| Form 5500 | Annual Return/Report of Employee Benefit Plan | OMB Nos. 1210-0110 1210-0089 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **Complete all entries in accordance with the instructions to the Form 5500.** | **2010**<br>**This Form is Open to Public Inspection** |

## Part I Annual Report Identification Information

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
THE JOHN BUCK COMPANY SAVINGS AND PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 03/01/1991

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

ONE NORTH WACKER DRIVE
SUITE 2400
CHICAGO, IL 60606-2809

**2b** Employer Identification Number (EIN) 36-3133564

**2c** Sponsor's telephone number 312-441-4126

**2d** Business code (see instructions) 531390

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/04/2011 | JEANENE LOPEZ |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/04/2011 | JEANENE LOPEZ |
| | **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 |

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.**

| | |
|---|---|
| **3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>THE JOHN BUCK COMPANY<br><br>ONE NORTH WACKER DRIVE<br>SUITE 2400<br>CHICAGO, IL 60606-2809 | **3b** Administrator's EIN<br>36-3133564<br>**3c** Administrator's telephone number<br>312-441-4126 |

| | | |
|---|---|---|
| **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: | | **4b** EIN |
| **a** Sponsor's name | | **4c** PN |
| **5** Total number of participants at the beginning of the plan year | **5** | 168 |
| **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** | 108 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 48 |
| **d** Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 156 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 156 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 144 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 4 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 3H 2T

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

| **9a** Plan funding arrangement (check all that apply) | | | **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 | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). | 2010 |
| Department of Labor Employee Benefits Security Administration | ▶ **File as an attachment to Form 5500.** | **This Form is Open to Public Inspection.** |
| Pension Benefit Guaranty Corporation | | |

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

**A** Name of plan
THE JOHN BUCK COMPANY SAVINGS AND PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
THE JOHN BUCK COMPANY

**D** Employer Identification Number (EIN)
36-3133564

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

NEWPORT RETIREMENT SERVICES, INC

62-1868111

| (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 60 64 | NONE | 625 | Yes [X] No [ ] | Yes [ ] No [X] | 14636 | Yes [ ] No [X] |

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

WILMINGTON TRUST RET INST SCVS INC.

51-0099033

| (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? |
|---|---|---|---|---|---|---|
| 12 19 21 25 65 99 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 5573 | Yes [ ] No [X] |

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| NEWPORT RETIREMENT SERVICES, INC | 15 60 | 14636 |

| **(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. |
|---|---|
| WILMINGTON TRUST RET INST SCVS INC.<br><br>51-0099033 | REVENUE SHARING USED TO OFFSET PLAN INVOICES |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| WILMINGTON TRUST RET INST SCVS INC. | 12 19 21 25 65 99 | 5573 |

| **(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. |
|---|---|
| NEWPORT RETIREMENT SERVICES INC<br><br>62-1868111 | TRUST TRADE PARTNER/CUSTODIAN FEES FOR PLAN YEAR |

| **(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<br>Department of Labor Employee Benefits Security Administration<br>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).<br>▶ **File as an attachment to Form 5500.** | **2010**<br>**This Form is Open to Public Inspection** |

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

**A** Name of plan
THE JOHN BUCK COMPANY SAVINGS AND PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
THE JOHN BUCK COMPANY

**D** Employer Identification Number (EIN)
36-3133564

## 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 | 183 | 183 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1117211 | 859624 |
| **(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) | 243290 | 207294 |
| **(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) | 8343584 | 10302210 |
| **(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 | 9704268 | 11369311 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 9704268 | 11369311 |

## 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) | 77771 | |
| **(B)** Participants | 2a(1)(B) | 965353 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 442782 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1485906 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 2590 | |
| **(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) | 8036 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 10626 |
| **(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) | 186836 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 186836 |
| **(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) | | 1020932 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2704300 |

## Expenses

| | | | |
|---|---|---|---|
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1036221 | |
| **(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) | | 1036221 |
| **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) | 3036 | |
| **(4)** Other | 2i(4) | | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 3036 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1039257 |

## Net Income and Reconciliation

| | | | |
|---|---|---|---|
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1665043 |
| **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: SHEPARD SCHAETZ & HARRIS, LLP **(2)** EIN: 36-1220454

**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 | | 3000000 |
| **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) | Retirement Plan Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500.** | **2010**<br>**This Form is Open to Public Inspection.** |

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

**A** Name of plan
THE JOHN BUCK COMPANY SAVINGS AND PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
THE JOHN BUCK COMPANY

**D** Employer Identification Number (EIN)
36-3133564

## 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): 27-1228437 _____

**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):

**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):

# THE JOHN BUCK COMPANY SAVINGS AND PROFIT SHARING PLAN

## FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

## YEARS ENDED DECEMBER 31, 2010 AND 2009

## THE JOHN BUCK COMPANY SAVINGS AND PROFIT SHARING PLAN
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| Independent Auditor's Report | |
| Statements of Net Assets Available for Plan Benefits | Exhibit A |
| Statement of Changes in Net Assets Available for Plan Benefits | Exhibit B |
| Notes to Financial Statements | |


## SUPPLEMENTAL INFORMATION


| | |
|---|---|
| Schedule H, Line 4i Schedule of Assets (Held at End of Year) | Schedule 1 |

SHEPARD SCHWARTZ & HARRIS LLP
CERTIFIED PUBLIC ACCOUNTANTS

123 NORTH WACKER DRIVE
CHICAGO, ILLINOIS 60606-1700
312 726 8353

# INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Members
of The John Buck Company Savings and Profit Sharing Plan
Chicago, Illinois

We were engaged to audit the accompanying statements of net assets available for plan benefits of **The John Buck Company Savings and Profit Sharing Plan** as of December 31, 2010 and 2009, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2010, and the supplemental Schedule H, Line 4i Schedule of Assets (Held at End of Year) as of the year ended December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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

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

Shepard Schwartz & Harris LLP
Shepard Schwartz & Harris LLP

September 9, 2011

EXHIBIT A

## THE JOHN BUCK COMPANY SAVINGS AND PROFIT SHARING PLAN
## STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31, 2010 and 2009

| | 2010 | 2009 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value | | |
| Money market fund | $ 859,624 | $ 1,117,211 |
| Equity funds | 10,302,210 | 8,343,584 |
| | 11,161,834 | 9,460,795 |
| Cash | 183 | 183 |
| Receivables | | |
| Employer contributions receivable | 2,823 | 921 |
| Participant contributions receivable | 35,265 | 12,451 |
| Notes receivable from participants | 207,294 | 243,290 |
| | 245,382 | 256,662 |
| Total assets | 11,407,399 | 9,717,640 |
| **LIABILITIES** | | |
| Excess contributions payable | 12,447 | - |
| **NET ASSETS AVAILABLE FOR PLAN BENEFITS** | $ 11,394,952 | $ 9,717,640 |

The accompanying notes are an integral part of these statements.

EXHIBIT B

## THE JOHN BUCK COMPANY SAVINGS AND PROFIT SHARING PLAN
## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

Year Ended December 31, 2010

| | | |
|---|---|---|
| Additions to plan assets attributed to: | | |
| Investment income | | |
| Interest and dividends | $ 194,872 | |
| Net appreciation in fair value of investments | 1,023,522 | $ 1,218,394 |
| Contributions | | |
| Employer | 79,673 | |
| Participants | 975,720 | |
| Rollover | 442,782 | 1,498,175 |
| Total additions | | 2,716,569 |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants | | 1,036,221 |
| Fees related to participant transactions | | 3,036 |
| Net increase | | 1,677,312 |
| Net assets available for plan benefits: | | |
| Beginning of year | | 9,717,640 |
| End of year | | $ 11,394,952 |

The accompanying notes are an integral part of this statement.

## Note A - Description of Plan

The following description of The John Buck Company Savings and Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General

   The Plan is a discretionary contribution plan with compensation deferral features covering all full-time employees of The John Buck Company, L.L.C., Buck Management Group LLC and Buck Services DC L.L.C. (Company) who have completed at least 90 days of employment and are at least 21 years of age or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. Contributions

   Each year participants may contribute from 2 percent to 100 percent of annual compensation (maximum limit of $16,500 in 2010), as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions (maximum limit of $5,500 in 2010). Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

   The Company in its sole discretion, can match up to 100% of base compensation that a participant contributes to the Plan if the participant's base compensation is not in excess of a base amount, determined annually ($110,000 or less in 2010). In addition, the Company may make discretionary contributions to each participant who has completed 1,000 hours of service during the Plan year and is employed on the last day of the Plan year. Such contributions are allocated to each participant's account based upon the proportion that the participant's compensation bears to the total compensation of all eligible participants for the plan year. For the year ended December 31, 2010, the Company's maximum matching contributions were $2,000 for each participant.

3. Participant Accounts and Administration

   Upon enrollment in the Plan, a participant may direct contributions in several funds offered by the trustee.

   The trustee maintains a separate account in the name of each participant. Each participant's account is credited with the participant's contribution, allocation of the Company's discretionary and matching contributions and actual earnings thereon. The Plan administrator authorizes all withdrawals of Plan assets and is responsible for the general administration of the Plan and compliance with its provisions. Forfeited balances of terminated participants' nonvested accounts are used to reduce future Company contributions. The costs of administering the Plan for active participants are borne by the Company or the Plan. Terminated participants choosing to have their accounts remain in the plan are charged for all reasonable administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Note A - Description of Plan (Cont'd)**

4. Vesting
   Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary and matching contributions portion of their accounts plus actual earnings thereon is based on years of continuous service, as defined. A participant is 100% vested after 5 years of credited service for discretionary contributions and 1 year of credited service for matching contributions.

5. Forfeited Accounts
   At December 31, 2010 and 2009, forfeited nonvested accounts totaled $935 and $3,193, respectively. This amount will be used to reduce future Company contributions. Also, in 2010, employer contributions were reduced by $30,074 from forfeited nonvested accounts.

6. Payment of Benefits
   On termination of service, if the amount exceeds $1,000 a participant may elect to receive either a lump-sum amount equal to the value of their vested account, or elect to have the vested amount of their account maintained under the Plan until their defined normal retirement age, at which time the Plan will automatically make a lump-sum distribution. If the amount is less than $1,000 a participant must take a lump-sum distribution.

7. Notes Receivable from Participants
   Participants may borrow from their fund 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. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Notes fund. Loan terms range from 1 - 5 years or up to 10 years for the purchase of a primary residence. The loans bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

8. Termination
   Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

## Note B - Summary of Accounting Policies

Basis of Accounting
The Plan's financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition
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 and dividend income are recorded on the accrual basis. 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
Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Payment of Benefits
Benefits are recorded when paid.

Operating Expenses
All expenses of maintaining the Plan are paid by the Company or the Plan.

Tax Status
The Plan obtained its latest determination letter in March 2008, in which the Internal Revenue Service (IRS) stated that the Plan is in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2010 and 2009, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax period in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

Subsequent Events
The Plan has evaluated subsequent events through September 9, 2011, the date which the financial statements were available to be issued.

## Note B - Summary of Accounting Policies (Cont'd)

Estimates and Assumptions

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

## Note C - Fair Value Measurements

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

Level 2 - Inputs to the valuation methodology include the following:

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 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.

Following is a description of the valuation methodologies used at December 31, 2010 and 2009.

**Note C - Fair Value Measurements (Cont'd)**

**Equity Funds:** Valued at the net asset value of the shares held by the Plan at year-end.

**Money Market:** Valued at fair value based on the principal invested plus or minus activity credited to the account.

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

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

| | Assets at Fair Value as of December 31, 2010 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Equity funds | | | | |
| Value fund | $ 1,261,842 | $ - | $ - | $ 1,261,842 |
| Growth fund | 7,759,559 | - | - | 7,759,559 |
| Bond fund | 1,280,809 | - | - | 1,280,809 |
| Total equity funds | 10,302,210 | - | - | 10,302,210 |
| Money market fund | 859,624 | - | - | 859,624 |
| Total assets at fair value | $ 11,161,834 | $ - | $ - | $ 11,161,834 |

| | Assets at Fair Value as of December 31, 2009 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Equity funds | | | | |
| Value fund | $ 1,294,111 | $ - | $ - | $ 1,294,111 |
| Growth fund | 5,999,279 | - | - | 5,999,279 |
| Bond fund | 1,050,194 | - | - | 1,050,194 |
| Total equity funds | 8,343,584 | - | - | 8,343,584 |
| Money market fund | 1,117,211 | - | - | 1,117,211 |
| Total assets at fair value | $ 9,460,795 | $ - | $ - | $ 9,460,795 |

## Note D - Summary of Information Certified by the Trustees

The following is a summary of the unaudited information included in the Plan's financial statements, prepared by the Plan's trustees and furnished to the Plan administrator. The Plan administrator has obtained certification from the trustees that such information is complete and accurate.

| | 2010 | 2009 |
|---|---|---|
| Investments, at fair value: | | |
| Money Market Fund | | |
| American Funds Cash Management | $ 859,624 | $1,117,211 |
| Equity Funds | | |
| American Funds New Prospective | $ 667,756 | $ 662,107 |
| American Funds EuroPacific Growth A | 1,146,530 | 872,204 |
| American Funds Century Heritage Fund | 170,540 | 82,731 |
| American Funds Century Inflation Protection Bond Fund | 65,999 | 46,397 |
| Pimco Mutual Funds Total Return A | 1,188,160 | 982,434 |
| Invesco Funds Charter | 171,149 | 147,704 |
| Invesco Funds Mid Cap Core Equity | 43,069 | 760 |
| Munder Funds Index 500 A | 326,561 | 233,045 |
| American Funds Growth Fund of America | 1,738,572 | 1,571,073 |
| Alliance Funds Bernstein Small Cap Value A | 348,331 | 239,709 |
| Allianz Funds Small Cap Value | 232,020 | 75,990 |
| Fidelity Funds Small Cap | 26,261 | 30,055 |
| John Hancock Classic Value Fund A | - | 874,679 |
| JP Morgan Mid Cap Value A | 502,507 | 343,442 |
| Oakmark Equity & Income Fund | 679,847 | 536,038 |
| Oppenheimer Funds Developing Markets | 297,642 | 130,516 |
| Oppenheimer Funds International Bond | 26,650 | 21,363 |
| Prudential Funds Jenn Natural Resource | 25,439 | 19,242 |
| Columbia Funds Dividend Income A | 1,029,822 | - |
| Columbia Funds Marsico 21st Century A | 1,615,355 | 1,474,095 |
| | $ 10,302,210 | $8,343,584 |
| Interest and dividends | $ 194,872 | |
| Net appreciation in fair value of investments | $ 1,023,522 | |

**Note E - Investments**

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

| | 2010 | 2009 |
|---|---|---|
| American Funds Cash Management 859,624 and 1,117,211 shares, respectively. | $ 859,624 | $1,117,211 |
| American Funds New Prospective 23,332 and 25,823 shares, respectively. | 667,756 | 662,107 |
| American Funds EuroPacific Growth A 27,714 and 22,749 shares, respectively. | 1,146,530 | 872,204 |
| Pimco Mutual Funds Total Return A 109,508 and 90,716 shares, respectively. | 1,188,160 | 982,434 |
| American Funds Growth Fund of America 57,115 and 57,485 shares, respectively. | 1,738,572 | 1,571,073 |
| John Hancock Classic Value Fund A 60,784 shares in 2009. | ** | 874,679 |
| Oakmark Equity & Income Fund 24,508 and 20,988 shares, respectively. | 679,847 | 536,038 |
| Columbia Funds Dividend Income A 78,914 shares in 2010. | 1,029,822 | ** |
| Columbia Funds Marsico 21st Century A 118,864 and 126,858 shares, respectively. | 1,615,355 | 1,474,095 |

** Less than 5% of net assets available for benefits.

## Note F - Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 and 2009 to schedule H of Form 5500.

| | 2010 | 2009 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 11,394,952 | $ 9,717,640 |
| Contributions receivable - accrual basis to cash basis adjustment | (38,088) | (13,372) |
| Excess contributions payable - accrual basis to cash basis adjustment | 12,447 | - |
| Net assets available for benefits per schedule H to the Form 5500 | $ 11,369,311 | $ 9,704,268 |

The following is a reconciliation of contributions per the financial statements at December 31, 2010 to schedule H of Form 5500.

| | |
|---|---|
| Contributions per the financial statement | $ 1,498,175 |
| Contributions receivable - accrual basis to cash basis adjustment | (24,716) |
| Excess contributions payable - accrual basis to cash basis adjustment | 12,447 |
| Contributions per schedule H to the Form 5500 | $ 1,485,906 |

## Note G - Party-In-Interest Transactions

The Newport Group provides administrative services to the Plan. Therefore, these are party-in-interest transactions.

Certain employees of the Company act as a fiduciary of the Plan and are responsible for the administration of the Plan. The employees are compensated by the Company and do not receive any compensation from the Plan.

**Note H - Risks and Uncertainties**

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

# SUPPLEMENTAL INFORMATION

SCHEDULE 1

THE JOHN BUCK COMPANY SAVINGS AND PROFIT SHARING PLAN
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2010

EIN: 36-3133564

Plan Number: 001

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investments | (d) Cost | (e) Market Value |
|---|---|---|---|---|
| | American Funds | Cash Management Fund | ** | $ 859,624 |
| | American Funds | New Prospective Fund | ** | 667,756 |
| | American Funds | EuroPacific Growth A Fund | ** | 1,146,530 |
| | American Funds | Century Heritage Fund | ** | 170,540 |
| | American Funds | Century Inflation Protection Bond Fund | ** | 65,999 |
| | Pimco Mutual Funds | Total Return A Fund | ** | 1,188,160 |
| | Invesco Funds | Invesco Charter Fund | ** | 171,149 |
| | Invesco Funds | Invesco Mid Cap Core Equity Fund | ** | 43,069 |
| | Munder Funds | Index 500 A Fund | ** | 326,561 |
| | American Funds | Growth Fund of America | ** | 1,738,572 |
| | Alliance Funds | Bernstein Small Cap Fund | ** | 348,331 |
| | Allianz Funds | Small Cap Value Fund | ** | 232,020 |
| | Fidelity Funds | Small Cap Fund | ** | 26,261 |
| | JP Morgan Funds | Mid Cap Value A Fund | ** | 502,507 |
| | Oakmark Funds | Equity & Income Fund | ** | 679,847 |
| | Oppenheimer Funds | Developing Markets | ** | 297,642 |
| | Oppenheimer Funds | International Bond Fund | ** | 26,650 |
| | Prudential Funds | Jenn Natural Resource Fund | ** | 25,439 |
| | Columbia Funds | Marsico 21st Century A | ** | 1,615,355 |
| | Columbia Funds | Dividend Income A | ** | 1,029,822 |
| * | Wilmington Trust | Cash Account | ** | 183 |
| * | Participant loans | Interest rates ranging from 5% to 10.50% | ** | 207,294 |
| | Total | | ** | $ 11,369,311 |

* A party-in-interest as defined by ERISA.

** Cost omitted for participant directed investments.

Reference is made to the accompanying Independent Auditor's Report relating to the data contained in this schedule.

**Attachment to 2010 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** THE JOHN BUCK COMPANY SAVINGS AND PROFIT SHARING PLAN **EIN:** 36-3133564
**Plan Sponsor's Name** THE JOHN BUCK COMPANY **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | AMERICAN FUNDS MONEY MARKET | Money Market | | 859,624 |
| | PIMCO TOTAL RETURN A | Mutual Fund | | 1,188,160 |
| | COLUMBIA DIVIDENDS INCOME | Mutual Fund | | 1,029,822 |
| | MUNDER INDEX 500 FUND A | Mutual Fund | | 326,561 |
| | GROWTH FUND OF AMERICA | Mutual Fund | | 1,738,572 |
| | ALLIANCE BERNSTEIN SMALL CAP | Mutual Fund | | 348,331 |
| | JP MORGAN MID CAP VALUE | Mutual Fund | | 502,508 |

**Attachment to 2010 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** THE JOHN BUCK COMPANY SAVINGS AND PROFIT SHARING PLAN **EIN:** 36-3133564
**Plan Sponsor's Name** THE JOHN BUCK COMPANY **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | NEW PERSPECTIVE FUND | Mutual Fund | | 667,756 |
| | EUROPACIFIC GROWTH A FUND | Mutual Fund | | 1,146,530 |
| | COLUMBIA MARSICO 21ST CENTURY | Mutual Fund | | 1,615,355 |
| | LOAN FUND | Participant Loans<br>Various Interest Rates<br>Various Maturity Dates | | 207,294 |
| | INVESCO CHARTER FUND | Mutual Fund | | 171,149 |
| | INVESCO MID CAP CORE EQUITY | Mutual Fund | | 43,069 |
| | AMERICAN CENT HERITAGE FUND | Mutual Fund | | 170,541 |

**Attachment to 2010 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** THE JOHN BUCK COMPANY SAVINGS AND PROFIT SHARING PLAN **EIN:** 36-3133564
**Plan Sponsor's Name** THE JOHN BUCK COMPANY **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | ALLIANZ SMALL CAP VALUE FUND | Mutual Fund | | 232,020 |
| | FIDELITY ADVISOR SMALL CAP | Mutual Fund | | 26,261 |
| | OAKMARK EQUITY & INCOME | Mutual Fund | | 679,847 |
| | OPPENHEIMER DEVELOPING MARKETS | Mutual Fund | | 297,642 |
| | PRUDENTIAL JENN NATURAL RES | Mutual Fund | | 25,439 |
| | AMERICAN CENTURY INFL PROT BD | Mutual Fund | | 65,999 |
| | OPPENHEIMER INTL BOND A | Mutual Fund | | 26,650 |