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;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
DEVON BANK PROFIT SHARING/ 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2003

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

6445 N. WESTERN AVENUE
CHICAGO, IL 60645

2b Employer Identification Number (EIN) 36-2030168

2c Sponsor's telephone number 773-465-2500

2d Business code (see instructions) 522110

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.	03/16/2011	ANNETTE DANNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

DEVON BANK

6445 N. WESTERN AVENUE
CHICAGO, IL 60645

3b Administrator's EIN
36-2030168

3c Administrator's telephone number
773-465-2500

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**	163
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**	114
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	67
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	181
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	181
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	156
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
DEVON BANK PROFIT SHARING/ 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DEVON BANK

D Employer Identification Number (EIN)
36-2030168

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).. . . . . [X] 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

MBSC SECURITIES CORPORATION, DISTRI

ONE BOSTON PLACE
24TH FLOOR
BOSTON, MA 02108

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

FRANKLIN TEMPLETON DISTRIBUTORS, IN

100 FOUNTAIN PARKWAY
ST. PETERSBURG, FL 33716

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

GOLDMAN SACHS

71 SOUTH WACKER DRIVE
SUITE 500
CHICAGO, IL 60606

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

INVESCO DISTRIBUTORS, INC.

74-1894784

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

OPPENHEIMER FUNDS INC.

13-2527171

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

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

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

ADP BROKER-DEALER

22-3319984

(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?
60 63 99	RECORD KEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

ADP

22-1467904

(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 37 64 50	RECORD KEEPER	760	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0

(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.
MBSC SECURITIES CORPORATION, DISTRI ONE BOSTON PLACE 24TH FLOOR BOSTON, MA 02108	ANNUAL RATE 0.001 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0

(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.
FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 63 99	0

(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.
GOLDMAN SACHS 71 SOUTH WACKER DRIVE SUITE 500 CHICAGO, IL 60606	ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.001 OF AVERAGE DAILY ASSETS.

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
ADP BROKER-DEALER	60 63	0
(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.	
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.	

(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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
DEVON BANK PROFIT SHARING/ 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DEVON BANK

D Employer Identification Number (EIN)
36-2030168

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	91623	48490
(2) Participant contributions	1b(2)	11052	11082
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	94895	101619
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6062156	7165003
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	6259726	7326194
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	6297	22729
k	Total liabilities (add all amounts in lines 1g through1j)	1k	6297	22729
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6253429	7303465

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)	48490	
	(B) Participants	2a(1)(B)	300221	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		348711
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	7406	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7406
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	105916	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		105916
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		799114
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1261147
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	200264	
(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)		200264
f Corrective distributions (see instructions)	2f		9672
g Certain deemed distributions of participant loans (see instructions)	2g		415
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	760	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		760
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		211111
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1050036
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: CROWE HORWATH, LLP (2) EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
DEVON BANK PROFIT SHARING/ 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DEVON BANK

D Employer Identification Number (EIN)
36-2030168

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): 57-1198022

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):

DEVON BANK
PROFIT SHARING/401(k) PLAN
Chicago, Illinois

FINANCIAL STATEMENTS
December 31, 2009 and 2008

Crowe Horwath

Crowe Horwath LLP
Member Horwath International

REPORT OF INDEPENDENT AUDITORS

The Plan Administrator of the
Devon Bank Profit Sharing/401(k) Plan
Chicago, Illinois

We were engaged to audit the financial statements and supplemental schedule of the Devon Bank Profit Sharing/401(k) Plan ("the Plan") as of December 31, 2009 and 2008 and for the year ended December 31, 2009, as listed in the accompanying contents page. 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 5, which was certified by State Street Bank and Trust Company, 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 holds the Plan's investment assets and executes the investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental 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.

Crowe Horwath LLP

Crowe Horwath LLP

Oak Brook, Illinois
October 5, 2010

DEVON BANK PROFIT SHARING/401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments, at fair value (Note 5)		
Mutual funds	$ 7,165,003	$ 6,062,156
Participant loans	101,619	94,895
Total investments	7,266,622	6,157,051
Employer contribution receivable	48,490	91,623
Participant contributions receivable	11,082	11,052
Total contributions receivable	59,572	102,675
Total assets	7,326,194	6,259,726
LIABILITIES		
Excess contributions	22,729	6,297
NET ASSETS AVAILABLE FOR BENEFITS	$ 7,303,465	$ 6,253,429

See accompanying notes to financial statements.

DEVON BANK PROFIT SHARING/401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2009

Additions to net assets attributed to:	
Investment income	
Interest and dividends (Note 5)	$ 113,322
Net appreciation in fair value of investments (Note 5)	799,114
	912,436
Contributions	
Employer contributions	48,490
Participant contributions	300,221
	348,711
Total additions	1,261,147
Deductions from net assets attributed to:	
Benefits paid to participants	210,351
Administrative expenses	760
Total deductions	211,111
Net increase	1,050,036
Net assets available for benefits	
Beginning of year	6,253,429
End of year	$ 7,303,465

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Devon Bank Profit Sharing/401(k) Plan ("the Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all employees of Devon Bank ("the Company") who meet the Plan's service requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions: Participants may contribute up to 80% of their compensation, subject to Internal Revenue Code limits. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Plan provides for matching contributions by the Company based on 25% of the first 6% of eligible compensation that a participant contributed to the Plan. Additional profit sharing amounts may be contributed at the option of the Company's Board of Directors. No profit sharing contributions were made for 2009.

Participant Accounts: Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution, (b) the Plan's earnings, and (c) forfeitures of terminated participants' nonvested accounts and is charged with the participants withdrawals. With the exception of the Plan's earnings, allocations are based on (a) a participant's compensation for the plan year for the Company's profit sharing contribution and forfeiture allocations and (b) a participant's compensation and elective deferrals for the plan year for the Company's matching contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after five years of credited service as follows:

Years	Vested Percent
1	20%
2	40
3	60
4	80
5	100

Participant Loans: Participants may borrow from their fund accounts a minimum of $500 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The period for repayment of any loan may in no event exceed five years, unless the loan is for the purchase of a primary residence in which case the repayment of the loan shall not exceed 30 years. Participants are allowed only one active loan outstanding at a time. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid regularly through payroll deductions.

Investment Options: Upon enrolling in the Plan, a participant may direct the investment of his or her account into any of several investment options.

Retirement, Death, and Disability: A participant is entitled to 100% of his or her account balance upon retirement, death, or disability.

(Continued)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Payment of Benefits: In the case of financial hardship as described in the plan document, a participant may withdraw in a single sum any part of their vested account resulting from their contributions. Upon termination of service, a participant's account balance less than $5,000 will be paid out in a lump-sum distribution. If the account balance is $5,000 or more, the participant may elect to receive either a lump-sum amount equal to the value of their vested account or annual installments.

Forfeitures: Forfeitures of nonvested balances of terminated participants are reallocated to active participants based on the provisions of the Plan.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared under the accrual basis of accounting.

Subsequent Events: The Plan has evaluated subsequent events for recognition and disclosure through October 5, 2010, which is the date the financial statements were available to be issued.

Investment Valuation and Income Recognition: The Plan's investments, other than participant loans, are stated at fair value. Purchases and sales of investments are recorded on a trade-date basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Fair value is the exchange price that would be received or paid to transfer an asset or liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). There are three levels of inputs that may be used to measure fair value:

> Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.
>
> Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
>
> Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Mutual Funds: Shares of registered investment companies (mutual funds) are reported at fair value based on the quoted market price on nationally recognized securities exchanges (Level 1 inputs).

(Continued)

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

Participant Loans: Participant loans are reported at amortized cost, as the fair value of the loans is not practicable to estimate due to restrictions on transferability of the loans.

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

Investments measured at fair value on a recurring basis are summarized below:

	Fair Value Measurements Using		
	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
2009			
Mutual funds:			
Money market	$ 2,931,343	$ -	$ -
Large cap	2,044,066	-	-
Mid cap	402,291	-	-
Small cap	151,606	-	-
Income	1,265,636	-	-
International	282,649	-	-
Target date retirement	87,412	-	-
2008			
Mutual funds:			
Money market	$ 2,953,965	$ -	$ -
Large cap	1,720,770	-	-
Mid cap	307,140	-	-
Small cap	162,083	-	-
Income	701,638	-	-
International	216,560	-	-

Payment of Benefits: Benefits are recorded when paid.

Excess Contributions: Refunds of excess participant deferral contributions may be required to satisfy the relevant nondiscrimination provisions of the Plan. Such refunds are accrued as a liability and reduction in contributions in the Plan year in which the excess deferrals were made to the Plan.

Estimates: The preparation of the financial statements in conformity with the accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect reported amounts and disclosures, and actual results may differ from those estimates.

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

(Continued)

NOTE 3 - RIGHTS UPON PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan, subject to the provisions of ERISA. In the event of the Plan's termination, participants will become 100% vested in their accounts.

NOTE 4 - TAX STATUS

Effective January 1, 2003, the Plan was restated to comply with various tax law changes. Since the Plan was restated on a prototype document that has received a favorable opinion letter dated May 3, 2002, the Plan is not required to file for an individual determination letter. Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 5 - INVESTMENTS - UNAUDITED INFORMATION

State Street Bank and Trust Company held the Plan's investment assets and executed investment transactions, as trustee, as of December 31, 2009 and 2008 and for the year ended December 31, 2009. Substantially all information pertaining to investments included in the financial statements has been certified by them. This information has not been audited by independent public accountants.

The following investments at December 31, 2009 and 2008 represent 5% or more of the Plan's net assets available for benefits:

	2009	2008
Franklin Growth Fund	$ 464,402	$ *
Goldman Sachs Government Income Fund	558,699	*
Goldman Sachs Balanced Strategy	424,240	*
Goldman Sachs Capital Growth Fund	-	329,834
Goldman Sachs Core Fixed Income Fund	706,938	528,523
Goldman Sachs ILA Prime Obligations Fund	2,931,343	2,953,965
Goldman Sachs Large Cap Value Fund	573,551	504,262

* Balance less than 5% of Plan assets.

During the year ended December 31, 2009, the Plan's investment in mutual funds (including gains and losses on investments bought and sold, as well as held, during the year) appreciated in value by $799,114.

During the year ended December 31, 2009, the Plan's investments earned interest and dividend income of $113,322.

(Continued)

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under the Department of Labor's regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others. Certain professional and administrative fees related to the operation of the Plan were paid by the Company. Administrative fees paid by the Plan to Automated Data Processing, Inc., the record keeper, during 2009 amounted to $760.

Participants in the Plan are permitted to borrow funds from their vested balance as described in Note 1. The participant loans qualify as party-in-interest transactions. Loans to participants were $101,619 and $94,895 at December 31, 2009 and 2008, respectively.

NOTE 7 - SUBSEQUENT EVENTS

Effective January 31, 2010, the Plan's recordkeeper and trustee were changed to First Midwest Bank and Trust Company.

SUPPLEMENTAL SCHEDULE

DEVON BANK PROFIT SHARING/401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

Name of Plan Sponsor: Devon Bank
Employer Identification Number: 36-2030168
Three Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Mutual Funds		
	AIM	Charter Fund	#	$ 280,339
	AIM	Summit Fund	#	912
	Dreyfus	S&P 500 Index Fund	#	7,118
	Franklin	Growth Fund	#	464,402
	Franklin	Small-Mid Cap Grow	#	23,372
	Goldman Sachs	Growth Opportunities	#	145,576
	Goldman Sachs	Government Income Fund	#	558,699
	Goldman Sachs	Ret Strat 2010	#	473
	Goldman Sachs	Ret Strat 2015	#	3,904
	Goldman Sachs	Ret Strat 2030	#	570
	Goldman Sachs	Ret Strat 2020	#	78,721
	Goldman Sachs	Ret Strat 2040	#	879
	Goldman Sachs	Ret Strat 2050	#	2,872
	Goldman Sachs	Core Fixed Income Fund	#	706,938
	Goldman Sachs	ILA Prime Obligations Fund	#	2,931,343
	Goldman Sachs	Equity Growth Strategy	#	84,813
	Goldman Sachs	Growth Strategy	#	132,673
	Goldman Sachs	Balanced Strategy	#	424,240
	Goldman Sachs	Mid Cap Value Fund	#	256,714
	Goldman Sachs	Small Cap Value Fund	#	128,233
	Goldman Sachs	Large Cap Value Fund	#	573,551
	Oppenheimer	Global Fund	#	282,648
	Templeton	Growth	#	76,013
				7,165,003
		Participant Loans		
*	Participant loans	Maturities through August 2015 and interest rates - 4.25% through 9.25%	#	101,619
	Total investments			$ 7,266,622

* Denotes a party-in-interest.
\# Investment is participant directed. Historical cost is not required to be presented.

DEVON BANK
PROFIT SHARING/401(k) PLAN
Chicago, Illinois

FINANCIAL STATEMENTS
December 31, 2009 and 2008

Crowe Horwath

Crowe Horwath LLP
Member Horwath International

REPORT OF INDEPENDENT AUDITORS

The Plan Administrator of the
Devon Bank Profit Sharing/401(k) Plan
Chicago, Illinois

We were engaged to audit the financial statements and supplemental schedule of the Devon Bank Profit Sharing/401(k) Plan ("the Plan") as of December 31, 2009 and 2008 and for the year ended December 31, 2009, as listed in the accompanying contents page. 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 5, which was certified by State Street Bank and Trust Company, 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 holds the Plan's investment assets and executes the investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental 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.

Crowe Horwath LLP

Crowe Horwath LLP

Oak Brook, Illinois
October 5, 2010

DEVON BANK PROFIT SHARING/401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments, at fair value (Note 5)		
Mutual funds	$ 7,165,003	$ 6,062,156
Participant loans	101,619	94,895
Total investments	7,266,622	6,157,051
Employer contribution receivable	48,490	91,623
Participant contributions receivable	11,082	11,052
Total contributions receivable	59,572	102,675
Total assets	7,326,194	6,259,726
LIABILITIES		
Excess contributions	22,729	6,297
NET ASSETS AVAILABLE FOR BENEFITS	$ 7,303,465	$ 6,253,429

See accompanying notes to financial statements.

DEVON BANK PROFIT SHARING/401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2009

Additions to net assets attributed to:	
Investment income	
Interest and dividends (Note 5)	$ 113,322
Net appreciation in fair value of investments (Note 5)	799,114
	912,436
Contributions	
Employer contributions	48,490
Participant contributions	300,221
	348,711
Total additions	1,261,147
Deductions from net assets attributed to:	
Benefits paid to participants	210,351
Administrative expenses	760
Total deductions	211,111
Net increase	1,050,036
Net assets available for benefits	
Beginning of year	6,253,429
End of year	$ 7,303,465

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Devon Bank Profit Sharing/401(k) Plan ("the Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all employees of Devon Bank ("the Company") who meet the Plan's service requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions: Participants may contribute up to 80% of their compensation, subject to Internal Revenue Code limits. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Plan provides for matching contributions by the Company based on 25% of the first 6% of eligible compensation that a participant contributed to the Plan. Additional profit sharing amounts may be contributed at the option of the Company's Board of Directors. No profit sharing contributions were made for 2009.

Participant Accounts: Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution, (b) the Plan's earnings, and (c) forfeitures of terminated participants' nonvested accounts and is charged with the participants withdrawals. With the exception of the Plan's earnings, allocations are based on (a) a participant's compensation for the plan year for the Company's profit sharing contribution and forfeiture allocations and (b) a participant's compensation and elective deferrals for the plan year for the Company's matching contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after five years of credited service as follows:

Years	Vested Percent
1	20%
2	40
3	60
4	80
5	100

Participant Loans: Participants may borrow from their fund accounts a minimum of $500 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The period for repayment of any loan may in no event exceed five years, unless the loan is for the purchase of a primary residence in which case the repayment of the loan shall not exceed 30 years. Participants are allowed only one active loan outstanding at a time. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid regularly through payroll deductions.

Investment Options: Upon enrolling in the Plan, a participant may direct the investment of his or her account into any of several investment options.

Retirement, Death, and Disability: A participant is entitled to 100% of his or her account balance upon retirement, death, or disability.

(Continued)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Payment of Benefits: In the case of financial hardship as described in the plan document, a participant may withdraw in a single sum any part of their vested account resulting from their contributions. Upon termination of service, a participant's account balance less than $5,000 will be paid out in a lump-sum distribution. If the account balance is $5,000 or more, the participant may elect to receive either a lump-sum amount equal to the value of their vested account or annual installments.

Forfeitures: Forfeitures of nonvested balances of terminated participants are reallocated to active participants based on the provisions of the Plan.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared under the accrual basis of accounting.

Subsequent Events: The Plan has evaluated subsequent events for recognition and disclosure through October 5, 2010, which is the date the financial statements were available to be issued.

Investment Valuation and Income Recognition: The Plan's investments, other than participant loans, are stated at fair value. Purchases and sales of investments are recorded on a trade-date basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Fair value is the exchange price that would be received or paid to transfer an asset or liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). There are three levels of inputs that may be used to measure fair value:

> Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.
>
> Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
>
> Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Mutual Funds: Shares of registered investment companies (mutual funds) are reported at fair value based on the quoted market price on nationally recognized securities exchanges (Level 1 inputs).

(Continued)

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

Participant Loans: Participant loans are reported at amortized cost, as the fair value of the loans is not practicable to estimate due to restrictions on transferability of the loans.

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

Investments measured at fair value on a recurring basis are summarized below:

	Fair Value Measurements Using		
	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
2009			
Mutual funds:			
Money market	$ 2,931,343	$ -	$ -
Large cap	2,044,066	-	-
Mid cap	402,291	-	-
Small cap	151,606	-	-
Income	1,265,636	-	-
International	282,649	-	-
Target date retirement	87,412	-	-
2008			
Mutual funds:			
Money market	$ 2,953,965	$ -	$ -
Large cap	1,720,770	-	-
Mid cap	307,140	-	-
Small cap	162,083	-	-
Income	701,638	-	-
International	216,560	-	-

Payment of Benefits: Benefits are recorded when paid.

Excess Contributions: Refunds of excess participant deferral contributions may be required to satisfy the relevant nondiscrimination provisions of the Plan. Such refunds are accrued as a liability and reduction in contributions in the Plan year in which the excess deferrals were made to the Plan.

Estimates: The preparation of the financial statements in conformity with the accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect reported amounts and disclosures, and actual results may differ from those estimates.

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

(Continued)

NOTE 3 - RIGHTS UPON PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan, subject to the provisions of ERISA. In the event of the Plan's termination, participants will become 100% vested in their accounts.

NOTE 4 - TAX STATUS

Effective January 1, 2003, the Plan was restated to comply with various tax law changes. Since the Plan was restated on a prototype document that has received a favorable opinion letter dated May 3, 2002, the Plan is not required to file for an individual determination letter. Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 5 - INVESTMENTS - UNAUDITED INFORMATION

State Street Bank and Trust Company held the Plan's investment assets and executed investment transactions, as trustee, as of December 31, 2009 and 2008 and for the year ended December 31, 2009. Substantially all information pertaining to investments included in the financial statements has been certified by them. This information has not been audited by independent public accountants.

The following investments at December 31, 2009 and 2008 represent 5% or more of the Plan's net assets available for benefits:

	2009	2008
Franklin Growth Fund	$ 464,402	$ *
Goldman Sachs Government Income Fund	558,699	*
Goldman Sachs Balanced Strategy	424,240	*
Goldman Sachs Capital Growth Fund	-	329,834
Goldman Sachs Core Fixed Income Fund	706,938	528,523
Goldman Sachs ILA Prime Obligations Fund	2,931,343	2,953,965
Goldman Sachs Large Cap Value Fund	573,551	504,262

* Balance less than 5% of Plan assets.

During the year ended December 31, 2009, the Plan's investment in mutual funds (including gains and losses on investments bought and sold, as well as held, during the year) appreciated in value by $799,114.

During the year ended December 31, 2009, the Plan's investments earned interest and dividend income of $113,322.

(Continued)

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under the Department of Labor's regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others. Certain professional and administrative fees related to the operation of the Plan were paid by the Company. Administrative fees paid by the Plan to Automated Data Processing, Inc., the record keeper, during 2009 amounted to $760.

Participants in the Plan are permitted to borrow funds from their vested balance as described in Note 1. The participant loans qualify as party-in-interest transactions. Loans to participants were $101,619 and $94,895 at December 31, 2009 and 2008, respectively.

NOTE 7 - SUBSEQUENT EVENTS

Effective January 31, 2010, the Plan's recordkeeper and trustee were changed to First Midwest Bank and Trust Company.

SUPPLEMENTAL SCHEDULE

DEVON BANK PROFIT SHARING/401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

Name of Plan Sponsor: Devon Bank
Employer Identification Number: 36-2030168
Three Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Mutual Funds		
	AIM	Charter Fund	#	$ 280,339
	AIM	Summit Fund	#	912
	Dreyfus	S&P 500 Index Fund	#	7,118
	Franklin	Growth Fund	#	464,402
	Franklin	Small-Mid Cap Grow	#	23,372
	Goldman Sachs	Growth Opportunities	#	145,576
	Goldman Sachs	Government Income Fund	#	558,699
	Goldman Sachs	Ret Strat 2010	#	473
	Goldman Sachs	Ret Strat 2015	#	3,904
	Goldman Sachs	Ret Strat 2030	#	570
	Goldman Sachs	Ret Strat 2020	#	78,721
	Goldman Sachs	Ret Strat 2040	#	879
	Goldman Sachs	Ret Strat 2050	#	2,872
	Goldman Sachs	Core Fixed Income Fund	#	706,938
	Goldman Sachs	ILA Prime Obligations Fund	#	2,931,343
	Goldman Sachs	Equity Growth Strategy	#	84,813
	Goldman Sachs	Growth Strategy	#	132,673
	Goldman Sachs	Balanced Strategy	#	424,240
	Goldman Sachs	Mid Cap Value Fund	#	256,714
	Goldman Sachs	Small Cap Value Fund	#	128,233
	Goldman Sachs	Large Cap Value Fund	#	573,551
	Oppenheimer	Global Fund	#	282,648
	Templeton	Growth	#	76,013
				7,165,003
		Participant Loans		
*	Participant loans	Maturities through August 2015 and interest rates - 4.25% through 9.25%	#	101,619
	Total investments			$ 7,266,622

* Denotes a party-in-interest.
\# Investment is participant directed. Historical cost is not required to be presented.

RUN DATE: 05/21/2010

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF: 12/31/2009

Plan Name: DEVON BANK PROFIT SHARING/ 401(K) PLAN

Employer EIN: 36-2030168

Plan Number: 001

Run Date: 05/21/2010

(a)	(b)Identity of Issue, Borrower, Lessor or Similar Party	(c)Description of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	(d)Cost	(e)Current Value
	GS GROWTH OPPORTUNITIES-A	Registered Investment Company 7,450.1744	n/a	145,576.41
	INVESCO CHARTER - A	Registered Investment Company 18,664.4450	n/a	280,339.97
	INVESCO SUMMIT - A	Registered Investment Company 88.6649	n/a	912.35
	FRANKLIN GROWTH FUND - A	Registered Investment Company 11,901.6400	n/a	464,402.00
	GS GOVERNMENT INCOME FUND - A	Registered Investment Company 37,073.5603	n/a	558,698.56
	GOLDMAN SACHS RET STRAT 2010 A	Registered Investment Company 59.1410	n/a	473.71
	GOLDMAN SACHS RET STRAT 2015 A	Registered Investment Company 512.4297	n/a	3,904.71
	GOLDMAN SACHS RET STRAT 2030 A	Registered Investment Company 81.2076	n/a	570.89
	GOLDMAN SACHS RET STRAT 2020 A	Registered Investment Company 10,666.9218	n/a	78,721.88
	GOLDMAN SACHS RET STRAT 2040 A	Registered Investment Company 128.8414	n/a	879.98
	GS CORE FIXED INCOME FUND - A	Registered Investment Company 75,446.9436	n/a	706,937.86
	GS ILA PRIME OBLIGATIONS- SERV	Registered Investment Company 2,931,343.3600	n/a	2,931,343.36
	GS EQUITY GROWTH STRATEGY - A	Registered Investment Company 8,282.5981	n/a	84,813.80
	GS GROWTH STRATEGY - A	Registered Investment Company 13,442.1203	n/a	132,673.73
	GS BALANCED STRATEGY - A	Registered Investment Company 43,962.7295	n/a	424,240.33
	OPPENHEIMER GLOBAL FUND - A	Registered Investment Company 5,331.9889	n/a	282,648.73
	GS MID CAP VALUE FUND - A	Registered Investment Company 8,858.3241	n/a	256,714.23
	GS SMALL CAP VALUE FUND - A	Registered Investment Company 4,078.6834	n/a	128,233.80
	GS LARGE CAP VALUE FUND - A	Registered Investment Company 54,210.8630	n/a	573,550.92
	TEMPLETON GROWTH - A	Registered Investment Company 4,521.9359	n/a	76,013.74
	FRANKLIN SMALL-MID CAP GROW-A	Registered Investment Company 804.5578	n/a	23,372.41
	GOLDMAN SACHS RET STRAT 2050 A	Registered Investment Company 420.1065	n/a	2,860.93
	DREYFUS S&P 500 INDEX FUND	Registered Investment Company 227.5299	n/a	7,119.41
	Participant Loans	Interest Rates (4.25% to 9.25%)	n/a	122,602.68
		TOTAL		7,287,606.39

NOTE: The following is specifically for Form 5500 reporting.
The difference between Participant Loans on this Schedule and Participant Loans reported on Form 5500 Schedule H or I is the amount of DDLs. Loan amounts shown here include DDLs, while loan amounts reported on 5500 forms do not include DDLs.

RUN DATE: 05/21/2010

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) PAGE 1

Period: 01/01/2009 through 12/31/2009

Plan Name: DEVON BANK PROFIT SHARING/ 401(K) PLAN Employer EIN: 36-2030168

Plan Number: 001 Run Date: 05/21/2010

(a)Identity of Issue, Borrower, or Similar Party	(b)Description of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	(c)Cost of Acquisitions	(d)Proceeds of Dispositions

NOTE: IN ACCORDANCE WITH SPECIFIC INSTRUCTIONS, ACQUISITIONS AND DISPOSITIONS OF CERTAIN TYPES OF ASSETS NEED NOT BE REPORTED. THESE INCLUDE FUNDS OF COMMON/COLLECTIVE TRUSTS AND REGISTERED INVESTMENT COMPANIES.

Schedule C, Line 2(h) Formula Description

For those service providers listed on Line 2 for which Line 2(h) has been checked "yes":

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

DEVON BANK
PROFIT SHARING/401(k) PLAN
Chicago, Illinois

FINANCIAL STATEMENTS
December 31, 2009 and 2008

Crowe Horwath LLP
Member Horwath International

REPORT OF INDEPENDENT AUDITORS

The Plan Administrator of the
Devon Bank Profit Sharing/401(k) Plan
Chicago, Illinois

We were engaged to audit the financial statements and supplemental schedule of the Devon Bank Profit Sharing/401(k) Plan ("the Plan") as of December 31, 2009 and 2008 and for the year ended December 31, 2009, as listed in the accompanying contents page. 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 5, which was certified by State Street Bank and Trust Company, 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 holds the Plan's investment assets and executes the investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental 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.

Crowe Horwath LLP

Crowe Horwath LLP

Oak Brook, Illinois
October 5, 2010

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December 31, 2009 and 2008

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DEVON BANK PROFIT SHARING/401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2009

Additions to net assets attributed to:	
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(Continued)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Payment of Benefits: In the case of financial hardship as described in the plan document, a participant may withdraw in a single sum any part of their vested account resulting from their contributions. Upon termination of service, a participant's account balance less than $5,000 will be paid out in a lump-sum distribution. If the account balance is $5,000 or more, the participant may elect to receive either a lump-sum amount equal to the value of their vested account or annual installments.

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(Continued)

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

Participant Loans: Participant loans are reported at amortized cost, as the fair value of the loans is not practicable to estimate due to restrictions on transferability of the loans.

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International	216,560	-	-

Payment of Benefits: Benefits are recorded when paid.

Excess Contributions: Refunds of excess participant deferral contributions may be required to satisfy the relevant nondiscrimination provisions of the Plan. Such refunds are accrued as a liability and reduction in contributions in the Plan year in which the excess deferrals were made to the Plan.

Estimates: The preparation of the financial statements in conformity with the accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect reported amounts and disclosures, and actual results may differ from those estimates.

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

(Continued)

NOTE 3 - RIGHTS UPON PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan, subject to the provisions of ERISA. In the event of the Plan's termination, participants will become 100% vested in their accounts.

NOTE 4 - TAX STATUS

Effective January 1, 2003, the Plan was restated to comply with various tax law changes. Since the Plan was restated on a prototype document that has received a favorable opinion letter dated May 3, 2002, the Plan is not required to file for an individual determination letter. Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 5 - INVESTMENTS - UNAUDITED INFORMATION

State Street Bank and Trust Company held the Plan's investment assets and executed investment transactions, as trustee, as of December 31, 2009 and 2008 and for the year ended December 31, 2009. Substantially all information pertaining to investments included in the financial statements has been certified by them. This information has not been audited by independent public accountants.

The following investments at December 31, 2009 and 2008 represent 5% or more of the Plan's net assets available for benefits:

	2009	2008
Franklin Growth Fund	$ 464,402	$ *
Goldman Sachs Government Income Fund	558,699	*
Goldman Sachs Balanced Strategy	424,240	*
Goldman Sachs Capital Growth Fund	-	329,834
Goldman Sachs Core Fixed Income Fund	706,938	528,523
Goldman Sachs ILA Prime Obligations Fund	2,931,343	2,953,965
Goldman Sachs Large Cap Value Fund	573,551	504,262

* Balance less than 5% of Plan assets.

During the year ended December 31, 2009, the Plan's investment in mutual funds (including gains and losses on investments bought and sold, as well as held, during the year) appreciated in value by $799,114.

During the year ended December 31, 2009, the Plan's investments earned interest and dividend income of $113,322.

(Continued)

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under the Department of Labor's regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others. Certain professional and administrative fees related to the operation of the Plan were paid by the Company. Administrative fees paid by the Plan to Automated Data Processing, Inc., the record keeper, during 2009 amounted to $760.

Participants in the Plan are permitted to borrow funds from their vested balance as described in Note 1. The participant loans qualify as party-in-interest transactions. Loans to participants were $101,619 and $94,895 at December 31, 2009 and 2008, respectively.

NOTE 7 - SUBSEQUENT EVENTS

Effective January 31, 2010, the Plan's recordkeeper and trustee were changed to First Midwest Bank and Trust Company.

SUPPLEMENTAL SCHEDULE

DEVON BANK PROFIT SHARING/401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

Name of Plan Sponsor: Devon Bank
Employer Identification Number: 36-2030168
Three Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Mutual Funds		
	AIM	Charter Fund	#	$ 280,339
	AIM	Summit Fund	#	912
	Dreyfus	S&P 500 Index Fund	#	7,118
	Franklin	Growth Fund	#	464,402
	Franklin	Small-Mid Cap Grow	#	23,372
	Goldman Sachs	Growth Opportunities	#	145,576
	Goldman Sachs	Government Income Fund	#	558,699
	Goldman Sachs	Ret Strat 2010	#	473
	Goldman Sachs	Ret Strat 2015	#	3,904
	Goldman Sachs	Ret Strat 2030	#	570
	Goldman Sachs	Ret Strat 2020	#	78,721
	Goldman Sachs	Ret Strat 2040	#	879
	Goldman Sachs	Ret Strat 2050	#	2,872
	Goldman Sachs	Core Fixed Income Fund	#	706,938
	Goldman Sachs	ILA Prime Obligations Fund	#	2,931,343
	Goldman Sachs	Equity Growth Strategy	#	84,813
	Goldman Sachs	Growth Strategy	#	132,673
	Goldman Sachs	Balanced Strategy	#	424,240
	Goldman Sachs	Mid Cap Value Fund	#	256,714
	Goldman Sachs	Small Cap Value Fund	#	128,233
	Goldman Sachs	Large Cap Value Fund	#	573,551
	Oppenheimer	Global Fund	#	282,648
	Templeton	Growth	#	76,013
				7,165,003
		Participant Loans		
*	Participant loans	Maturities through August 2015 and interest rates - 4.25% through 9.25%	#	101,619
	Total investments			$ 7,266,622

* Denotes a party-in-interest.
\# Investment is participant directed. Historical cost is not required to be presented.