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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

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

D Check box if filing under:
- [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
THE CHAS. LEVY COMPANY PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/28/1952

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

1420 KENSINGTON ROAD
SUITE 300
OAK BROOK, IL 60523

2b Employer Identification Number (EIN)
36-1382740

2c Sponsor's telephone number
708-547-4400

2d Business code (see instructions)
424100

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.	09/20/2011	SANDRA L. JUBACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/20/2011	SANDRA L. JUBACH
	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")

THE CHAS. LEVY COMPANY

1420 KENSINGTON ROAD
SUITE 300
OAK BROOK, IL 60523

3b Administrator's EIN
36-1382740

3c Administrator's telephone number
708-547-4400

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**	1582
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**	1021
b	Retired or separated participants receiving benefits	**6b**	24
c	Other retired or separated participants entitled to future benefits	**6c**	288
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1333
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	1335
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1247
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	93
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 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)	[X]	**D** (DFE/Participating Plan Information)
(6)	[ ]	**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
THE CHAS. LEVY COMPANY PROFIT SHARING PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
THE CHAS. LEVY COMPANY	36-1382740

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

THE VANGUARD GROUP, INC.

23-1945930

(b) Enter name and EIN or address of person who provided you disclosure 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)

THE VANGUARD GROUP, INC.

23-1945930

(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 25 37 52	NONE	53785	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 ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a	Name:	**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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
THE CHAS. LEVY COMPANY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE CHAS. LEVY COMPANY

D Employer Identification Number (EIN)
36-1382740

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: VANGUARD RETIREMENT SAVINGS TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

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)
23-2186884-022	C	11794862

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):

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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

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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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
THE CHAS. LEVY COMPANY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE CHAS. LEVY COMPANY

D Employer Identification Number (EIN)
36-1382740

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)	1501998	1132649
(2) Participant contributions	1b(2)	59258	58642
(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)	1348230	1468351
(9) Value of interest in common/collective trusts	1c(9)	11999626	11794862
(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)	26839232	31119564
(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	41748344	45574068
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	41748344	45574068

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)	1132649	
	(B) Participants	2a(1)(B)	1953820	
	(C) Others (including rollovers)	2a(1)(C)	120138	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3206607
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)	72161	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		72161
	(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)	670685	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		670685
	(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)		532886
(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)		2840625
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7322964
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3451728	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	9637	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3461365
f Corrective distributions (see instructions)	2f		34
g Certain deemed distributions of participant loans (see instructions)	2g		
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)	35841	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		35841
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3497240
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		3825724
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: HANSEN PLAHM AND CO. (2) EIN: 36-3849301

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		1000000
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		X	

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
THE CHAS. LEVY COMPANY PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE CHAS. LEVY COMPANY

D Employer Identification Number (EIN)
36-1382740

Part I Distributions

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

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

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

EIN(s): 23-2186884

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):

HANSEN PLAHM
& COMPANY
Certified Public Accountants and Consultants
8180 S. Cass Avenue, Darien, IL 60561
www.hansenplahm.com
Phone: 630-968-8897
Fax: 630-968-8927

INDEPENDENT AUDITORS' REPORT

To the Financial Committee
The Chas. Levy Company Retirement Savings Plan
Oak Brook, Illinois

We were engaged to audit the financial statements of The Chas. Levy Company Retirement Savings Plan as of December 31, 2010 and 2009, and for the year ended December 31, 2010, and the supplemental schedules as of and for the year ended December 31, 2010, as listed in the accompanying index. These financial statements and schedules 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 Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds 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, 2010 and 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with U.S. generally accepted auditing standards 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.

Hansen, Plahm & Company

Hansen, Plahm & Company
Darien, Illinois

September 2, 2011

THE CHAS. LEVY COMPANY
RETIREMENT SAVINGS PLAN

OAK BROOK, ILLINOIS

YEAR ENDED
DECEMBER 31, 2010 AND 2009

FINANCIAL STATEMENTS

and

REPORT OF INDEPENDENT AUDITORS

FEIN: 36-1382740

PLAN NUMBER: 001

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HANSEN PLAHM
& COMPANY
Certified Public Accountants and Consultants
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Phone: 630-968-8897
Fax: 630-968-8927

INDEPENDENT AUDITORS' REPORT

To the Financial Committee
The Chas. Levy Company Retirement Savings Plan
Oak Brook, Illinois

We were engaged to audit the financial statements of The Chas. Levy Company Retirement Savings Plan as of December 31, 2010 and 2009, and for the year ended December 31, 2010, and the supplemental schedules as of and for the year ended December 31, 2010, as listed in the accompanying index. These financial statements and schedules 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 Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds 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, 2010 and 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with U.S. generally accepted auditing standards 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.

Hansen, Plahm & Company

Hansen, Plahm & Company
Darien, Illinois

September 2, 2011

THE CHAS. LEVY COMPANY
RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2010 and 2009

ASSETS

	2010	2009
INVESTMENTS, AT FAIR VALUE (Note 4):		
Registered Investment Companies:		
Vanguard 500 Index Fund	$ 3,285,621	$ 2,863,845
Vanguard International Growth Fund	2,926,293	2,448,748
Vanguard PRIMECAP Fund	3,426,259	3,086,862
Vanguard Prime Money Market Fund	95,272	112,098
Vanguard Target Retirement 2005 Fund	167,924	138,313
Vanguard Target Retirement 2010 Fund	526,340	632,742
Vanguard Target Retirement 2015 Fund	1,571,829	1,253,754
Vanguard Target Retirement 2020 Fund	2,231,194	1,728,479
Vanguard Target Retirement 2025 Fund	1,816,897	1,248,183
Vanguard Target Retirement 2030 Fund	1,046,427	796,299
Vanguard Target Retirement 2035 Fund	1,071,660	725,031
Vanguard Target Retirement 2040 Fund	198,420	143,272
Vanguard Target Retirement 2045 Fund	381,184	250,151
Vanguard Target Retirement 2050 Fund	188,533	129,936
Vanguard Target Retirement Income Fund	230,091	155,452
Vanguard Total Bond Market Index Fund	2,468,237	2,195,925
Vanguard Wellington Fund	5,405,600	4,834,711
Vanguard Windsor II Fund	2,944,938	3,234,091
Ariel Growth Fund (DBA: Ariel Investment Trust): Ariel Fund	1,136,845	861,340
	31,119,564	26,839,232
Vanguard Retirement Savings Trust	11,794,862	11,999,626
TOTAL INVESTMENTS	42,914,426	38,838,858
RECEIVABLES:		
Employer's Contribution	1,132,649	1,501,998
Employees' Contribution	58,642	59,258
Notes Receivable From Participants	1,476,555	1,356,433
TOTAL RECEIVABLES	2,667,846	2,917,689
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	45,582,272	41,756,547
Adjustment from fair value to contract value for fully benefit-responsive investment contract	(464,458)	(259,410)
NET ASSETS AVAILABLE FOR BENEFITS	$ 45,117,814	$ 41,497,137

See Accompanying Notes to the Financial Statements.

THE CHAS. LEVY COMPANY
RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS, WITH FUND INFORMATION

For the Year Ended December 31, 2010

	Vanguard 500 Index Fund	Vanguard International Growth Fund	Vanguard PRIMECAP Fund	Vanguard Target Retirement 2005 Fund	Vanguard Target Retirement 2010 Fund	Vanguard Target Retirement 2015 Fund
ADDITIONS TO NET ASSETS ATTRIBUTED TO:						
Investment Income:						
Interest and Dividend Income, Investments	$ 56,238	$ 45,710	$ 65,935	$ 4,391	$ 12,753	$ 37,081
Net Realized Gain (Loss) on Sale of Investments	11,589	864	5,416	190	6,778	4,394
Net Unrealized Appreciation (Depreciation) of Investments	364,793	350,014	324,643	9,487	36,156	125,694
TOTAL INVESTMENT INCOME	432,620	396,588	395,994	14,068	55,687	167,169
CONTRIBUTIONS:						
Employer	99,084	71,339	95,084	6,123	45,060	32,446
Employee	190,244	131,759	171,395	12,346	48,416	64,707
TOTAL CONTRIBUTIONS	289,328	203,098	266,479	18,469	93,476	97,153
OTHER ADDITIONS:	-	-	-	-	-	-
TOTAL ADDITIONS	721,948	599,686	662,473	32,537	149,163	264,322
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:						
Payment of Benefits	251,621	64,336	158,255	531	96,871	73,475
Other Deductions	392	211	266	51	22	107
TOTAL DEDUCTIONS	252,013	64,547	158,521	582	96,893	73,582
NET INCREASE (DECREASE) PRIOR TO INTERFUND TRANSFERS	469,935	535,139	503,952	31,955	52,270	190,740
INTERFUND TRANSFERS	(48,159)	(57,594)	(164,555)	(2,344)	(158,672)	127,335
NET INCREASE (DECREASE)	421,776	477,545	339,397	29,611	(106,402)	318,075
NET ASSETS AVAILABLE FOR PLAN BENEFITS:						
Beginning of Year	2,863,845	2,448,748	3,086,862	138,313	632,742	1,253,754
End of Year	$ 3,285,621	$ 2,926,293	$ 3,426,259	$ 167,924	$ 526,340	$ 1,571,829

See Accompanying Notes to the Financial Statements.

THE CHAS. LEVY COMPANY
RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS, WITH FUND INFORMATION (CONT'D)

For the Year Ended December 31, 2010

	Vanguard Target Retirement 2020 Fund	Vanguard Target Retirement 2025 Fund	Vanguard Target Retirement 2030 Fund	Vanguard Target Retirement 2035 Fund	Vanguard Target Retirement 2040 Fund	Vanguard Target Retirement 2045 Fund	Vanguard Target Retirement 2050 Fund
ADDITIONS TO NET ASSETS ATTRIBUTED TO:							
Investment Income:							
Interest and Dividend Income, Investments	$ 47,332	$ 37,504	$ 19,747	$ 23,149	$ 4,070	$ 9,525	$ 5,434
Net Realized Gain (Loss) on Sale of Investments	1,279	3,271	(624)	3,236	1,570	1,389	2,444
Net Unrealized Appreciation (Depreciation) of Investments	193,970	168,552	106,214	105,599	20,462	37,344	17,206
TOTAL INVESTMENT INCOME	242,581	209,327	125,337	131,984	26,102	48,258	25,084
CONTRIBUTIONS:							
Employer	85,287	104,341	80,839	89,986	26,544	56,457	38,156
Employee	128,399	154,193	117,600	134,478	31,594	83,587	58,581
TOTAL CONTRIBUTIONS	213,686	258,534	198,439	224,464	58,138	140,044	96,737
OTHER ADDITIONS:	-	-	-	-	-	-	-
TOTAL ADDITIONS	456,267	467,861	323,776	356,448	84,240	188,302	121,821
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:							
Payment of Benefits	30,684	54,488	39,423	3,843	8,406	20,210	44,865
Other Deductions	217	502	201	288	102	130	101
TOTAL DEDUCTIONS	30,901	54,990	39,624	4,131	8,508	20,340	44,966
NET INCREASE (DECREASE) PRIOR TO INTERFUND TRANSFERS	425,366	412,871	284,152	352,317	75,732	167,962	76,855
INTERFUND TRANSFERS	77,349	155,843	(34,024)	(5,688)	(20,584)	(36,929)	(18,258)
NET INCREASE (DECREASE)	502,715	568,714	250,128	346,629	55,148	131,033	58,597
NET ASSETS AVAILABLE FOR PLAN BENEFITS:							
Beginning of Year	1,728,479	1,248,183	796,299	725,031	143,272	250,151	129,936
End of Year	$ 2,231,194	$ 1,816,897	$1,046,427	$ 1,071,660	$ 198,420	$ 381,184	$ 188,533

See Accompanying Notes to the Financial Statements.

THE CHAS. LEVY COMPANY
RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS, WITH FUND INFORMATION (CONT'D)

For the Year Ended December 31, 2010

	Vanguard Target Retirement Income Fund	Vanguard Total Bond Market Index Fund	Vanguard Wellington Fund	Vanguard Windsor II Fund	Vanguard Retirement Savings Trust	Ariel Growth Fund
ADDITIONS TO NET ASSETS ATTRIBUTED TO:						
Investment Income:						
Interest and Dividend Income, Investments	$ 5,005	$ 93,145	$ 147,437	$ 56,069	$ 327,838	$ 94
Net Realized Gain (Loss) on Sale of Investments	616	7,674	18,162	16,531	-	13,204
Net Unrealized Appreciation (Depreciation) of Investments	10,708	45,566	377,108	226,288	-	222,838
TOTAL INVESTMENT INCOME	16,329	146,385	542,707	298,888	327,838	236,136
CONTRIBUTIONS:						
Employer	7,738	58,176	295,147	53,271	220,658	36,262
Employee	9,278	87,659	305,543	75,464	215,353	53,978
TOTAL CONTRIBUTIONS	17,016	145,835	600,690	128,735	436,011	90,240
OTHER ADDITIONS:	-	-	-	-	-	-
TOTAL ADDITIONS	33,345	292,220	1,143,397	427,623	763,849	326,376
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:						
Payment of Benefits	22,167	64,750	538,142	591,771	1,168,826	55,779
Other Deductions	38	490	2,332	313	3,403	126
TOTAL DEDUCTIONS	22,205	65,240	540,474	592,084	1,172,229	55,905
NET INCREASE (DECREASE) PRIOR TO INTERFUND TRANSFERS	11,140	226,980	602,923	(164,461)	(408,380)	270,471
INTERFUND TRANSFERS	63,499	45,332	(32,034)	(124,692)	(1,433)	5,034
NET INCREASE (DECREASE)	74,639	272,312	570,889	(289,153)	(409,813)	275,505
NET ASSETS AVAILABLE FOR PLAN BENEFITS:						
Beginning of Year	155,452	2,195,925	4,834,711	3,234,091	11,740,216	861,340
End of Year	$ 230,091	$ 2,468,237	$ 5,405,600	$ 2,944,938	$ 11,330,403	$ 1,136,845

See Accompanying Notes to the Financial Statements.

THE CHAS. LEVY COMPANY
RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS, WITH FUND INFORMATION (CONT'D)

For the Year Ended December 31, 2010

	Vanguard Prime Money Market Fund	Participant Loans	Receivables and Other	Total
ADDITIONS TO NET ASSETS ATTRIBUTED TO:				
Investment Income:				
Interest and Dividend Income, Investments	$ 66	$ 72,161	$ -	$ 1,070,684
Net Realized Gain (Loss) on Sale of Investments	-	-	-	97,983
Net Unrealized Appreciation (Depreciation) of Investments	-	-	-	2,742,642
TOTAL INVESTMENT INCOME	66	72,161	-	3,911,309
CONTRIBUTIONS:				
Employer	-	-	(369,349)	1,132,649
Employee	-	-	(616)	2,073,958
TOTAL CONTRIBUTIONS	-	-	(369,965)	3,206,607
OTHER ADDITIONS:		-	-	-
TOTAL ADDITIONS	66	72,161	(369,965)	7,117,916
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:				
Payment of Benefits	-	163,319	-	3,451,762
Other Deductions	36,186	-	-	45,478
TOTAL DEDUCTIONS	36,186	163,319	-	3,497,240
NET INCREASE (DECREASE) PRIOR TO INTERFUND TRANSFERS	(36,120)	(91,158)	(369,965)	3,620,676
INTERFUND TRANSFERS	19,294	211,280	-	-
NET INCREASE (DECREASE)	(16,826)	120,122	(369,965)	3,620,676
NET ASSETS AVAILABLE FOR PLAN BENEFITS:				
Beginning of Year	112,098	1,356,433	1,561,257	41,497,138
End of Year	$ 95,272	$ 1,476,555	$ 1,191,292	$ 45,117,814

See Accompanying Notes to the Financial Statements.

THE CHAS. LEVY COMPANY
RETIREMENT SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

For the Years Ended December 31, 2010 and 2009

NOTE 1 - PLAN DESCRIPTION:

The following brief description of The Chas. Levy Company Retirement Savings Plan (the "Plan") (formerly the Chas. Levy Co. Profit Sharing Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined-contribution plan covering employees of The Chas. Levy Company and certain subsidiaries (the "Company") that have completed one year of eligible service, excluding certain union employees, unless an agreement requires that such union employees participate in the Plan. In addition, the Plan has 401(k) options available to participants. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified plans. The Company utilizes the Safe Harbor method for matching contributions whereby it contributes 100% of the first 1% of employee deferrals and 50% of additional deferrals up to 6%, resulting in a maximum matching contribution of 3.5%. Participants age 50 and over are also allowed to make "catch up" contributions. These contributions are not matched by the Company. Additional amounts may be contributed by the Company at the option of the Company's Board of Directors.

Participants' Accounts

Each participant's account is credited with the employee's contribution, an allocation of the Company's contribution, plan earnings, if any, and forfeitures, if any. The Company's contribution, exclusive of the 401(k) match, and forfeitures are allocated based upon each participant's compensation, as defined. Plan earnings are allocated in proportion to each participant's account balance.

Vesting

In general, participants who are eligible to participate in the Plan on or before January 1, 1989, and who had completed one year of service on or before July 1, 1988, are fully vested in the Company contribution account. Company discretionary contributions vest over six years for all other participants. All 401(k) employee contributions and related employer's match are fully vested. Upon death or disability a participant's account becomes fully vested.

NOTE 1 - PLAN DESCRIPTION (CONT'D):

Payment of Benefits

Upon termination of service, a participant may elect to receive their vested account in either a lump sum or annual installments beginning not earlier than age 65 over a period as defined in the Plan. Upon death or disability, a participant benefits will be paid in either a lump sum or annual installments over a period as defined in the Plan, at the discretion of the participant, or if applicable, the beneficiary.

Investment Options

Participants are able to allocate their contributions among the following investment options:

Vanguard 500 Index Fund:

Seeks to provide long-term growth of capital and income from dividends by holding all of the 500 stocks that make up the unmanaged Standard & Poor's 500 Composite Stock Price Index, a widely recognized benchmark of U.S. stock market performance.

Vanguard International Growth Fund:

Seeks to provide long-term growth of capital by investing in stocks of high-quality, seasoned companies based outside the United States. Stocks are selected from more than 15 countries.

Vanguard Prime Money Market Fund:

Seeks to provide current income while maintaining liquidity and a stable share price of $1.

Vanguard PRIMECAP Fund:

Seeks long-term growth of capital by investing in stocks of companies with above-average prospects for continued earnings growth, strong industry positions, and skilled management teams.

Vanguard Target Retirement 2005 Fund:

The fund seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire within of few years of 2005. This funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

NOTE 1 - PLAN DESCRIPTION (CONT'D):

Investment Options (Cont'd)

Vanguard Target Retirement 2010 Fund:

Seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire in or within a few years of 2010. The funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. These bonds all mature in more than one year. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

Vanguard Target Retirement 2015 Fund:

Seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire in or within a few years of 2015. The funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. These bonds all mature in more than one year. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

Vanguard Target Retirement 2020 Fund:

Seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire in or within a few years of 2020. The funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. These bonds all mature in more than one year. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

Vanguard Target Retirement 2025 Fund:

Seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire in or within a few years of 2025. The funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. These bonds all mature in more than one year. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

NOTE 1 - PLAN DESCRIPTION (CONT'D):

Investment Options (Cont'd)

Vanguard Target Retirement 2030 Fund:

Seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire in or within a few years of 2030. The funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. These bonds all mature in more than one year. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

Vanguard Target Retirement 2035 Fund:

Seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire in or within a few years of 2035. The funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. These bonds all mature in more than one year. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

Vanguard Target Retirement 2040 Fund:

Seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire in or within a few years of 2040. The funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. These bonds all mature in more than one year. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

Vanguard Target Retirement 2045 Fund:

Seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire in or within a few years of 2045. The funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. These bonds all mature in more than one year. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

NOTE 1 - PLAN DESCRIPTION (CONT'D):

Investment Options (Cont'd)

Vanguard Target Retirement 2050 Fund:

Seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire in or within a few years of 2050. The funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. These bonds all mature in more than one year. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

Vanguard Target Retirement Income Fund:

Seeks to provide current income and some capital appreciation. This fund invests in other Vanguard mutual funds and is designed for investors currently in retirement. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

Vanguard Total Bond Market Index Fund:

Seeks to provide a high level of interest income by attempting to match the performance of the unmanaged Lehman Brothers Aggregate Bond Index, which is a widely recognized measure of the entire taxable U.S. bond market.

Vanguard Wellington Fund:

Seeks to provide income and long-term growth of capital without undue risk to capital by investing about 65% of its assets in stocks and the remaining 35% in bonds.

Vanguard Windsor II Fund:

Seeks to provide long-term growth of capital and income from dividends by investing in a diversified group of out-of-favor stocks of large-capitalization companies. The stocks generally sell at prices below the overall market average compared to their dividend income and future return potential.

Ariel Growth Fund (DBA: Ariel Investment Trust): Ariel Fund:

Seeks long-term growth of capital by investing primarily in equity securities of small-company stocks.

NOTE 1 - PLAN DESCRIPTION (CONT'D):

Investment Options (Cont'd)

Vanguard Retirement Savings Trust:

Seeks stability of principal and a high level of current income consistent with a two to three-year average maturity. The trust is a tax-exempt collective trust invested primarily in investment contracts issued by insurance companies and commercial banks, and similar types of fixed-principal investments. The trust intends to maintain a constant net asset value of $1.00 per share.

Participant Notes Receivable

Participants may borrow from their Fund Accounts a minimum of $500.00 up to a maximum equal to the lesser of $50,000.00 or 50% of their account balance. Interest is payable at 1% plus the Federal prime rate in effect on the date of the loan. Principal and interest is repaid ratably through regular payroll deductions.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES:

The following accounting policies, which conform with generally accepted accounting principles, have been used consistently in the preparation of the Plan's financial statements:

Basis of Accounting

The financial statements of the Plan are prepared 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 available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (CONT'D):

Basis of Accounting (Cont'd)

Notes receivable from participants are valued at their unpaid principal balance plus any accrued but unpaid interest.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Fifty percent of the Plan's recordkeeping fees are paid by the Plan. The balance of the recordkeeping fee and all other administrative expenses of the Plan are paid by the Company.

NOTE 3 - FAIR VALUE MEASUREMENTS:

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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.

NOTE 3 - FAIR VALUE MEASUREMENTS (CONT'D):

	Fair Value	Level 1	Level 2
December 31, 2010			
Mutual funds	$ 31,119,564	$ 24,006,202	$ 7,113,362
Funds held in Insurance Company's general account	11,794,862	326,717	11,468,145
Total	$ 42,914,426	$ 24,332,919	$ 18,581,507
December 31, 2009			
Mutual funds	$ 26,839,232	$ 20,810,165	$ 6,029,067
Funds held in Insurance Company's general account	11,999,626	1,483,154	10,516,472
Total	$ 38,838,858	$ 22,293,319	$ 16,545,539

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 or Level 2 inputs because they generally provide the most reliable evidence of fair value.

Level 1 Fair Value Measurements

The fair value of funds is based on quoted net asset values of the shares held by the Plan at year end.

Level 2 Fair Value Measurements

The fair value of funds investing in fixed maturity securities are measured based on the pricing data provided by outside valuation service providers who in turn generally use the mean of bid and ask prices but may also use alternative observable pricing inputs.

NOTE 3 - FAIR VALUE MEASUREMENTS (CONT'D):

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2010 are reported in net appreciation in fair value of investments.

NOTE 4 - INVESTMENTS:

The December 31, 2010 and December 31, 2009 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2010, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Trustee in accordance with 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 information certified includes total assets of $45,117,814 and $41,497,137 at December 31, 2010 and December 31, 2009, respectively, and related income of $3,911,309 for the year ended December 31, 2010.

The following presents investments that represent 5% or more of the Plan's net assets:

	December 31, 2010	December 31, 2009
Vanguard 500 Index Fund	$3,285,621	$2,863,845
Vanguard International Growth Fund	2,926,293	2,448,748
Vanguard PRIMECAP Fund	3,426,259	3,086,862
Vanguard Total Bond Market Index Fund	2,468,237	2,195,925
Vanguard Wellington Fund	5,405,600	4,834,711
Vanguard Windsor II Fund	2,944,938	3,234,091
Vanguard Retirement Savings Trust	11,794,862	11,999,626

NOTE 5 - CONTRIBUTIONS:

The employer's 401(k) matching contribution was $857,746 for the year ended December 31, 2010, and $897,085 for 2009. No discretionary profit-sharing contribution was made for the year ended December 31, 2010; however $604,913 was contributed for the year ended December 31, 2009.

NOTE 6 - RELATED PARTY TRANSACTIONS:

The Plan invests in shares of mutual funds managed by an affiliate of Vanguard Fiduciary Trust Company ("VFTC"). VFTC acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

NOTE 7 - PLAN TERMINATION:

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

NOTE 8 - INCOME TAX STATUS:

The trust established under the Plan to hold the Plan's assets is qualified under Section 401(a) of the Internal Revenue Code and, accordingly, the trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service dated January 16, 2002, and the Plan sponsor believes that the Plan continues to qualify and to operate as designed.

NOTE 9 - RISKS AND UNCERTAINTIES:

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

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500:

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

Net Assets available for benefits per the financial statement	$45,117,814
Certain deemed distributions of participant loans	(8,204)
Adjustment from Fair Value to Contract Value for fully benefit-responsive investment contract	464,458
Net assets per Schedule H	$45,574,068

NOTE 11 - DATE OF MANAGEMENT REVIEW:

Subsequent events were evaluated through September 2, 2011, which is the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

THE CHAS. LEVY COMPANY
RETIREMENT SAVINGS PLAN
FEIN: 36-1382740 PLAN NUMBER: 001

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

For the Year Ended December 31, 2010

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
*	Vanguard 500 Index Fund	Registered Investment Co.	$ 2,985,439	$ 3,285,621
*	Vanguard Int'l. Growth Fund	Registered Investment Co.	2,532,427	2,926,293
*	Vanguard PRIMECAP Fund	Registered Investment Co.	2,864,380	3,426,259
*	Vanguard Prime Money Mkt.	Registered Investment Co.	95,272	95,272
*	Vanguard Target Retirement 2005	Registered Investment Co.	160,343	167,924
*	Vanguard Target Retirement 2010	Registered Investment Co.	476,008	526,340
*	Vanguard Target Retirement 2015	Registered Investment Co.	1,523,070	1,571,829
*	Vanguard Target Retirement 2020	Registered Investment Co.	2,117,476	2,231,194
*	Vanguard Target Retirement 2025	Registered Investment Co.	1,671,995	1,816,897
*	Vanguard Target Retirement 2030	Registered Investment Co.	979,784	1,046,427
*	Vanguard Target Retirement 2035	Registered Investment Co.	1,009,100	1,071,660
*	Vanguard Target Retirement 2040	Registered Investment Co.	180,616	198,420
*	Vanguard Target Retirement 2045	Registered Investment Co.	344,797	381,184
*	Vanguard Target Retirement 2050	Registered Investment Co.	164,820	188,533
*	Vanguard Target Retirement Income	Registered Investment Co.	219,517	230,091
*	Vanguard Total Bond Market Index Fund	Registered Investment Co.	2,376,168	2,468,237
*	Vanguard Wellington Fund	Registered Investment Co.	5,064,233	5,405,600
*	Vanguard Windsor II Fund	Registered Investment Co.	3,115,881	2,944,938
*	Ariel Growth Fund	Registered Investment Co.	893,524	1,136,845
*	Vanguard Retirement Savings Trust**	Common/Collective Trust	11,330,403	11,330,403
				$ 42,449,967

*Denotes a party-in-interest to the plan
**Contract value

THE CHAS. LEVY COMPANY
RETIREMENT SAVINGS SHARING PLAN
FEIN: 36-1382740 PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2010

a) Identity of Party Involved	b) Description of Asset (Include Interest Rate and Maturity in the Case of a Loan)	c) Purchase Price	d) Selling Price	g) Historical Cost of Asset	h) Current Value of Asset on Transaction Date	i) Historical Gain (Loss)
The Vanguard Group	Vanguard Retirement Savings Trust	1,199,329	-	-	1,199,329	-
The Vanguard Group	Vanguard Retirement Savings Trust	-	1,607,247	1,607,247	1,607,247	-

THE CHAS. LEVY COMPANY
RETIREMENT SAVINGS PLAN
FEIN: 36-1382740 PLAN NUMBER: 001

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

For the Year Ended December 31, 2010

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
*	Vanguard 500 Index Fund	Registered Investment Co.	$ 2,985,439	$ 3,285,621
*	Vanguard Int'l. Growth Fund	Registered Investment Co.	2,532,427	2,926,293
*	Vanguard PRIMECAP Fund	Registered Investment Co.	2,864,380	3,426,259
*	Vanguard Prime Money Mkt.	Registered Investment Co.	95,272	95,272
*	Vanguard Target Retirement 2005	Registered Investment Co.	160,343	167,924
*	Vanguard Target Retirement 2010	Registered Investment Co.	476,008	526,340
*	Vanguard Target Retirement 2015	Registered Investment Co.	1,523,070	1,571,829
*	Vanguard Target Retirement 2020	Registered Investment Co.	2,117,476	2,231,194
*	Vanguard Target Retirement 2025	Registered Investment Co.	1,671,995	1,816,897
*	Vanguard Target Retirement 2030	Registered Investment Co.	979,784	1,046,427
*	Vanguard Target Retirement 2035	Registered Investment Co.	1,009,100	1,071,660
*	Vanguard Target Retirement 2040	Registered Investment Co.	180,616	198,420
*	Vanguard Target Retirement 2045	Registered Investment Co.	344,797	381,184
*	Vanguard Target Retirement 2050	Registered Investment Co.	164,820	188,533
*	Vanguard Target Retirement Income	Registered Investment Co.	219,517	230,091
*	Vanguard Total Bond Market Index Fund	Registered Investment Co.	2,376,168	2,468,237
*	Vanguard Wellington Fund	Registered Investment Co.	5,064,233	5,405,600
*	Vanguard Windsor II Fund	Registered Investment Co.	3,115,881	2,944,938
*	Ariel Growth Fund	Registered Investment Co.	893,524	1,136,845
*	Vanguard Retirement Savings Trust**	Common/Collective Trust	11,330,403	11,330,403
				$ 42,449,967

*Denotes a party-in-interest to the plan
**Contract value