media Inc Com	4,300	72,369
Walmart Stores Inc Com	2,050	109,573
Western Digital Corp Com	1,100	48,565
Wyndham Worldwide Corp Com	1,900	38,323
XTO Energy Inc Com	5,000	232,650
Total common stocks		12,461,156
Preferred Stock		
General Elec Cap Corp Public Income	2,000	50,080
MBNA CaP E TR Originated PFD Secs	2,000	49,357
Privatebancorp Cap Tr IV Gtd TR PFD	2,000	45,200
Total preferred stocks		144,637

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MacLean-Fogg Company Profit Sharing and Savings Plan
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

Schedule I

Identity of Issue	Description of Investment: Interest Rate	Maturity Date	Par Value	Current Value
Government Bonds				
Federal Farm Credit Banks	4.770%	10/3/2011	$ 500,000	$ 531,453
Federal Home Loan Banks	1.875%	6/20/2012	750,000	755,658
Federal Home Loan Banks	3.250%	3/11/2011	750,000	772,579
Federal Home Loan Banks	3.125%	6/10/2011	1,000,000	1,027,982
Federal Home Loan Banks	7.375%	2/12/2010	400,000	403,050
Federal Home Loan Banks	4.600%	1/14/2015	500,000	500,595
Federal Home Loan Banks	4.625%	7/29/2013	500,000	512,856
Federal Home Loan Mtg Corp Medium Term	2.000%	7/27/2012	1,000,000	1,002,060
Federal Home Loan Mtg Corp Medium Term	2.375%	2/24/2012	1,000,000	1,002,618
Federal Home Loan Mtg Corp Reference	4.875%	2/9/2010	500,000	502,313
Federal Natl Mtg Assn Mtn	4.680%	7/27/2010	500,000	511,312
Total government obligations				7,522,476
Corporate Bonds				
AT&T Inc NT	4.850%	2/15/2014	500,000	532,143
General Dynamics Corp Global NT	4.500%	8/15/2010	500,000	512,982
General Electric Cap Corp Medium Term	3.500%	8/13/2012	250,000	255,316
JPMorgan Chase & Co Sub NT	5.375%	10/1/2012	250,000	270,706
Kinder Morgan Inc Sr Nt	5.150%	3/1/2015	500,000	482,500
Kraft Foods, Inc Global NT	5.625%	11/1/2011	500,000	531,263
Walgreen Co	4.875%	8/1/2013	500,000	537,364
Zions Bancoporation Sub NT	6.000%	9/15/2015	500,000	354,042
Total corporate bonds				3,476,316

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MacLean-Fogg Company Profit Sharing and savings Plan
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

Schedule I

Identity of Issue	Description of Investment: Number of Shares	Description of Investment: Current Value
Registered Investment Entities		
American Europacific Growth R5 #2516	255,922.16	$ 9,796,700
Ishares TR Dow Jones US Consumer	1,000 000	55,530
Ishares TR Dow Jones US Energy	900	29,916
Ishares TR Dow Jones US Finl Sector	1,200	62,136
Ishares TR Dow Jones US INDL Sector	1,200	63,636
Ishares TR Dow Jones US Technology	1,000	57,540
Ishares TR Msci Emerging Mkts Indelx	2,500	103,750
Ishares TR Nasdaq Biotechnology	600	49,098
Ishares Tr S&P Small Cap 600 Indext FD	2,000	109,440
Matthews China Fund	1,676 630	42,754
Matthews India Fund	2,513 332	40,942
Oppenheimer Main Street Small	384,063 043	6,682,697
Vanguard Institutional Index Fd #94	103,584 278	10,563,524
Vanguard International Equity Index	1,000	43,610
Total registered investment entities		27,701,273

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MacLean-Fogg Company Profit Sharing and Savings Plan
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

Schedule I

Identity of Issue	Description of Investment: Number of Shares	Description of Investment: Current Value
Common/Collective Trusts		
* M & I Stable Principal Fund - (1)	10,920,366	$ 9,515,874
Total common/collective trusts		9,515,874
Money Market Funds		
* Marshall Prime Money Market	2,149,092	2,149,092
Total money market funds		2,149,092
Limited Partnership Interests		
HWK Capital Partners II LP	170,251 2	200,815
Madison Dearborn Cap Partners II	98,305 06	31,132
Madison Dearborn Cap Partners III	109,059	78,858
Madison Dearborn Cap Partners IV	725,381 6	1,160,280
Madison Dearborn Cap Partners V	801,890	625,465
Madison Dearborn Cap Partners VI	68,301 89	71,642
Potomac Realty Loan Fund Q, L P	3	231,027
Sapphire Voyager Offshore Fund	517	834,138
Total limited partnership interests		3,233,357
Participant Loans		
* Participant loans (Interest rate range from 4 25% to 10 50%)		1,736,389
Total participant loans		1,736,389
Guaranteed Investment Contract		
Deposit with Prudential		8,000,000
Total guaranteed investment contract		8,000,000
Total investments		75,940,570
Life Insurance Policies		
Cash Surrender Value of Life Insurance Policies		119,955
MacLean Fogg Participant Life Insurance Policies		1,017,300
Total life insurance policies		1,137,255
Grand Total		$ 77,077,825

* Represents a party-in-interest to the Plan

(1) - At contract value (current value $9,420,715)

Note: Cost Information is omitted for participant directed investments

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