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
FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/1990

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

299 PARK AVENUE
NEW YORK CITY, NY 10171

2b Employer Identification Number (EIN)
13-1804067

2c Sponsor's telephone number
212-940-6266

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.	10/13/2011	SUSAN DALTON
	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")
FISHER BROTHERS MANAGEMENT COMPANY

299 PARK AVENUE
NEW YORK CITY, NY 10171

3b Administrator's EIN
13-1804067

3c Administrator's telephone number
212-940-6266

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**	562
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**	392
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	126
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	518
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	519
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	488
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
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 2J 2K 2G 3H 2F

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FISHER BROTHERS MANAGEMENT COMPANY

D Employer Identification Number (EIN)
13-1804067

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

BARON CAPITAL GROUP

13-3122938

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

JANUS

43-1804048

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

NEUBERGER BERMAN

13-5521910

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

RIVERSOURCE

13-3180631

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

COLUMBIA

41-1533211

(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

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(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)

WELLS FARGO BANK, N.A.

94-1347393

(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 21 49 50 52 60 62 63 64	NONE	14922	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FISHER BROTHERS MANAGEMENT COMPANY

D Employer Identification Number (EIN)
13-1804067

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

a Name of MTIA, CCT, PSA, or 103-12 IE: RVST INCOME FUND II

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-0007957-018	C	13043683

a Name of MTIA, CCT, PSA, or 103-12 IE: RVST EQUITY INDEX FUND II

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-0007957-011	C	3625996

a Name of MTIA, CCT, PSA, or 103-12 IE: RVST CORE BALANCED FUND II

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-0007957-039	C	1673701

a Name of MTIA, CCT, PSA, or 103-12 IE: RVST LONG-TERM HORIZON 8020 FD

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-0007957-024	C	2100086

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FISHER BROTHERS MANAGEMENT COMPANY

D Employer Identification Number (EIN)
13-1804067

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)		
(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)	398833	515648
(9) Value of interest in common/collective trusts	1c(9)	19121623	20443466
(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)	28608170	33990398
(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	48128626	54949512
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	48128626	54949512

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)	1072595	
(B) Participants	2a(1)(B)	3520025	
(C) Others (including rollovers)	2a(1)(C)	100069	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4692689
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	25191	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		25191
(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)	104182	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		104182
(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)		1065324
(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)		4622984
c Other income	2c		25
d Total income. Add all **income** amounts in column (b) and enter total	2d		10510395
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3673168	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	107	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3673275
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		-928
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)	17162	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		17162
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3689509
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		6820886
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: BERDON, LLP (2) EIN: 13-0485070

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		25000000
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
FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FISHER BROTHERS MANAGEMENT COMPANY

D Employer Identification Number (EIN)
13-1804067

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): 56-1354495

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):

FISHER BROTHERS
EMPLOYEES' SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2010

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

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DECEMBER 31, 2010

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BERDON

INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of the
Fisher Brothers Employees' Savings Plan

We were engaged to audit the financial statements and supplemental schedule of the Fisher Brothers Employees' Savings Plan (the "Plan") as of December 31, 2010 and 2009 and for the year ended December 31, 2010, as listed in the accompanying index. These financial statements and the 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 3 and the supplemental schedule, which was certified by Wells Fargo Bank, N.A., as trustee of the Plan (the "Trustee"), except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Trustee held all of the Plan's investment assets and executed investment transactions. The plan administrator has obtained certifications from the Trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, 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.

Berdon LLP

Certified Public Accountants

New York, New York
October 7, 2011

Berdon LLP
CPAs and Advisors

IAPA A global association of independent accounting firms and groups - IAPA

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EXHIBIT A

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS:		
Investments at fair value:		
Mutual funds	$ 33,990,398	$ 28,608,170
Common collective trust funds	20,443,466	19,121,623
	54,433,864	47,729,793
Receivables:		
Notes receivable from participants	515,648	398,833
Employer contributions	16,764	18,513
Participant contributions	38,051	37,623
	570,463	454,969
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 55,004,327	$ 48,184,762

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

EXHIBIT B

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in fair value of investments	$ 5,688,308
Dividend income	104,207
	5,792,515
Contributions from participants	3,520,453
Contributions from employer	1,070,846
Rollover contributions	100,069
Interest on notes receivable from participants	25,191
TOTAL ADDITIONS	10,509,074
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	3,672,347
Administrative expenses	17,162
TOTAL DEDUCTIONS	3,689,509
NET INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	6,819,565
NET ASSETS AVAILABLE FOR PLAN BENEFITS - BEGINNING OF YEAR	48,184,762
NET ASSETS AVAILABLE FOR PLAN BENEFITS - END OF YEAR	$ 55,004,327

The accompanying notes to financial statements are an integral part of this statement.

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Fisher Brothers Employees' Savings Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions:

(a) General

The Plan is a defined contribution plan adopted effective August 1, 1990 covering all eligible employees, as defined in the plan agreement. Union employees are not eligible to participate. The Plan has a 401(k) feature and allows for profit sharing contributions. The Plan was amended and restated effective January 1, 2010 in accordance with the provisions of the Internal Revenue Code of 1986 (IRC), as amended, and the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

(b) 401(k) Feature

The 401(k) feature allows employees to contribute up to 80% of their eligible compensation (not to exceed the amount, adjusted annually, allowed by the Internal Revenue Service), and provides for the employer to make matching contributions. The matching percentage, if any, is determined annually, as voted by the Partnership Committee (as defined) of Fisher Brothers Management Company (FBMC). For the year ended December 31, 2010, the matching percentage was 50% of the first 6% of the employees' eligible compensation that was contributed by participants. For 2010, the employer's matching contribution amounted to $1,070,846, which was net of forfeitures totaling $63,089. Employees may direct their contributions and the applicable employer match to various investment funds. In addition, employees may elect to make after-tax voluntary contributions to the Plan subject to Plan and IRC limitations. The Plan permits catch-up contributions for eligible participants as described under the Economic Growth and Tax Relief Act of 2001.

(c) Profit Sharing

The amount of the annual profit sharing contribution, if any, is determined by the Partnership Committee (as defined) of FBMC. Contributions are allocated among eligible employees, as defined, in the same proportion that the participants' compensation bears to the total compensation paid to all members eligible to share in the allocation. Participants may not contribute to this aspect of the Plan. For the years ended December 31, 2010, no profit sharing contributions were made to the Plan.

(continued)

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

(d) Participant Accounts

An individual participant's account is comprised of the participant's elective deferred contributions, the employer's matching contributions, the employers profit sharing contributions, applicable fund earnings and unrealized fair market value adjustments. Unrealized fair market value adjustments are based on quoted market prices as of the last business day of each year. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(e) Investment Options

Upon enrollment in the Plan, a participant can direct contributions into various offered investment options. The Plan's assets are held in trust. Wells Fargo Bank N.A. is the trustee of the Plan. The Trustee invests monies according to participant directions.

(f) Vesting

Each participant has a fully vested interest in his pretax 401(k) and his after-tax voluntary contributions to the Plan. A participant's vested interest in the employer matched contribution and profit sharing contribution accounts will be 100% under any of the following conditions:

(i) Death or disability of an employee of the Company;

(ii) Termination of the Plan;

(iii) Attainment by an employee of his normal retirement date (age 65); and

(iv) Completion of 5 years of service.

On termination of service, a participant is eligible to receive a single lump-sum amount equal to the value at his or her vested account balance.

If the above conditions do not apply, a participant's vested interest in the matching contribution and profit sharing contribution accounts will be as follows:

Years of Service	Vested Percentage
Less than 1 year	0%
1 year, but less than 2 years	20%
2 years, but less than 3 years	40%
3 years, but less than 4 years	60%
4 years, but less than 5 years	80%
5 years or more	100%

(continued)

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

(f) Vesting (continued)

A year of service is defined as 1,000 hours of service within a calendar year.

Any forfeitures will first be used to offset administrative expenses and then used to offset future employer's contributions. Forfeitures used to offset administrative expenses and to reduce the Company's matching contribution for the year ended December 31, 2010 totaled $14,922 and $63,089, respectively. At December 31, 2010 and 2009, the forfeited nonvested account totaled $319,652 and $314,267, respectively.

(g) Plan Termination

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

(h) Hardship Withdrawals

The Plan permits for hardship withdrawals of the employee's pretax contribution. Permissible circumstances for hardship withdrawals include education, purchase of a principal residence, medical expenses, funeral expenses, repairs of damage to a principal residence, and to prevent foreclosure of a principal residence.

(i) Notes Receivable from Participants

A participant may be eligible to borrow from the Plan, depending on his ability to repay the loan and certain other factors. However, the outstanding loan for any participant may not be more than the lesser of:

(i) $50,000 (reduced by a participant's highest outstanding loan balance during the previous 12-month period); or

(ii) 50% of the vested balance of a participant's accounts (calculated as of the valuation date of the loan request).

The interest rate charged will be the current prime lending rate of Wells Fargo Bank, N.A., plus 1%, or such other rate as prescribed by the plan administrator based on periodic reevaluations of the adequacy of such rate (rates on existing loans range from 4.25% to 9.25%). Payments of principal and interest will be credited directly to the borrowing participant's account. A participant must repay the loan within five years or, if the loan proceeds are used to acquire a principal residence, within 10 years.

The loans are secured by the balance in the participant's account. Principal and interest are paid ratably through monthly payroll deductions.

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

The accounting and reporting policies of the Plan conform to accounting principles generally accepted in the United States of America ("GAAP"). The accompanying financial statements are prepared on the accrual basis of accounting.

(b) Valuation of Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on the trade date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

(c) Net Appreciation or Depreciation of Fair Value of Investments

The Plan presents in the statements of changes in net assets available for plan benefit the net appreciation or depreciation in the fair value of its investments, which consists of the realized gains or losses, and the unrealized appreciation or depreciation on those investments.

(d) Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

(e) Payment of Benefits and Other Costs

Benefits are recorded when paid. Administrative expenses are primarily comprised of record keeping fees. These expenses are paid directly by the Plan. Other expenses related to the Plan are paid by FBMC.

(f) Use of Estimates in Financial Statement Presentation

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies, if any, at the date of the financial statements, and the additions and deductions from net assets available for plan benefits during the reporting period. Actual results could differ from those estimates.

(continued)

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(g) Risks and Uncertainties

The Plan's assets are invested in various mutual funds and common collective trust funds. Investments exceeding five percent of the Plan's net assets available for benefits are described in Note 3. 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

(h) Subsequent Events

The Plan has evaluated subsequent events after December 31, 2010 through October 7, 2011, the date that the financial statements are considered available to be issued.

(i) Reclassifications

Certain items have been reclassified from 2009 to conform to 2010 presentation.

(j) New Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2010-06, which amends Accounting Standards Codification (ASC) Topic 820, "Fair Value Measurements and Disclosures," adding new disclosure requirements for levels 1 and 2, separate disclosures of purchases, sales, issuances and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. The Plan adopted the new guidance in 2010, except for the Level 3 disclosures, which are required in 2011. The adoption in 2010 did not materially affect, and the future adoption is not expected to materially affect, the Plan's financial statements.

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FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - INVESTMENTS

Investment transactions are recognized on their trade dates.

At December 31, 2010 and 2009, all the Plan's assets were held by Wells Fargo Bank, N.A., as trustee of the Plan. In 2010, the mutual funds RVS Diversified Bond Fund and RVS Disciplined Equity Fund were renamed Columbia Diversified Bond Fund and Columbia Large Core Quantitative Fund, respectively.

The following represents financial information included in the statements of net assets available for plan benefits as of December 31, 2010 and 2009 and the statement of changes in net assets available for plan benefits for the year ended December 31, 2010, which was provided and certified to be complete and accurate by Wells Fargo Bank, N.A., the Plan trustee. Individual investments that represent 5% or more of the Plan's net assets available for benefits are separately identified.

Investments at fair value:

	2010	2009
	Fair Value	Fair Value
Mutual funds:		
Baron Asset Fund	$ 5,364,529	$ 4,507,357
Columbia Diversified Bond Fund	4,271,816	3,520,462
Columbia Large Core Quantitative Bond Fund	10,169,688	8,618,304
Janus Overseas Fund	9,686,722	8,441,365
Neuberger Berman Partners Fund	3,787,635	2,874,905
Other	710,008	645,777
Total mutual funds	33,990,398	28,608,170
Common collective trust funds:		
RVST Equity Index II	3,625,996	2,898,840
RVST Income Fund II	13,043,683	13,273,373
Other	3,773,787	2,949,410
Total common collective trust funds	20,443,466	19,121,623
	$ 54,433,864	$ 47,729,793

(continued)

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - INVESTMENTS (Continued)

Net appreciation in fair value of investments:

Mutual funds	$ 4,622,984
Common collective trust funds	1,065,324
	$ 5,688,308

During the year ended December 31, 2010, the Plan received dividend income of $104,207.

NOTE 4 - FAIR VALUE MEASUREMENTS

GAAP provides the framework for measuring fair value. The 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 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:
  - 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; and
  - 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.

(continued)

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

	Fair Value as of December 31, 2009			
Type of Security	Level 1	Level 2	Level 3	Total
Mutual funds:				
Baron Asset Fund	$ 4,507,357	$ -	$ -	$ 4,507,357
Janus Overseas Fund	8,441,365	-	-	8,441,365
Neuberger Berman Partners Fund	2,874,905	-	-	2,874,905
RVS Balanced Fund	645,777	-	-	645,777
RVS Disciplined Equity Fund	8,618,304	-	-	8,618,304
RVS Diversified Bond Fund	3,520,462	-	-	3,520,462
Total mutual funds	28,608,170	-	-	28,608,170
Common collective trust funds:				
RVST Core Balanced Fund II	-	1,428,745	-	1,428,745
RVST Equity Index Fund II	-	2,898,840	-	2,898,840
RVST Income Fund II	-	13,273,373	-	13,273,373
RVST Long Term Horizon 80:20 Fund	-	1,520,665	-	1,520,665
Total common collective trust funds	-	19,121,623	-	19,121,623
	$ 28,608,170	$ 19,121,623	$ -	$ 47,729,793

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's management 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 5 - TAX STATUS

The Internal Revenue Service had ruled that the Plan, as amended, meets the requirements for qualification under Section 401(a), and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code of 1986 (IRC). The Plan received a favorable tax determination letter dated May 7, 2003. Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examination for years prior to 2006.

NOTE 6 - PLAN EXPENSES

In 2010, the Plan's administrative expense totaled $51,882; of this amount, the Plan was charged $17,162. The balance of the expense was paid by FBMC.

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

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 for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

- Mutual funds - Valued at the closing price reported in the active market in which the individual security is traded.

- Common collective trust funds - Valued at net asset value. Underlying investments are based upon the latest published market quotations when available. Where not available, fair values are determined by the fund manager by reference to quoted market values or other financial data pertaining to investments of similar nature, quality and yield.

The following tables summarize the Plan's investments as of December 31, 2010 and 2009, based on the inputs used to value them:

	Fair Value as of December 31, 2010			
Type of Security	Level 1	Level 2	Level 3	Total
Mutual funds:				
Baron Asset Fund	$ 5,364,529	$ -	$ -	$ 5,364,529
Columbia Diversified Bond Fund	4,271,816	-	-	4,271,816
Columbia Large Core Quantitative Fund	10,169,688	-	-	10,169,688
Janus Overseas Fund	9,686,722	-	-	9,686,722
Neuberger Berman Partners Fund	3,787,635	-	-	3,787,635
RVS Balanced Fund	710,008	-	-	710,008
Total mutual funds	33,990,398	-	-	33,990,398
Common collective trust funds:				
RVST Core Balanced Fund II	-	1,673,701	-	1,673,701
RVST Equity Index Fund II	-	3,625,996	-	3,625,996
RVST Income Fund II	-	13,043,683	-	13,043,683
RVST Long Term Horizon 80:20 Fund	-	2,100,086	-	2,100,086
Total common collective trust funds	-	20,443,466	-	20,443,466
	$ 33,990,398	$ 20,443,466	$ -	$ 54,433,864

(continued)

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for plan benefits shown in the financial statements as of December 31, 2010 to the Form 5500:

	2010	2009
Net assets available for plan benefits shown in the financial statements	$ 55,004,327	$ 48,184,762
Contribution receivable:		
Employer	(16,764)	(18,513)
Participant	(38,051)	(37,623)
Net assets available for plan benefits shown in the Form 5500	$ 54,949,512	$ 48,128,626

The following is a reconciliation of contributions as shown in the financial statements as of December 31, 2010 to the Form 5500:

Total contributions shown in the financial statements	$ 4,691,368
Contribution receivable - December 31, 2009:	
Employer	18,513
Participant	37,623
Contribution receivable - December 31, 2010:	
Employer	(16,764)
Participant	(38,051)
Total contributions shown in the Form 5500	$ 4,692,689

SUPPLEMENTAL FINANCIAL INFORMATION

Schedule 1

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

EIN: 13-1804067, PLAN NO.: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, PART IV, LINE 4(i)
DECEMBER 31, 2010

	CURRENT VALUE
MUTUAL FUNDS:	
Baron Asset Fund	$ 5,364,529
Columbia Diversified Bond Fund	4,271,816
Columbia Large Core Quantitative Fund	10,169,688
Janus Overseas Fund	9,686,722
Neuberger Berman Partners Fund	3,787,635
RVS Balanced Fund	710,008
TOTAL MUTUAL FUNDS	33,990,398
COMMON COLLECTIVE TRUST FUNDS:	
RVST Core Balanced Fund II	1,673,701
RVST Equity Index II	3,625,996
RVST Horizon Long-Term	2,100,086
RVST Income Fund II	13,043,683
TOTAL COMMON COLLECTIVE TRUST FUNDS	20,443,466
NOTES RECEIVABLE FROM PARTICIPANTS (Interest rate: 4.25% - 9.25%)	515,648
	$ 54,949,512

The accompanying notes to financial statements and independent auditors' report should be read in conjunction with this supplemental schedule.

FISHER BROTHERS
EMPLOYEES' SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2010

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

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DECEMBER 31, 2010

INDEPENDENT AUDITORS' REPORT	
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS - DECEMBER 31, 2010 AND 2009	EXHIBIT A
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2010	EXHIBIT B
NOTES TO FINANCIAL STATEMENTS	1 TO 7
SUPPLEMENTAL FINANCIAL INFORMATION:	
Schedule of Assets (Held at End of Year) - Schedule H, Part IV, Line 4(i) - December 31, 2010	Schedule 1

BERDON

INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of the
Fisher Brothers Employees' Savings Plan

We were engaged to audit the financial statements and supplemental schedule of the Fisher Brothers Employees' Savings Plan (the "Plan") as of December 31, 2010 and 2009 and for the year ended December 31, 2010, as listed in the accompanying index. These financial statements and the 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 3 and the supplemental schedule, which was certified by Wells Fargo Bank, N.A., as trustee of the Plan (the "Trustee"), except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Trustee held all of the Plan's investment assets and executed investment transactions. The plan administrator has obtained certifications from the Trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, 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.

Berdon LLP

Certified Public Accountants

New York, New York
October 7, 2011

Berdon LLP
CPAs and Advisors

IAPA A global association of independent accounting firms and groups - IAPA

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EXHIBIT A

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS:		
Investments at fair value:		
Mutual funds	$ 33,990,398	$ 28,608,170
Common collective trust funds	20,443,466	19,121,623
	54,433,864	47,729,793
Receivables:		
Notes receivable from participants	515,648	398,833
Employer contributions	16,764	18,513
Participant contributions	38,051	37,623
	570,463	454,969
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 55,004,327	$ 48,184,762

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

EXHIBIT B

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in fair value of investments	$ 5,688,308
Dividend income	104,207
	5,792,515
Contributions from participants	3,520,453
Contributions from employer	1,070,846
Rollover contributions	100,069
Interest on notes receivable from participants	25,191
TOTAL ADDITIONS	10,509,074
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	3,672,347
Administrative expenses	17,162
TOTAL DEDUCTIONS	3,689,509
NET INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	6,819,565
NET ASSETS AVAILABLE FOR PLAN BENEFITS - BEGINNING OF YEAR	48,184,762
NET ASSETS AVAILABLE FOR PLAN BENEFITS - END OF YEAR	$ 55,004,327

The accompanying notes to financial statements are an integral part of this statement.

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Fisher Brothers Employees' Savings Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions:

(a) General

The Plan is a defined contribution plan adopted effective August 1, 1990 covering all eligible employees, as defined in the plan agreement. Union employees are not eligible to participate. The Plan has a 401(k) feature and allows for profit sharing contributions. The Plan was amended and restated effective January 1, 2010 in accordance with the provisions of the Internal Revenue Code of 1986 (IRC), as amended, and the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

(b) 401(k) Feature

The 401(k) feature allows employees to contribute up to 80% of their eligible compensation (not to exceed the amount, adjusted annually, allowed by the Internal Revenue Service), and provides for the employer to make matching contributions. The matching percentage, if any, is determined annually, as voted by the Partnership Committee (as defined) of Fisher Brothers Management Company (FBMC). For the year ended December 31, 2010, the matching percentage was 50% of the first 6% of the employees' eligible compensation that was contributed by participants. For 2010, the employer's matching contribution amounted to $1,070,846, which was net of forfeitures totaling $63,089. Employees may direct their contributions and the applicable employer match to various investment funds. In addition, employees may elect to make after-tax voluntary contributions to the Plan subject to Plan and IRC limitations. The Plan permits catch-up contributions for eligible participants as described under the Economic Growth and Tax Relief Act of 2001.

(c) Profit Sharing

The amount of the annual profit sharing contribution, if any, is determined by the Partnership Committee (as defined) of FBMC. Contributions are allocated among eligible employees, as defined, in the same proportion that the participants' compensation bears to the total compensation paid to all members eligible to share in the allocation. Participants may not contribute to this aspect of the Plan. For the years ended December 31, 2010, no profit sharing contributions were made to the Plan.

(continued)

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

(d) Participant Accounts

An individual participant's account is comprised of the participant's elective deferred contributions, the employer's matching contributions, the employers profit sharing contributions, applicable fund earnings and unrealized fair market value adjustments. Unrealized fair market value adjustments are based on quoted market prices as of the last business day of each year. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(e) Investment Options

Upon enrollment in the Plan, a participant can direct contributions into various offered investment options. The Plan's assets are held in trust. Wells Fargo Bank N.A. is the trustee of the Plan. The Trustee invests monies according to participant directions.

(f) Vesting

Each participant has a fully vested interest in his pretax 401(k) and his after-tax voluntary contributions to the Plan. A participant's vested interest in the employer matched contribution and profit sharing contribution accounts will be 100% under any of the following conditions:

(i) Death or disability of an employee of the Company;

(ii) Termination of the Plan;

(iii) Attainment by an employee of his normal retirement date (age 65); and

(iv) Completion of 5 years of service.

On termination of service, a participant is eligible to receive a single lump-sum amount equal to the value at his or her vested account balance.

If the above conditions do not apply, a participant's vested interest in the matching contribution and profit sharing contribution accounts will be as follows:

Years of Service	Vested Percentage
Less than 1 year	0%
1 year, but less than 2 years	20%
2 years, but less than 3 years	40%
3 years, but less than 4 years	60%
4 years, but less than 5 years	80%
5 years or more	100%

(continued)

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

(f) Vesting (continued)

A year of service is defined as 1,000 hours of service within a calendar year.

Any forfeitures will first be used to offset administrative expenses and then used to offset future employer's contributions. Forfeitures used to offset administrative expenses and to reduce the Company's matching contribution for the year ended December 31, 2010 totaled $14,922 and $63,089, respectively. At December 31, 2010 and 2009, the forfeited nonvested account totaled $319,652 and $314,267, respectively.

(g) Plan Termination

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

(h) Hardship Withdrawals

The Plan permits for hardship withdrawals of the employee's pretax contribution. Permissible circumstances for hardship withdrawals include education, purchase of a principal residence, medical expenses, funeral expenses, repairs of damage to a principal residence, and to prevent foreclosure of a principal residence.

(i) Notes Receivable from Participants

A participant may be eligible to borrow from the Plan, depending on his ability to repay the loan and certain other factors. However, the outstanding loan for any participant may not be more than the lesser of:

(i) $50,000 (reduced by a participant's highest outstanding loan balance during the previous 12-month period); or

(ii) 50% of the vested balance of a participant's accounts (calculated as of the valuation date of the loan request).

The interest rate charged will be the current prime lending rate of Wells Fargo Bank, N.A., plus 1%, or such other rate as prescribed by the plan administrator based on periodic reevaluations of the adequacy of such rate (rates on existing loans range from 4.25% to 9.25%). Payments of principal and interest will be credited directly to the borrowing participant's account. A participant must repay the loan within five years or, if the loan proceeds are used to acquire a principal residence, within 10 years.

The loans are secured by the balance in the participant's account. Principal and interest are paid ratably through monthly payroll deductions.

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

The accounting and reporting policies of the Plan conform to accounting principles generally accepted in the United States of America ("GAAP"). The accompanying financial statements are prepared on the accrual basis of accounting.

(b) Valuation of Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on the trade date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

(c) Net Appreciation or Depreciation of Fair Value of Investments

The Plan presents in the statements of changes in net assets available for plan benefit the net appreciation or depreciation in the fair value of its investments, which consists of the realized gains or losses, and the unrealized appreciation or depreciation on those investments.

(d) Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

(e) Payment of Benefits and Other Costs

Benefits are recorded when paid. Administrative expenses are primarily comprised of record keeping fees. These expenses are paid directly by the Plan. Other expenses related to the Plan are paid by FBMC.

(f) Use of Estimates in Financial Statement Presentation

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies, if any, at the date of the financial statements, and the additions and deductions from net assets available for plan benefits during the reporting period. Actual results could differ from those estimates.

(continued)

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(g) Risks and Uncertainties

The Plan's assets are invested in various mutual funds and common collective trust funds. Investments exceeding five percent of the Plan's net assets available for benefits are described in Note 3. 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

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FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - INVESTMENTS

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(continued)

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - INVESTMENTS (Continued)

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  - 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; and
  - 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.

(continued)

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

	Fair Value as of December 31, 2009			
Type of Security	Level 1	Level 2	Level 3	Total
Mutual funds:				
Baron Asset Fund	$ 4,507,357	$ -	$ -	$ 4,507,357
Janus Overseas Fund	8,441,365	-	-	8,441,365
Neuberger Berman Partners Fund	2,874,905	-	-	2,874,905
RVS Balanced Fund	645,777	-	-	645,777
RVS Disciplined Equity Fund	8,618,304	-	-	8,618,304
RVS Diversified Bond Fund	3,520,462	-	-	3,520,462
Total mutual funds	28,608,170	-	-	28,608,170
Common collective trust funds:				
RVST Core Balanced Fund II	-	1,428,745	-	1,428,745
RVST Equity Index Fund II	-	2,898,840	-	2,898,840
RVST Income Fund II	-	13,273,373	-	13,273,373
RVST Long Term Horizon 80:20 Fund	-	1,520,665	-	1,520,665
Total common collective trust funds	-	19,121,623	-	19,121,623
	$ 28,608,170	$ 19,121,623	$ -	$ 47,729,793

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's management 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 5 - TAX STATUS

The Internal Revenue Service had ruled that the Plan, as amended, meets the requirements for qualification under Section 401(a), and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code of 1986 (IRC). The Plan received a favorable tax determination letter dated May 7, 2003. Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examination for years prior to 2006.

NOTE 6 - PLAN EXPENSES

In 2010, the Plan's administrative expense totaled $51,882; of this amount, the Plan was charged $17,162. The balance of the expense was paid by FBMC.

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

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 for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

- Mutual funds - Valued at the closing price reported in the active market in which the individual security is traded.

- Common collective trust funds - Valued at net asset value. Underlying investments are based upon the latest published market quotations when available. Where not available, fair values are determined by the fund manager by reference to quoted market values or other financial data pertaining to investments of similar nature, quality and yield.

The following tables summarize the Plan's investments as of December 31, 2010 and 2009, based on the inputs used to value them:

	Fair Value as of December 31, 2010			
Type of Security	Level 1	Level 2	Level 3	Total
Mutual funds:				
Baron Asset Fund	$ 5,364,529	$ -	$ -	$ 5,364,529
Columbia Diversified Bond Fund	4,271,816	-	-	4,271,816
Columbia Large Core Quantitative Fund	10,169,688	-	-	10,169,688
Janus Overseas Fund	9,686,722	-	-	9,686,722
Neuberger Berman Partners Fund	3,787,635	-	-	3,787,635
RVS Balanced Fund	710,008	-	-	710,008
Total mutual funds	33,990,398	-	-	33,990,398
Common collective trust funds:				
RVST Core Balanced Fund II	-	1,673,701	-	1,673,701
RVST Equity Index Fund II	-	3,625,996	-	3,625,996
RVST Income Fund II	-	13,043,683	-	13,043,683
RVST Long Term Horizon 80:20 Fund	-	2,100,086	-	2,100,086
Total common collective trust funds	-	20,443,466	-	20,443,466
	$ 33,990,398	$ 20,443,466	$ -	$ 54,433,864

(continued)

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for plan benefits shown in the financial statements as of December 31, 2010 to the Form 5500:

	2010	2009
Net assets available for plan benefits shown in the financial statements	$ 55,004,327	$ 48,184,762
Contribution receivable:		
Employer	(16,764)	(18,513)
Participant	(38,051)	(37,623)
Net assets available for plan benefits shown in the Form 5500	$ 54,949,512	$ 48,128,626

The following is a reconciliation of contributions as shown in the financial statements as of December 31, 2010 to the Form 5500:

Total contributions shown in the financial statements	$ 4,691,368
Contribution receivable - December 31, 2009:	
Employer	18,513
Participant	37,623
Contribution receivable - December 31, 2010:	
Employer	(16,764)
Participant	(38,051)
Total contributions shown in the Form 5500	$ 4,692,689

SUPPLEMENTAL FINANCIAL INFORMATION

Schedule 1

FISHER BROTHERS EMPLOYEES' SAVINGS PLAN

EIN: 13-1804067, PLAN NO.: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, PART IV, LINE 4(i)
DECEMBER 31, 2010

	CURRENT VALUE
MUTUAL FUNDS:	
Baron Asset Fund	$ 5,364,529
Columbia Diversified Bond Fund	4,271,816
Columbia Large Core Quantitative Fund	10,169,688
Janus Overseas Fund	9,686,722
Neuberger Berman Partners Fund	3,787,635
RVS Balanced Fund	710,008
TOTAL MUTUAL FUNDS	33,990,398
COMMON COLLECTIVE TRUST FUNDS:	
RVST Core Balanced Fund II	1,673,701
RVST Equity Index II	3,625,996
RVST Horizon Long-Term	2,100,086
RVST Income Fund II	13,043,683
TOTAL COMMON COLLECTIVE TRUST FUNDS	20,443,466
NOTES RECEIVABLE FROM PARTICIPANTS (Interest rate: 4.25% - 9.25%)	515,648
	$ 54,949,512

The accompanying notes to financial statements and independent auditors' report should be read in conjunction with this supplemental schedule.