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
BARTLIT BECK HERMAN PALENCHAR & SCOTT, LLP 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
BARTLIT BECK HERMAN PALENCHAR & SCOTT, LLP

54 WEST HUBBARD STREET
CHICAGO, IL 60654

2b Employer Identification Number (EIN)
36-3909157

2c Sponsor's telephone number
312-494-4400

2d Business code (see instructions)
541110

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	SHELLEY PETERSON - PREPARER
	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")
BARTLIT BECK HERMAN PALENCHAR & SCOTT, LLP

54 WEST HUBBARD STREET
CHICAGO, IL 60654

3b Administrator's EIN
36-3909157

3c Administrator's telephone number
312-494-4400

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**	152
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**	138
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	12
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	150
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	150
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	136
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 2T 3B 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 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) ▶	
BARTLIT BECK HERMAN PALENCHAR & SCOTT, LLP 401(K) PROFIT SHARING PLAN & TRUST		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
BARTLIT BECK HERMAN PALENCHAR & SCOTT, LLP	36-3909157

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

MORGAN STANLEY SMITH BARNEY

26-4310632

(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)

RSM MCGLADREY, INC.

41-1944416

(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 38 50 60 64 65	RECORDKEEPER	10232	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
BARTLIT BECK HERMAN PALENCHAR & SCOTT, LLP 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BARTLIT BECK HERMAN PALENCHAR & SCOTT, LLP

D Employer Identification Number (EIN)
36-3909157

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	246533	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1150	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	631647	649675
(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)	258656	219251
(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)	13919263	16987936
(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	15057249	17856862
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	19974	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	19974	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	15037275	17856862

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)	4288	
	(B) Participants	2a(1)(B)	1534327	
	(C) Others (including rollovers)	2a(1)(C)	6353	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1544968
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	178	
	(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)	16375	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		16553
	(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)	231224	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		231224
	(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)		1783820
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3576565
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	756928	
(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)		756928
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	50	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		50
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		756978
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2819587
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: DIGIOVINE, HNILO, JORDAN & JOHNSON (2) EIN: 36-3029663

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

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
BARTLIT BECK HERMAN PALENCHAR & SCOTT, LLP 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BARTLIT BECK HERMAN PALENCHAR & SCOTT, LLP

D Employer Identification Number (EIN)
36-3909157

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): 65-1214236

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):

Financial Statements and
Independent Auditor's Report

Bartlit Beck Herman Palenchar & Scott LLP
401(k) Profit Sharing Plan and Trust

December 31, 2010 and 2009

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DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants/Business Consultants

INDEPENDENT AUDITOR'S REPORT

To the Trustees and the Plan Administrator of
Bartlit Beck Herman Palenchar & Scott LLP
401(k) Profit Sharing Plan and Trust
Chicago, Illinois

We were engaged to audit the financial statements of Bartlit Beck Herman Palenchar & Scott LLP 401(k) Profit Sharing Plan and Trust (the "Plan") as of December 31, 2010 and 2009 and for the year ended December 31, 2010, and the supplementary schedule as of and for the year ended December 31, 2010 as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Wilmington Trust Retirement and Institutional Services Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedule. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan Administrator by the Custodian 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 supplementary schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the Custodian, 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.

Digiovine, Hnilo, Jordan & Johnson, Ltd.

DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants

St. Charles, Illinois
September 19, 2011

Bartlit Beck Herman Palenchar & Scott LLP
401(k) Profit Sharing Plan and Trust

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2010 and 2009

	2010	2009
ASSETS		
Participant-directed investments at fair value:		
Cash	$ -	$ 246,533
Registered investment companies	17,637,611	14,550,910
	17,637,611	14,797,443
Receivables:		
Other receivable	-	1,150
Notes receivable from participants	219,251	258,656
	219,251	259,806
TOTAL ASSETS	17,856,862	15,057,249
LIABILITIES		
Other liability	-	16,500
Loan repayments in cash account	-	3,474
TOTAL LIABILITIES	-	19,974
NET ASSETS AVAILABLE FOR BENEFITS	$ 17,856,862	$ 15,037,275

See accompanying notes.

Bartlit Beck Herman Palenchar & Scott LLP
401(k) Profit Sharing Plan and Trust

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions		
Participants		$ 1,534,327
Rollovers		6,353
Employer		4,288
		1,544,968
Participant-directed investment income		
Net appreciation in fair value of registered investment companies		1,783,820
Dividends and interest		231,402
		2,015,222
Interest on notes receivable from participants		16,375
	TOTAL ADDITIONS	3,576,565
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		756,928
Administration expenses		50
	TOTAL DEDUCTIONS	756,978
	NET INCREASE	2,819,587
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		15,037,275
	END OF YEAR	$ 17,856,862

See accompanying notes.

NOTE A--DESCRIPTION OF PLAN

The following description of Bartlit Beck Herman Palenchar & Scott LLP 401(k) Profit Sharing Plan & Trust (the "Plan") provides only general information. Users of the financial statements 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 all employees of Bartlit Beck Herman Palenchar & Scott LLP (the "Firm"), except union employees, non-resident aliens, leased employees or temporary and seasonal employees. An eligible employee will become eligible to participate on the first day of the month coinciding with or next following the employee's hire date with respect to elective deferrals, and after completing not less than 1,000 hours of service during their first twelve months of employment, or any subsequent Plan year, with respect to employer matching and non-elective contributions. The Plan is subject to the provisions of the Employee Retirement Income and Security Act of 1974 ("ERISA").

Effective January 1, 2009, the Plan was amended and restated to bring the Plan into compliance with the Economic Growth and Tax Relief Reconciliation Act of 2001 ("EGTRRA") and other legislative and regulatory changes. The Plan's original effective date was January 1, 1994.

Contributions

Eligible participants may elect to contribute pre-tax deferred compensation and/or Roth deferred compensation to the Plan by means of a salary deferral agreement up to the maximum limit permitted by federal law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Salary deferral contributions are funded proximate to the withholding date. Participants may also contribute amounts representing distributions from other qualified plans in accordance with Plan provisions. Participants direct the investment of their contributions into various investment options offered by the Plan and may elect to change their investment options at any time. The Plan currently offers 13 investment options.

The Firm may, at its discretion, make an annual matching contribution to eligible participants. Additional profit sharing amounts may also be contributed at the discretion of the Firm's Managing Partner to eligible participants.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Firm's matching and profit sharing contributions, if any, and (b) Plan earnings or losses; and (c) charged with an allocation of administrative expenses. Allocations are based on participant account balances or eligible compensation, as defined in the Plan's provisions. 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 and rollover contributions plus actual earnings thereon. Vesting in the Firm's discretionary matching and discretionary profit sharing contributions of their accounts is based on years of credited service as presented below. A participant is 100 percent vested after five years of credited service. Participants who attain the normal retirement age of 65 or who terminate employment due to death or disability are 100 percent vested in their account balances.

NOTE A--DESCRIPTION OF PLAN-continued

Vesting-continued

Vesting Years of Service	Percentage Vested
1	20%
2	40%
3	60%
4	80%
5	100%

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. The loans are secured by the participant's account balance and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. The interest rates applied to current loans outstanding range from 4.25 percent to 9.25 percent. Principal and interest is typically paid ratably through payroll deductions.

Payment of Benefits

Upon termination of employment due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount or installment distributions. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account in a lump-sum distribution.

Participants may also elect to receive hardship withdrawals prior to termination of employment from their deferral contribution account, as defined in Plan provisions.

Forfeited Accounts

The Plan provides that the nonvested portion of Firm profit sharing or match contributions forfeited by terminated participants shall be applied first to pay Plan administrative expenses and then used to offset any future Firm discretionary contributions. There were no forfeitures to the Plan during the years ended December 31, 2010 and 2009.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to use estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from these estimates.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-continued

Investment Valuation and Income Recognition

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

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions in accordance with the Plan's provisions.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Firm bears most administrative costs of the Plan.

Date of Management's Review

Management has evaluated subsequent events through September 19, 2011, which is the date the financial statements were available to be issued.

NOTE C--FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy, consisting of three broad levels, gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

NOTE C--FAIR VALUE MEASUREMENTS-continued

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Should an investment be re-characterized from one level to another level, Plan management would state the basis for the change. Under such circumstances the Plan would report the transfers in and transfers out at the beginning of the Plan quarter when change occurs.

Gains and losses (realized and unrealized) are reported as net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

Following is a description of the valuation methodologies used for Plan assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Level 1 – The fair value of cash and the shares of registered investment companies are based on quoted net asset values of the shares held by the Plan at year-end.

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

NOTE C--FAIR VALUE MEASUREMENTS-continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

Assets at Fair Value as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
Registered investment companies:				
Large blend	$ 4,662,965	$ -	$ -	$ 4,662,965
Large growth	2,502,378	-	-	2,502,378
Mid-cap value	1,172,170	-	-	1,172,170
Mid-cap growth	2,484,585	-	-	2,484,585
Small blend	423,958	-	-	423,958
Technology	531,922	-	-	531,922
Foreign large blend	1,363,424	-	-	1,363,424
Foreign large growth	462,593	-	-	462,593
Intermediate-term bond	1,471,990	-	-	1,471,990
Moderate allocation	1,911,951	-	-	1,911,951
Money market fund	649,675	-	-	649,675
Total assets at fair value	$ 17,637,611	$ -	$ -	$ 17,637,611

Assets at Fair Value as of December 31, 2009:

	Level 1	Level 2	Level 3	Total
Cash	$ 246,533	$ -	$ -	$ 246,533
Registered investment companies:				
Large blend	3,710,910	-	-	3,710,910
Large growth	2,082,034	-	-	2,082,034
Mid-cap value	970,047	-	-	970,047
Mid-cap growth	2,028,715	-	-	2,028,715
Small blend	289,944	-	-	289,944
Technology	620,544	-	-	620,544
Foreign large blend	1,161,714	-	-	1,161,714
Foreign large growth	402,208	-	-	402,208
Intermediate-term bond	1,178,129	-	-	1,178,129
Moderate allocation	1,059,351	-	-	1,059,351
Asset allocation/balanced	415,667	-	-	415,667
Money market fund	631,647	-	-	631,647
Total assets at fair value	$ 14,797,443	$ -	$ -	$ 14,797,443

NOTE D--INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (UNAUDITED)

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for the Plan year ended December 31, 2010 and 2009. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Wilmington Trust Retirement and Institutional Services Company, the Plan Custodian, as of December 31, 2010 and 2009. Except for comparing such information as certified as complete and accurate by the Custodian to information included in the Plan's financial statements and supplemental schedules, the Plan's independent auditors did not perform any auditing procedures on the certified investments.

	2010		2009	
Cash	$ -		$ 246,533	
Shares of registered investment companies:				
Invesco Money Market Fund	649,675		631,647	
Federated Kaufman K Fund	2,484,585	*	2,028,715	*
American Growth Fund of America A	2,502,378	*	2,082,034	*
Vanguard 500 Index Fund	2,482,170	*	1,940,264	*
American Funds Europacific Growth	1,363,424	*	1,161,714	*
Oppenheimer Rising Dividends A Fund	1,756,903	*	1,413,718	*
Franklin Balance Sheet Investment A Fund	-		970,047	*
American Balanced A Fund	1,911,951	*	1,059,351	*
American Bond Fund of America A	1,471,990	*	1,178,129	*
Seligman Communications & Informaton A Fund	-		620,544	
Columbia Seligman Communications & Information A Fund	531,922		-	
Alliance Bernstein International Fund	462,593		402,208	
American Fundamental Investors R3 Fund	423,892		356,928	
Keeley Small Cap Value A	423,958		289,944	
Alliance Bernstein 2035 RS A	-		152,474	
Alliance Bernstein 2025 RS A	-		40,410	
Alliance Bernstein 2020 RS A	-		65,640	
Alliance Bernstein 2040 RS A	-		71,629	
Alliance Bernstein 2045 RS A	-		26,810	
Alliance Bernstein 2030 RS A	-		58,704	
JP Morgan Midcap Value	1,172,170	*	-	
Notes receivable from Participants	219,251		258,656	
	$ 17,856,862		$ 15,056,099	

* Investments that represent 5% or more of the Plan's net assets as of December 31, 2010 and 2009.

During the year ended December 31, 2010 the Plan's interest in registered investment companies (including gains and losses on investments bought, sold, and held during the year) appreciated in value by $1,783,820.

NOTE E--RELATED PARTY TRANSACTIONS

Certain Plan investments are maintained and managed under a contract with the Custodian and, therefore, related transactions qualify as party-in-interest transactions.

NOTE E--RELATED PARTY TRANSACTIONS-continued

A third party administrator performs administrative and recordkeeping services for the Plan and receives fees paid by the Plan Sponsor for these services.

Certain employees of the Firm provide administrative services for the Plan and are not reimbursed for their services.

During the year ended December 31, 2010, the Plan Sponsor absorbed most of the Plan's investment management and recordkeeping fees.

NOTE F--PLAN TERMINATION

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

NOTE G--TAX STATUS

The Firm adopted a defined contribution plan on January 1, 1994, which was amended and restated on January 1, 2009. The adopted prototype plan is sponsored by RSM McGladrey, Inc., the third-party administrator. The Internal Revenue Service has determined and informed RSM McGladrey, Inc. on March 31, 2008 that the prototype plan is qualified and tax exempt under the appropriate sections of the Internal Revenue Code.

NOTE H--RISKS AND UNCERTANTIES

The Plan's assets are invested directly and indirectly in stocks, bonds, and other investments which are purchased or managed by the Custodian. These investments are exposed to various risks, such as interest rate, market and credit risks. The Plan's assets are also subject to changes in the value of those underlying investments, including the potential for bankruptcy of one or more of the companies in which they are invested.

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

The participants who have borrowed from the Plan are all employees of the Firm in the Chicago and Denver areas, and their ability to repay the notes could be affected by the economic conditions in the industry in general, the economic conditions in the Chicago and Denver metropolitan areas or the economic situation of the Firm itself.

NOTE I--PLAN AMENDMENTS

Effective August 1, 2011, the Plan was amended to change the Plan name from Bartlit Beck Herman Palenchar & Scott LLP 401(k) Profit Sharing Plan and Trust to Bartlit Beck Herman Palenchar & Scott LLP 401(k) Plan and Trust. The Plan name was amended to more appropriately reflect the intent of the Plan.

NOTE J--RECLASSIFICATIONS

Certain prior year amounts have been reclassified to conform to the current year presentation. These reclassifications have no effect on previously reported changes in net assets available for benefits or net assets available for benefits.

SUPPLEMENTARY INFORMATION

Bartlit Beck Herman Palenchar & Scott LLP

401(k) Profit Sharing Plan and Trust

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

December 31, 2010

EIN 36-3909157
Plan No. 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Registered investment companies:			
	Invesco	Money Market Fund	**	$ 649,675
	Alliance Bernstein	International Fund	**	462,593
	American Funds	American Balanced A Fund	**	1,911,951
	American Funds	Bond Fund of America A	**	1,471,990
	American Funds	Fundamental Investors R3 Fund	**	423,892
	American Funds	Growth Fund of America A	**	2,502,378
	American Funds	Europacific Growth	**	1,363,424
	Federated Funds	Kaufman K Fund	**	2,484,585
	Oppenheimer Funds	Rising Dividends A	**	1,756,903
	Vanguard Funds	500 Index Fund	**	2,482,170
	Keeley Funds	Small Cap Value	**	423,958
	JP Morgan	Midcap Value	**	1,172,170
	Columbia Seligman	Communications and Information	**	531,922
				17,637,611
*	Notes receivable from participants	Interest rates from 4.25% to 9.25%	-0-	219,251
				$ 17,856,862

* Represents a party-in-interest.
** Cost omitted for participant directed investments.

Financial Statements and
Independent Auditor's Report

Bartlit Beck Herman Palenchar & Scott LLP
401(k) Profit Sharing Plan and Trust

December 31, 2010 and 2009

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DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants/Business Consultants

INDEPENDENT AUDITOR'S REPORT

To the Trustees and the Plan Administrator of
Bartlit Beck Herman Palenchar & Scott LLP
401(k) Profit Sharing Plan and Trust
Chicago, Illinois

We were engaged to audit the financial statements of Bartlit Beck Herman Palenchar & Scott LLP 401(k) Profit Sharing Plan and Trust (the "Plan") as of December 31, 2010 and 2009 and for the year ended December 31, 2010, and the supplementary schedule as of and for the year ended December 31, 2010 as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Wilmington Trust Retirement and Institutional Services Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedule. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan Administrator by the Custodian 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 supplementary schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the Custodian, 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.

Digiovine, Hnilo, Jordan & Johnson, Ltd.

DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants

St. Charles, Illinois
September 19, 2011

Bartlit Beck Herman Palenchar & Scott LLP
401(k) Profit Sharing Plan and Trust

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2010 and 2009

	2010	2009
ASSETS		
Participant-directed investments at fair value:		
Cash	$ -	$ 246,533
Registered investment companies	17,637,611	14,550,910
	17,637,611	14,797,443
Receivables:		
Other receivable	-	1,150
Notes receivable from participants	219,251	258,656
	219,251	259,806
TOTAL ASSETS	17,856,862	15,057,249
LIABILITIES		
Other liability	-	16,500
Loan repayments in cash account	-	3,474
TOTAL LIABILITIES	-	19,974
NET ASSETS AVAILABLE FOR BENEFITS	$ 17,856,862	$ 15,037,275

See accompanying notes.

Bartlit Beck Herman Palenchar & Scott LLP
401(k) Profit Sharing Plan and Trust

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions		
Participants		$ 1,534,327
Rollovers		6,353
Employer		4,288
		1,544,968
Participant-directed investment income		
Net appreciation in fair value of registered investment companies		1,783,820
Dividends and interest		231,402
		2,015,222
Interest on notes receivable from participants		16,375
	TOTAL ADDITIONS	3,576,565
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		756,928
Administration expenses		50
	TOTAL DEDUCTIONS	756,978
	NET INCREASE	2,819,587
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		15,037,275
	END OF YEAR	$ 17,856,862

See accompanying notes.

NOTE A--DESCRIPTION OF PLAN

The following description of Bartlit Beck Herman Palenchar & Scott LLP 401(k) Profit Sharing Plan & Trust (the "Plan") provides only general information. Users of the financial statements 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 all employees of Bartlit Beck Herman Palenchar & Scott LLP (the "Firm"), except union employees, non-resident aliens, leased employees or temporary and seasonal employees. An eligible employee will become eligible to participate on the first day of the month coinciding with or next following the employee's hire date with respect to elective deferrals, and after completing not less than 1,000 hours of service during their first twelve months of employment, or any subsequent Plan year, with respect to employer matching and non-elective contributions. The Plan is subject to the provisions of the Employee Retirement Income and Security Act of 1974 ("ERISA").

Effective January 1, 2009, the Plan was amended and restated to bring the Plan into compliance with the Economic Growth and Tax Relief Reconciliation Act of 2001 ("EGTRRA") and other legislative and regulatory changes. The Plan's original effective date was January 1, 1994.

Contributions

Eligible participants may elect to contribute pre-tax deferred compensation and/or Roth deferred compensation to the Plan by means of a salary deferral agreement up to the maximum limit permitted by federal law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Salary deferral contributions are funded proximate to the withholding date. Participants may also contribute amounts representing distributions from other qualified plans in accordance with Plan provisions. Participants direct the investment of their contributions into various investment options offered by the Plan and may elect to change their investment options at any time. The Plan currently offers 13 investment options.

The Firm may, at its discretion, make an annual matching contribution to eligible participants. Additional profit sharing amounts may also be contributed at the discretion of the Firm's Managing Partner to eligible participants.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Firm's matching and profit sharing contributions, if any, and (b) Plan earnings or losses; and (c) charged with an allocation of administrative expenses. Allocations are based on participant account balances or eligible compensation, as defined in the Plan's provisions. 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 and rollover contributions plus actual earnings thereon. Vesting in the Firm's discretionary matching and discretionary profit sharing contributions of their accounts is based on years of credited service as presented below. A participant is 100 percent vested after five years of credited service. Participants who attain the normal retirement age of 65 or who terminate employment due to death or disability are 100 percent vested in their account balances.

NOTE A--DESCRIPTION OF PLAN-continued

Vesting-continued

Vesting Years of Service	Percentage Vested
1	20%
2	40%
3	60%
4	80%
5	100%

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. The loans are secured by the participant's account balance and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. The interest rates applied to current loans outstanding range from 4.25 percent to 9.25 percent. Principal and interest is typically paid ratably through payroll deductions.

Payment of Benefits

Upon termination of employment due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount or installment distributions. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account in a lump-sum distribution.

Participants may also elect to receive hardship withdrawals prior to termination of employment from their deferral contribution account, as defined in Plan provisions.

Forfeited Accounts

The Plan provides that the nonvested portion of Firm profit sharing or match contributions forfeited by terminated participants shall be applied first to pay Plan administrative expenses and then used to offset any future Firm discretionary contributions. There were no forfeitures to the Plan during the years ended December 31, 2010 and 2009.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to use estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from these estimates.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-continued

Investment Valuation and Income Recognition

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

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions in accordance with the Plan's provisions.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Firm bears most administrative costs of the Plan.

Date of Management's Review

Management has evaluated subsequent events through September 19, 2011, which is the date the financial statements were available to be issued.

NOTE C--FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy, consisting of three broad levels, gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

NOTE C--FAIR VALUE MEASUREMENTS-continued

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Should an investment be re-characterized from one level to another level, Plan management would state the basis for the change. Under such circumstances the Plan would report the transfers in and transfers out at the beginning of the Plan quarter when change occurs.

Gains and losses (realized and unrealized) are reported as net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

Following is a description of the valuation methodologies used for Plan assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Level 1 – The fair value of cash and the shares of registered investment companies are based on quoted net asset values of the shares held by the Plan at year-end.

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

NOTE C--FAIR VALUE MEASUREMENTS-continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

Assets at Fair Value as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
Registered investment companies:				
Large blend	$ 4,662,965	$ -	$ -	$ 4,662,965
Large growth	2,502,378	-	-	2,502,378
Mid-cap value	1,172,170	-	-	1,172,170
Mid-cap growth	2,484,585	-	-	2,484,585
Small blend	423,958	-	-	423,958
Technology	531,922	-	-	531,922
Foreign large blend	1,363,424	-	-	1,363,424
Foreign large growth	462,593	-	-	462,593
Intermediate-term bond	1,471,990	-	-	1,471,990
Moderate allocation	1,911,951	-	-	1,911,951
Money market fund	649,675	-	-	649,675
Total assets at fair value	$ 17,637,611	$ -	$ -	$ 17,637,611

Assets at Fair Value as of December 31, 2009:

	Level 1	Level 2	Level 3	Total
Cash	$ 246,533	$ -	$ -	$ 246,533
Registered investment companies:				
Large blend	3,710,910	-	-	3,710,910
Large growth	2,082,034	-	-	2,082,034
Mid-cap value	970,047	-	-	970,047
Mid-cap growth	2,028,715	-	-	2,028,715
Small blend	289,944	-	-	289,944
Technology	620,544	-	-	620,544
Foreign large blend	1,161,714	-	-	1,161,714
Foreign large growth	402,208	-	-	402,208
Intermediate-term bond	1,178,129	-	-	1,178,129
Moderate allocation	1,059,351	-	-	1,059,351
Asset allocation/balanced	415,667	-	-	415,667
Money market fund	631,647	-	-	631,647
Total assets at fair value	$ 14,797,443	$ -	$ -	$ 14,797,443

NOTE D--INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (UNAUDITED)

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for the Plan year ended December 31, 2010 and 2009. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Wilmington Trust Retirement and Institutional Services Company, the Plan Custodian, as of December 31, 2010 and 2009. Except for comparing such information as certified as complete and accurate by the Custodian to information included in the Plan's financial statements and supplemental schedules, the Plan's independent auditors did not perform any auditing procedures on the certified investments.

	2010		2009	
Cash	$ -		$ 246,533	
Shares of registered investment companies:				
Invesco Money Market Fund	649,675		631,647	
Federated Kaufman K Fund	2,484,585	*	2,028,715	*
American Growth Fund of America A	2,502,378	*	2,082,034	*
Vanguard 500 Index Fund	2,482,170	*	1,940,264	*
American Funds Europacific Growth	1,363,424	*	1,161,714	*
Oppenheimer Rising Dividends A Fund	1,756,903	*	1,413,718	*
Franklin Balance Sheet Investment A Fund	-		970,047	*
American Balanced A Fund	1,911,951	*	1,059,351	*
American Bond Fund of America A	1,471,990	*	1,178,129	*
Seligman Communications & Informaton A Fund	-		620,544	
Columbia Seligman Communications & Information A Fund	531,922		-	
Alliance Bernstein International Fund	462,593		402,208	
American Fundamental Investors R3 Fund	423,892		356,928	
Keeley Small Cap Value A	423,958		289,944	
Alliance Bernstein 2035 RS A	-		152,474	
Alliance Bernstein 2025 RS A	-		40,410	
Alliance Bernstein 2020 RS A	-		65,640	
Alliance Bernstein 2040 RS A	-		71,629	
Alliance Bernstein 2045 RS A	-		26,810	
Alliance Bernstein 2030 RS A	-		58,704	
JP Morgan Midcap Value	1,172,170	*	-	
Notes receivable from Participants	219,251		258,656	
	$ 17,856,862		$ 15,056,099	

* Investments that represent 5% or more of the Plan's net assets as of December 31, 2010 and 2009.

During the year ended December 31, 2010 the Plan's interest in registered investment companies (including gains and losses on investments bought, sold, and held during the year) appreciated in value by $1,783,820.

NOTE E--RELATED PARTY TRANSACTIONS

Certain Plan investments are maintained and managed under a contract with the Custodian and, therefore, related transactions qualify as party-in-interest transactions.

NOTE E--RELATED PARTY TRANSACTIONS-continued

A third party administrator performs administrative and recordkeeping services for the Plan and receives fees paid by the Plan Sponsor for these services.

Certain employees of the Firm provide administrative services for the Plan and are not reimbursed for their services.

During the year ended December 31, 2010, the Plan Sponsor absorbed most of the Plan's investment management and recordkeeping fees.

NOTE F--PLAN TERMINATION

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

NOTE G--TAX STATUS

The Firm adopted a defined contribution plan on January 1, 1994, which was amended and restated on January 1, 2009. The adopted prototype plan is sponsored by RSM McGladrey, Inc., the third-party administrator. The Internal Revenue Service has determined and informed RSM McGladrey, Inc. on March 31, 2008 that the prototype plan is qualified and tax exempt under the appropriate sections of the Internal Revenue Code.

NOTE H--RISKS AND UNCERTANTIES

The Plan's assets are invested directly and indirectly in stocks, bonds, and other investments which are purchased or managed by the Custodian. These investments are exposed to various risks, such as interest rate, market and credit risks. The Plan's assets are also subject to changes in the value of those underlying investments, including the potential for bankruptcy of one or more of the companies in which they are invested.

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

The participants who have borrowed from the Plan are all employees of the Firm in the Chicago and Denver areas, and their ability to repay the notes could be affected by the economic conditions in the industry in general, the economic conditions in the Chicago and Denver metropolitan areas or the economic situation of the Firm itself.

NOTE I--PLAN AMENDMENTS

Effective August 1, 2011, the Plan was amended to change the Plan name from Bartlit Beck Herman Palenchar & Scott LLP 401(k) Profit Sharing Plan and Trust to Bartlit Beck Herman Palenchar & Scott LLP 401(k) Plan and Trust. The Plan name was amended to more appropriately reflect the intent of the Plan.

NOTE J--RECLASSIFICATIONS

Certain prior year amounts have been reclassified to conform to the current year presentation. These reclassifications have no effect on previously reported changes in net assets available for benefits or net assets available for benefits.

SUPPLEMENTARY INFORMATION

Bartlit Beck Herman Palenchar & Scott LLP

401(k) Profit Sharing Plan and Trust

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

December 31, 2010

EIN 36-3909157
Plan No. 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Registered investment companies:			
	Invesco	Money Market Fund	**	$ 649,675
	Alliance Bernstein	International Fund	**	462,593
	American Funds	American Balanced A Fund	**	1,911,951
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	American Funds	Europacific Growth	**	1,363,424
	Federated Funds	Kaufman K Fund	**	2,484,585
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	Keeley Funds	Small Cap Value	**	423,958
	JP Morgan	Midcap Value	**	1,172,170
	Columbia Seligman	Communications and Information	**	531,922
				17,637,611
*	Notes receivable from participants	Interest rates from 4.25% to 9.25%	-0-	219,251
				$ 17,856,862

* Represents a party-in-interest.
** Cost omitted for participant directed investments.

Financial Statements and
Independent Auditor's Report

Bartlit Beck Herman Palenchar & Scott LLP
401(k) Profit Sharing Plan and Trust

December 31, 2010 and 2009

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DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants/Business Consultants

INDEPENDENT AUDITOR'S REPORT

To the Trustees and the Plan Administrator of
Bartlit Beck Herman Palenchar & Scott LLP
401(k) Profit Sharing Plan and Trust
Chicago, Illinois

We were engaged to audit the financial statements of Bartlit Beck Herman Palenchar & Scott LLP 401(k) Profit Sharing Plan and Trust (the "Plan") as of December 31, 2010 and 2009 and for the year ended December 31, 2010, and the supplementary schedule as of and for the year ended December 31, 2010 as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Wilmington Trust Retirement and Institutional Services Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedule. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan Administrator by the Custodian 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 supplementary schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the Custodian, 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.

Digiovine, Hnilo, Jordan & Johnson, Ltd.

DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants

St. Charles, Illinois
September 19, 2011

Bartlit Beck Herman Palenchar & Scott LLP
401(k) Profit Sharing Plan and Trust

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2010 and 2009

	2010	2009
ASSETS		
Participant-directed investments at fair value:		
Cash	$ -	$ 246,533
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	219,251	259,806
TOTAL ASSETS	17,856,862	15,057,249
LIABILITIES		
Other liability	-	16,500
Loan repayments in cash account	-	3,474
TOTAL LIABILITIES	-	19,974
NET ASSETS AVAILABLE FOR BENEFITS	$ 17,856,862	$ 15,037,275

See accompanying notes.

Bartlit Beck Herman Palenchar & Scott LLP
401(k) Profit Sharing Plan and Trust

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions		
Participants		$ 1,534,327
Rollovers		6,353
Employer		4,288
		1,544,968
Participant-directed investment income		
Net appreciation in fair value of registered investment companies		1,783,820
Dividends and interest		231,402
		2,015,222
Interest on notes receivable from participants		16,375
	TOTAL ADDITIONS	3,576,565
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		756,928
Administration expenses		50
	TOTAL DEDUCTIONS	756,978
	NET INCREASE	2,819,587
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		15,037,275
	END OF YEAR	$ 17,856,862

See accompanying notes.

NOTE A--DESCRIPTION OF PLAN

The following description of Bartlit Beck Herman Palenchar & Scott LLP 401(k) Profit Sharing Plan & Trust (the "Plan") provides only general information. Users of the financial statements should refer to the Plan document for a more complete description of the Plan's provisions.

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Effective January 1, 2009, the Plan was amended and restated to bring the Plan into compliance with the Economic Growth and Tax Relief Reconciliation Act of 2001 ("EGTRRA") and other legislative and regulatory changes. The Plan's original effective date was January 1, 1994.

Contributions

Eligible participants may elect to contribute pre-tax deferred compensation and/or Roth deferred compensation to the Plan by means of a salary deferral agreement up to the maximum limit permitted by federal law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Salary deferral contributions are funded proximate to the withholding date. Participants may also contribute amounts representing distributions from other qualified plans in accordance with Plan provisions. Participants direct the investment of their contributions into various investment options offered by the Plan and may elect to change their investment options at any time. The Plan currently offers 13 investment options.

The Firm may, at its discretion, make an annual matching contribution to eligible participants. Additional profit sharing amounts may also be contributed at the discretion of the Firm's Managing Partner to eligible participants.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Firm's matching and profit sharing contributions, if any, and (b) Plan earnings or losses; and (c) charged with an allocation of administrative expenses. Allocations are based on participant account balances or eligible compensation, as defined in the Plan's provisions. 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 and rollover contributions plus actual earnings thereon. Vesting in the Firm's discretionary matching and discretionary profit sharing contributions of their accounts is based on years of credited service as presented below. A participant is 100 percent vested after five years of credited service. Participants who attain the normal retirement age of 65 or who terminate employment due to death or disability are 100 percent vested in their account balances.

NOTE A--DESCRIPTION OF PLAN-continued

Vesting-continued

Vesting Years of Service	Percentage Vested
1	20%
2	40%
3	60%
4	80%
5	100%

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. The loans are secured by the participant's account balance and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. The interest rates applied to current loans outstanding range from 4.25 percent to 9.25 percent. Principal and interest is typically paid ratably through payroll deductions.

Payment of Benefits

Upon termination of employment due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount or installment distributions. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account in a lump-sum distribution.

Participants may also elect to receive hardship withdrawals prior to termination of employment from their deferral contribution account, as defined in Plan provisions.

Forfeited Accounts

The Plan provides that the nonvested portion of Firm profit sharing or match contributions forfeited by terminated participants shall be applied first to pay Plan administrative expenses and then used to offset any future Firm discretionary contributions. There were no forfeitures to the Plan during the years ended December 31, 2010 and 2009.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to use estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from these estimates.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-continued

Investment Valuation and Income Recognition

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

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions in accordance with the Plan's provisions.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Firm bears most administrative costs of the Plan.

Date of Management's Review

Management has evaluated subsequent events through September 19, 2011, which is the date the financial statements were available to be issued.

NOTE C--FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy, consisting of three broad levels, gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

NOTE C--FAIR VALUE MEASUREMENTS-continued

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Should an investment be re-characterized from one level to another level, Plan management would state the basis for the change. Under such circumstances the Plan would report the transfers in and transfers out at the beginning of the Plan quarter when change occurs.

Gains and losses (realized and unrealized) are reported as net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

Following is a description of the valuation methodologies used for Plan assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Level 1 – The fair value of cash and the shares of registered investment companies are based on quoted net asset values of the shares held by the Plan at year-end.

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

NOTE C--FAIR VALUE MEASUREMENTS-continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

Assets at Fair Value as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
Registered investment companies:				
Large blend	$ 4,662,965	$ -	$ -	$ 4,662,965
Large growth	2,502,378	-	-	2,502,378
Mid-cap value	1,172,170	-	-	1,172,170
Mid-cap growth	2,484,585	-	-	2,484,585
Small blend	423,958	-	-	423,958
Technology	531,922	-	-	531,922
Foreign large blend	1,363,424	-	-	1,363,424
Foreign large growth	462,593	-	-	462,593
Intermediate-term bond	1,471,990	-	-	1,471,990
Moderate allocation	1,911,951	-	-	1,911,951
Money market fund	649,675	-	-	649,675
Total assets at fair value	$ 17,637,611	$ -	$ -	$ 17,637,611

Assets at Fair Value as of December 31, 2009:

	Level 1	Level 2	Level 3	Total
Cash	$ 246,533	$ -	$ -	$ 246,533
Registered investment companies:				
Large blend	3,710,910	-	-	3,710,910
Large growth	2,082,034	-	-	2,082,034
Mid-cap value	970,047	-	-	970,047
Mid-cap growth	2,028,715	-	-	2,028,715
Small blend	289,944	-	-	289,944
Technology	620,544	-	-	620,544
Foreign large blend	1,161,714	-	-	1,161,714
Foreign large growth	402,208	-	-	402,208
Intermediate-term bond	1,178,129	-	-	1,178,129
Moderate allocation	1,059,351	-	-	1,059,351
Asset allocation/balanced	415,667	-	-	415,667
Money market fund	631,647	-	-	631,647
Total assets at fair value	$ 14,797,443	$ -	$ -	$ 14,797,443

NOTE D--INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (UNAUDITED)

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for the Plan year ended December 31, 2010 and 2009. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Wilmington Trust Retirement and Institutional Services Company, the Plan Custodian, as of December 31, 2010 and 2009. Except for comparing such information as certified as complete and accurate by the Custodian to information included in the Plan's financial statements and supplemental schedules, the Plan's independent auditors did not perform any auditing procedures on the certified investments.

	2010		2009	
Cash	$ -		$ 246,533	
Shares of registered investment companies:				
Invesco Money Market Fund	649,675		631,647	
Federated Kaufman K Fund	2,484,585	*	2,028,715	*
American Growth Fund of America A	2,502,378	*	2,082,034	*
Vanguard 500 Index Fund	2,482,170	*	1,940,264	*
American Funds Europacific Growth	1,363,424	*	1,161,714	*
Oppenheimer Rising Dividends A Fund	1,756,903	*	1,413,718	*
Franklin Balance Sheet Investment A Fund	-		970,047	*
American Balanced A Fund	1,911,951	*	1,059,351	*
American Bond Fund of America A	1,471,990	*	1,178,129	*
Seligman Communications & Informaton A Fund	-		620,544	
Columbia Seligman Communications & Information A Fund	531,922		-	
Alliance Bernstein International Fund	462,593		402,208	
American Fundamental Investors R3 Fund	423,892		356,928	
Keeley Small Cap Value A	423,958		289,944	
Alliance Bernstein 2035 RS A	-		152,474	
Alliance Bernstein 2025 RS A	-		40,410	
Alliance Bernstein 2020 RS A	-		65,640	
Alliance Bernstein 2040 RS A	-		71,629	
Alliance Bernstein 2045 RS A	-		26,810	
Alliance Bernstein 2030 RS A	-		58,704	
JP Morgan Midcap Value	1,172,170	*	-	
Notes receivable from Participants	219,251		258,656	
	$ 17,856,862		$ 15,056,099	

* Investments that represent 5% or more of the Plan's net assets as of December 31, 2010 and 2009.

During the year ended December 31, 2010 the Plan's interest in registered investment companies (including gains and losses on investments bought, sold, and held during the year) appreciated in value by $1,783,820.

NOTE E--RELATED PARTY TRANSACTIONS

Certain Plan investments are maintained and managed under a contract with the Custodian and, therefore, related transactions qualify as party-in-interest transactions.

NOTE E--RELATED PARTY TRANSACTIONS-continued

A third party administrator performs administrative and recordkeeping services for the Plan and receives fees paid by the Plan Sponsor for these services.

Certain employees of the Firm provide administrative services for the Plan and are not reimbursed for their services.

During the year ended December 31, 2010, the Plan Sponsor absorbed most of the Plan's investment management and recordkeeping fees.

NOTE F--PLAN TERMINATION

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

NOTE G--TAX STATUS

The Firm adopted a defined contribution plan on January 1, 1994, which was amended and restated on January 1, 2009. The adopted prototype plan is sponsored by RSM McGladrey, Inc., the third-party administrator. The Internal Revenue Service has determined and informed RSM McGladrey, Inc. on March 31, 2008 that the prototype plan is qualified and tax exempt under the appropriate sections of the Internal Revenue Code.

NOTE H--RISKS AND UNCERTANTIES

The Plan's assets are invested directly and indirectly in stocks, bonds, and other investments which are purchased or managed by the Custodian. These investments are exposed to various risks, such as interest rate, market and credit risks. The Plan's assets are also subject to changes in the value of those underlying investments, including the potential for bankruptcy of one or more of the companies in which they are invested.

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

The participants who have borrowed from the Plan are all employees of the Firm in the Chicago and Denver areas, and their ability to repay the notes could be affected by the economic conditions in the industry in general, the economic conditions in the Chicago and Denver metropolitan areas or the economic situation of the Firm itself.

NOTE I--PLAN AMENDMENTS

Effective August 1, 2011, the Plan was amended to change the Plan name from Bartlit Beck Herman Palenchar & Scott LLP 401(k) Profit Sharing Plan and Trust to Bartlit Beck Herman Palenchar & Scott LLP 401(k) Plan and Trust. The Plan name was amended to more appropriately reflect the intent of the Plan.

NOTE J--RECLASSIFICATIONS

Certain prior year amounts have been reclassified to conform to the current year presentation. These reclassifications have no effect on previously reported changes in net assets available for benefits or net assets available for benefits.

SUPPLEMENTARY INFORMATION

Bartlit Beck Herman Palenchar & Scott LLP

401(k) Profit Sharing Plan and Trust

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

December 31, 2010

EIN 36-3909157
Plan No. 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Registered investment companies:			
	Invesco	Money Market Fund	**	$ 649,675
	Alliance Bernstein	International Fund	**	462,593
	American Funds	American Balanced A Fund	**	1,911,951
	American Funds	Bond Fund of America A	**	1,471,990
	American Funds	Fundamental Investors R3 Fund	**	423,892
	American Funds	Growth Fund of America A	**	2,502,378
	American Funds	Europacific Growth	**	1,363,424
	Federated Funds	Kaufman K Fund	**	2,484,585
	Oppenheimer Funds	Rising Dividends A	**	1,756,903
	Vanguard Funds	500 Index Fund	**	2,482,170
	Keeley Funds	Small Cap Value	**	423,958
	JP Morgan	Midcap Value	**	1,172,170
	Columbia Seligman	Communications and Information	**	531,922
				17,637,611
*	Notes receivable from participants	Interest rates from 4.25% to 9.25%	-0-	219,251
				$ 17,856,862

* Represents a party-in-interest.
** Cost omitted for participant directed investments.

Financial Statements and
Independent Auditor's Report

Bartlit Beck Herman Palenchar & Scott LLP
401(k) Profit Sharing Plan and Trust

December 31, 2010 and 2009

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Financial Statements

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Statement of Changes in Net Assets Available for Benefits.....3

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Supplementary Information

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DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants/Business Consultants

INDEPENDENT AUDITOR'S REPORT

To the Trustees and the Plan Administrator of
Bartlit Beck Herman Palenchar & Scott LLP
401(k) Profit Sharing Plan and Trust
Chicago, Illinois

We were engaged to audit the financial statements of Bartlit Beck Herman Palenchar & Scott LLP 401(k) Profit Sharing Plan and Trust (the "Plan") as of December 31, 2010 and 2009 and for the year ended December 31, 2010, and the supplementary schedule as of and for the year ended December 31, 2010 as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Wilmington Trust Retirement and Institutional Services Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedule. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan Administrator by the Custodian 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 supplementary schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the Custodian, 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.

Digiovine, Hnilo, Jordan & Johnson, Ltd.

DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants

St. Charles, Illinois
September 19, 2011

Bartlit Beck Herman Palenchar & Scott LLP
401(k) Profit Sharing Plan and Trust

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2010 and 2009

	2010	2009
ASSETS		
Participant-directed investments at fair value:		
Cash	$ -	$ 246,533
Registered investment companies	17,637,611	14,550,910
	17,637,611	14,797,443
Receivables:		
Other receivable	-	1,150
Notes receivable from participants	219,251	258,656
	219,251	259,806
TOTAL ASSETS	17,856,862	15,057,249
LIABILITIES		
Other liability	-	16,500
Loan repayments in cash account	-	3,474
TOTAL LIABILITIES	-	19,974
NET ASSETS AVAILABLE FOR BENEFITS	$ 17,856,862	$ 15,037,275

See accompanying notes.

Bartlit Beck Herman Palenchar & Scott LLP
401(k) Profit Sharing Plan and Trust

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions		
Participants		$ 1,534,327
Rollovers		6,353
Employer		4,288
		1,544,968
Participant-directed investment income		
Net appreciation in fair value of registered investment companies		1,783,820
Dividends and interest		231,402
		2,015,222
Interest on notes receivable from participants		16,375
	TOTAL ADDITIONS	3,576,565
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		756,928
Administration expenses		50
	TOTAL DEDUCTIONS	756,978
	NET INCREASE	2,819,587
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		15,037,275
	END OF YEAR	$ 17,856,862

See accompanying notes.

NOTE A--DESCRIPTION OF PLAN

The following description of Bartlit Beck Herman Palenchar & Scott LLP 401(k) Profit Sharing Plan & Trust (the "Plan") provides only general information. Users of the financial statements 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 all employees of Bartlit Beck Herman Palenchar & Scott LLP (the "Firm"), except union employees, non-resident aliens, leased employees or temporary and seasonal employees. An eligible employee will become eligible to participate on the first day of the month coinciding with or next following the employee's hire date with respect to elective deferrals, and after completing not less than 1,000 hours of service during their first twelve months of employment, or any subsequent Plan year, with respect to employer matching and non-elective contributions. The Plan is subject to the provisions of the Employee Retirement Income and Security Act of 1974 ("ERISA").

Effective January 1, 2009, the Plan was amended and restated to bring the Plan into compliance with the Economic Growth and Tax Relief Reconciliation Act of 2001 ("EGTRRA") and other legislative and regulatory changes. The Plan's original effective date was January 1, 1994.

Contributions

Eligible participants may elect to contribute pre-tax deferred compensation and/or Roth deferred compensation to the Plan by means of a salary deferral agreement up to the maximum limit permitted by federal law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Salary deferral contributions are funded proximate to the withholding date. Participants may also contribute amounts representing distributions from other qualified plans in accordance with Plan provisions. Participants direct the investment of their contributions into various investment options offered by the Plan and may elect to change their investment options at any time. The Plan currently offers 13 investment options.

The Firm may, at its discretion, make an annual matching contribution to eligible participants. Additional profit sharing amounts may also be contributed at the discretion of the Firm's Managing Partner to eligible participants.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Firm's matching and profit sharing contributions, if any, and (b) Plan earnings or losses; and (c) charged with an allocation of administrative expenses. Allocations are based on participant account balances or eligible compensation, as defined in the Plan's provisions. 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 and rollover contributions plus actual earnings thereon. Vesting in the Firm's discretionary matching and discretionary profit sharing contributions of their accounts is based on years of credited service as presented below. A participant is 100 percent vested after five years of credited service. Participants who attain the normal retirement age of 65 or who terminate employment due to death or disability are 100 percent vested in their account balances.

NOTE A--DESCRIPTION OF PLAN-continued

Vesting-continued

Vesting Years of Service	Percentage Vested
1	20%
2	40%
3	60%
4	80%
5	100%

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. The loans are secured by the participant's account balance and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. The interest rates applied to current loans outstanding range from 4.25 percent to 9.25 percent. Principal and interest is typically paid ratably through payroll deductions.

Payment of Benefits

Upon termination of employment due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount or installment distributions. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account in a lump-sum distribution.

Participants may also elect to receive hardship withdrawals prior to termination of employment from their deferral contribution account, as defined in Plan provisions.

Forfeited Accounts

The Plan provides that the nonvested portion of Firm profit sharing or match contributions forfeited by terminated participants shall be applied first to pay Plan administrative expenses and then used to offset any future Firm discretionary contributions. There were no forfeitures to the Plan during the years ended December 31, 2010 and 2009.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to use estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from these estimates.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-continued

Investment Valuation and Income Recognition

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

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions in accordance with the Plan's provisions.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Firm bears most administrative costs of the Plan.

Date of Management's Review

Management has evaluated subsequent events through September 19, 2011, which is the date the financial statements were available to be issued.

NOTE C--FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy, consisting of three broad levels, gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

NOTE C--FAIR VALUE MEASUREMENTS-continued

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Should an investment be re-characterized from one level to another level, Plan management would state the basis for the change. Under such circumstances the Plan would report the transfers in and transfers out at the beginning of the Plan quarter when change occurs.

Gains and losses (realized and unrealized) are reported as net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

Following is a description of the valuation methodologies used for Plan assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Level 1 – The fair value of cash and the shares of registered investment companies are based on quoted net asset values of the shares held by the Plan at year-end.

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

NOTE C--FAIR VALUE MEASUREMENTS-continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

Assets at Fair Value as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
Registered investment companies:				
Large blend	$ 4,662,965	$ -	$ -	$ 4,662,965
Large growth	2,502,378	-	-	2,502,378
Mid-cap value	1,172,170	-	-	1,172,170
Mid-cap growth	2,484,585	-	-	2,484,585
Small blend	423,958	-	-	423,958
Technology	531,922	-	-	531,922
Foreign large blend	1,363,424	-	-	1,363,424
Foreign large growth	462,593	-	-	462,593
Intermediate-term bond	1,471,990	-	-	1,471,990
Moderate allocation	1,911,951	-	-	1,911,951
Money market fund	649,675	-	-	649,675
Total assets at fair value	$ 17,637,611	$ -	$ -	$ 17,637,611

Assets at Fair Value as of December 31, 2009:

	Level 1	Level 2	Level 3	Total
Cash	$ 246,533	$ -	$ -	$ 246,533
Registered investment companies:				
Large blend	3,710,910	-	-	3,710,910
Large growth	2,082,034	-	-	2,082,034
Mid-cap value	970,047	-	-	970,047
Mid-cap growth	2,028,715	-	-	2,028,715
Small blend	289,944	-	-	289,944
Technology	620,544	-	-	620,544
Foreign large blend	1,161,714	-	-	1,161,714
Foreign large growth	402,208	-	-	402,208
Intermediate-term bond	1,178,129	-	-	1,178,129
Moderate allocation	1,059,351	-	-	1,059,351
Asset allocation/balanced	415,667	-	-	415,667
Money market fund	631,647	-	-	631,647
Total assets at fair value	$ 14,797,443	$ -	$ -	$ 14,797,443

NOTE D--INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (UNAUDITED)

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for the Plan year ended December 31, 2010 and 2009. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Wilmington Trust Retirement and Institutional Services Company, the Plan Custodian, as of December 31, 2010 and 2009. Except for comparing such information as certified as complete and accurate by the Custodian to information included in the Plan's financial statements and supplemental schedules, the Plan's independent auditors did not perform any auditing procedures on the certified investments.

	2010		2009	
Cash	$ -		$ 246,533	
Shares of registered investment companies:				
Invesco Money Market Fund	649,675		631,647	
Federated Kaufman K Fund	2,484,585	*	2,028,715	*
American Growth Fund of America A	2,502,378	*	2,082,034	*
Vanguard 500 Index Fund	2,482,170	*	1,940,264	*
American Funds Europacific Growth	1,363,424	*	1,161,714	*
Oppenheimer Rising Dividends A Fund	1,756,903	*	1,413,718	*
Franklin Balance Sheet Investment A Fund	-		970,047	*
American Balanced A Fund	1,911,951	*	1,059,351	*
American Bond Fund of America A	1,471,990	*	1,178,129	*
Seligman Communications & Informaton A Fund	-		620,544	
Columbia Seligman Communications & Information A Fund	531,922		-	
Alliance Bernstein International Fund	462,593		402,208	
American Fundamental Investors R3 Fund	423,892		356,928	
Keeley Small Cap Value A	423,958		289,944	
Alliance Bernstein 2035 RS A	-		152,474	
Alliance Bernstein 2025 RS A	-		40,410	
Alliance Bernstein 2020 RS A	-		65,640	
Alliance Bernstein 2040 RS A	-		71,629	
Alliance Bernstein 2045 RS A	-		26,810	
Alliance Bernstein 2030 RS A	-		58,704	
JP Morgan Midcap Value	1,172,170	*	-	
Notes receivable from Participants	219,251		258,656	
	$ 17,856,862		$ 15,056,099	

* Investments that represent 5% or more of the Plan's net assets as of December 31, 2010 and 2009.

During the year ended December 31, 2010 the Plan's interest in registered investment companies (including gains and losses on investments bought, sold, and held during the year) appreciated in value by $1,783,820.

NOTE E--RELATED PARTY TRANSACTIONS

Certain Plan investments are maintained and managed under a contract with the Custodian and, therefore, related transactions qualify as party-in-interest transactions.

NOTE E--RELATED PARTY TRANSACTIONS-continued

A third party administrator performs administrative and recordkeeping services for the Plan and receives fees paid by the Plan Sponsor for these services.

Certain employees of the Firm provide administrative services for the Plan and are not reimbursed for their services.

During the year ended December 31, 2010, the Plan Sponsor absorbed most of the Plan's investment management and recordkeeping fees.

NOTE F--PLAN TERMINATION

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

NOTE G--TAX STATUS

The Firm adopted a defined contribution plan on January 1, 1994, which was amended and restated on January 1, 2009. The adopted prototype plan is sponsored by RSM McGladrey, Inc., the third-party administrator. The Internal Revenue Service has determined and informed RSM McGladrey, Inc. on March 31, 2008 that the prototype plan is qualified and tax exempt under the appropriate sections of the Internal Revenue Code.

NOTE H--RISKS AND UNCERTANTIES

The Plan's assets are invested directly and indirectly in stocks, bonds, and other investments which are purchased or managed by the Custodian. These investments are exposed to various risks, such as interest rate, market and credit risks. The Plan's assets are also subject to changes in the value of those underlying investments, including the potential for bankruptcy of one or more of the companies in which they are invested.

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

The participants who have borrowed from the Plan are all employees of the Firm in the Chicago and Denver areas, and their ability to repay the notes could be affected by the economic conditions in the industry in general, the economic conditions in the Chicago and Denver metropolitan areas or the economic situation of the Firm itself.

NOTE I--PLAN AMENDMENTS

Effective August 1, 2011, the Plan was amended to change the Plan name from Bartlit Beck Herman Palenchar & Scott LLP 401(k) Profit Sharing Plan and Trust to Bartlit Beck Herman Palenchar & Scott LLP 401(k) Plan and Trust. The Plan name was amended to more appropriately reflect the intent of the Plan.

NOTE J--RECLASSIFICATIONS

Certain prior year amounts have been reclassified to conform to the current year presentation. These reclassifications have no effect on previously reported changes in net assets available for benefits or net assets available for benefits.

SUPPLEMENTARY INFORMATION

Bartlit Beck Herman Palenchar & Scott LLP

401(k) Profit Sharing Plan and Trust

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

December 31, 2010

EIN 36-3909157
Plan No. 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Registered investment companies:			
	Invesco	Money Market Fund	**	$ 649,675
	Alliance Bernstein	International Fund	**	462,593
	American Funds	American Balanced A Fund	**	1,911,951
	American Funds	Bond Fund of America A	**	1,471,990
	American Funds	Fundamental Investors R3 Fund	**	423,892
	American Funds	Growth Fund of America A	**	2,502,378
	American Funds	Europacific Growth	**	1,363,424
	Federated Funds	Kaufman K Fund	**	2,484,585
	Oppenheimer Funds	Rising Dividends A	**	1,756,903
	Vanguard Funds	500 Index Fund	**	2,482,170
	Keeley Funds	Small Cap Value	**	423,958
	JP Morgan	Midcap Value	**	1,172,170
	Columbia Seligman	Communications and Information	**	531,922
				17,637,611
*	Notes receivable from participants	Interest rates from 4.25% to 9.25%	-0-	219,251
				$ 17,856,862

* Represents a party-in-interest.
** Cost omitted for participant directed investments.

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
Bartlit Beck Herman Palenchar & Scott, LLP
401(k) Profit Sharing Plan & Trust

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
Bartlit Beck Herman Palenchar
& Scott, LLP

54 West Hubbard Street

Chicago IL 60654

2b Employer Identification Number (EIN) 36-3909157

2c Sponsor's telephone number (312)494-4400

2d Business code (see instructions) 541110

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	[signature]	9/20/2011	MARK E. FERGUSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	9/20/2011	MARK E. FERGUSON
	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") SAME	**3b** Administrator's EIN **3c** Administrator's telephone number

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**	152
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**	138
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	12
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	150
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	150
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	136
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 2T 3B 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	Insurance	(1)	Insurance
(2)	Code section 412(e)(3) insurance contracts	(2)	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	(3) [X]	Trust
(4)	General assets of the sponsor	(4)	General assets of the sponsor

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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) ▶	001
Bartlit Beck Herman Palenchar & Scott, LLP 401(k) Profit Sharing Plan		
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
Bartlit Beck Herman Palenchar & Scott, LLP	36-3909157	

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

MORGAN STANLEY SMITH BARNEY
26-4310632

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

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

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

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

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

RSM MCGLADREY, INC.
41-1944416

(b) Service Code(s) 15 37 38 50 60 64 65

(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?
RECORDKEEPER	10,232	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 ☐

(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 H (Form 5500)	Financial 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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ 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

Bartlit Beck Herman Palenchar & Scott, LLP 401(k) Profit Sharing Plan

B Three-digit plan number (PN) ▶ 001

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

Bartlit Beck Herman Palenchar & Scott, LLP

D Employer Identification Number (EIN)

36-3909157

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	246,533	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1,150	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	631,647	649,675
(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)	258,656	219,251
(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)	13,919,263	16,987,936
(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	15,057,249	17,856,862
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	19,974	
k Total liabilities (add all amounts in lines 1g through1j)	1k	19,974	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	15,037,275	17,856,862

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)	4,288	
(B) Participants	2a(1)(B)	1,534,327	
(C) Others (including rollovers)	2a(1)(C)	6,353	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A)**, **(B)**, **(C)**, and line **2a(2)**	2a(3)		1,544,968
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	178	
(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)	16,375	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		16,553
(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)	231,224	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		231,224
(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)		1,783,820
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3,576,565
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	756,928	
(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)		756,928
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	50	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		50
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		756,978
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2,819,587
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: DIGIOVINE, HNILO, JORDAN & JOHNSON (2) EIN: 36-3029663

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		500,000
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

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
Bartlit Beck Herman Palenchar & Scott, LLP 401(k) Profit Sharing Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
Bartlit Beck Herman Palenchar & Scott, LLP

D Employer Identification Number (EIN)
36-3909157

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): 65-1214236

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):

Form **5558**
(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
Bartlit Beck Herman Palenchar & Scott, LLP

Number, street, and room or suite no. (If a P.O. box, see instructions)
54 West Hubbard Street

City or town, state, and ZIP code
Chicago IL 60654

B Filer's identifying number (see instructions).
☒ Employer identification number (EIN).
36-3909157
☐ Social security number (SSN)

C Plan name	Plan number	Plan year ending— MM	DD	YYYY
1 Bartlit Beck Herman Palenchar & Scott, LLP 401(k) Profit Sharing Plan	0 0 1	12	31	2010
2				
3				

Part II Extension of Time to File Form 5500 or Form 5500-EZ *(see instructions)*

1 I request an extension of time until 10 / 15 / 2011 to file Form 5500 or Form 5500-EZ.

The application **is automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 *(see instructions)*

2 I request an extension of time until ____ / ____ / ____ to file Form 5330.
You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ a

b Enter the payment amount attached . . . . . ▶ b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ c

3 **State in detail why you need the extension**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ **Date** ▶