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
MICHAEL LEWIS COMPANY EMPLOYEES' PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1985

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

8900 WEST 50TH STREET
MCCOOK, IL 60525

2b Employer Identification Number (EIN) 36-0905140

2c Sponsor's telephone number 708-688-2200

2d Business code (see instructions) 722300

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	SHELDON ROSEN
	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")
MICHAEL LEWIS COMPANY

8900 WEST 50TH STREET
MCCOOK, IL 60525

3b Administrator's EIN
36-0905140

3c Administrator's telephone number
708-688-2200

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**	144
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**	120
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	18
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	138
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	139
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	139
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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 2H 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)

(1)	X	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)	X	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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
MICHAEL LEWIS COMPANY EMPLOYEES' PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
MICHAEL LEWIS COMPANY

D Employer Identification Number (EIN)
36-0905140

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-B0-KF98	84	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
3587	897

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
INDEPENDENT FINANCIAL GROUP, LLC
12363 HIGH BLUFF DR STE 100
ATTN JANICE NAIMAN
SAN DIEGO, CA 92130

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2454			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LPL FINANCIAL CORPORATION
ATTN CARMELA WILLIAMS
9785 TOWNE CENTRE DRIVE
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1133			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HOWARD SIMON & ASSOCIATES, INC.
304 SAUNDERS ROAD
RIVERWOODS, IL 60015

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	897	FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	1056647
c	Additions: (1) Contributions deposited during the year	7c(1)	129260		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2261		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	131521
d	Total of balance and additions (add **b** and **c(6)**)			7d	1188168
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4		
	(2) Administration charge made by carrier	7e(2)	110		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	114
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	1188054

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
MICHAEL LEWIS COMPANY EMPLOYEES' PROFIT SHARING PLAN & TRUST		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
MICHAEL LEWIS COMPANY	36-0905140	

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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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 19 64	CUSTODIAN	17440	Yes [X] No [ ]	Yes [ ] No [X]	16552	Yes [ ] No [X]

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

INDEPENDENT FINANCIAL GROUP

12636 HIGH BLUFF DRIVE
SUITE 100
SAN DIEGO, CA 92130

(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?
27 49	FINANCIAL ADVISOR	2454	Yes [X] No [ ]	Yes [ ] No [X]	10465	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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
MICHAEL LEWIS COMPANY EMPLOYEES' PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-0905140

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	1055874	84729
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	617405	536467
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	31405	23824
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5711274	4948285
(2) U.S. Government securities	1c(2)	589557	2041783
(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)		
(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)	4485394	5465030
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1056647	1188054
(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	13547556	14288172
	Liabilities			
g	Benefit claims payable	1g	56531	
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	56531	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	13491025	14288172

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)	678290	
	(B) Participants	2a(1)(B)	441501	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1119791
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	153812	
	(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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		153812
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)	629539	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		629539
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1903142
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1105798	
(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)		1105798
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)	197	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		197
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1105995
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		797147
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: LIPSCHULTZ, LEVIN & GRAY, L.L.C. (2) EIN: 36-2260623

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
MICHAEL LEWIS COMPANY EMPLOYEES' PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-0905140

Part I Distributions

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

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

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

EIN(s): 31-4156830 36-4012589

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):

MICHAEL LEWIS COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

YEARS ENDED
DECEMBER 31, 2010 AND 2009

Lipschultz, Levin & Gray
L.L.C. Certified Public Accountants

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MICHAEL LEWIS COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

YEARS ENDED DECEMBER 31, 2010 AND 2009

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INDEPENDENT AUDITOR'S REPORT

To The Trustees
Michael Lewis Company
Employees' Profit Sharing Plan and Trust

We were engaged to audit the financial statements of Michael Lewis Company Employees' Profit Sharing Plan and Trust as of December 31, 2010 and 2009, and for the years then ended, and the supplemental schedule as of and for the year ended December 31, 2010 as listed in the accompanying index. These financial statements and 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 the *Information Prepared and Certified by the Custodian* note, which was certified by Nationwide Life Insurance Company, a custodian of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the plan administrator that Nationwide Life Insurance Company holds certain of the Plan's investment assets and executes some investment transactions. The plan administrator has obtained a certification from Nationwide Life Insurance Company as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by Nationwide Life Insurance Company 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 schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Lipschultz Levin & Gray L.L.C.

October 7, 2011
Northbrook, Illinois

Lipschultz, Levin & Gray
L.L.C. Certified Public Accountants

425 Huehl Road, Bldg. 7, Northbrook, Illinois 60062-2322
847.272.5300 FAX: 847.272.9351 www.TheThinkers.com

EXHIBIT A

MICHAEL LEWIS COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
INVESTMENTS, AT FAIR VALUE:		
Money Market Funds	$ 702,378	$ 231,227
Shares of Registered Investment Companies (Mutual Funds)	5,465,030	4,485,394
Investment Contract with Insurance Company	1,188,054	1,056,647
Certificates of Deposit	4,245,907	5,480,047
U. S. Government and Agency Securities	2,041,783	589,557
TOTAL INVESTMENTS, AT FAIR VALUE	13,643,152	11,842,872
RECEIVABLES:		
Employer Contribution	536,467	617,405
Accrued Interest	23,824	31,405
CASH	84,729	1,055,874
TOTAL ASSETS	14,288,172	13,547,556
LIABILITY		
DUE TO PARTICIPANTS		56,531
NET ASSETS AVAILABLE FOR BENEFITS	$14,288,172	$13,491,025

See Auditor's Report and Accompanying Notes to Financial Statements.

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EXHIBIT B

MICHAEL LEWIS COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Participant Directed Assets:		
Net Appreciation in Mutual Funds	$ 422,374	$ 578,078
Dividend and Interest Income -		
Investment Contract with Insurance Company	2,150	3,640
Total Investment Income on Participant Directed Assets	424,524	581,718
Nonparticipant Directed Assets:		
Net Appreciation (Depreciation):		
Mutual Funds	165,979	274,500
U.S. Government and Agency Securities	(1,774)	(1,965)
Certificates of Deposit	42,960	(6,868)
Dividend and Interest Income:		
U.S. Government and Agency Securities	21,221	55,653
Certificates of Deposit and Money Market Funds	130,441	140,208
Total Investment Income on Trustee Directed Assets	358,827	461,528
TOTAL INVESTMENT INCOME	783,351	1,043,246
Contributions:		
Participants'	441,501	437,459
Employer	678,290	761,174
Rollover		263
TOTAL ADDITIONS	1,903,142	2,242,142
DEDUCTION FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	1,105,798	802,611
Administrative Expenses	197	230
TOTAL DEDUCTIONS	1,105,995	802,841
NET INCREASE	797,147	1,439,301
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	13,491,025	12,051,724
End of Year	$14,288,172	$13,491,025

See Auditor's Report and Accompanying Notes to Financial Statements.

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MICHAEL LEWIS COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

DESCRIPTION OF PLAN

The following description of the Michael Lewis Company ("Company") Employees' Profit Sharing Plan and Trust ("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 defined contribution plan covering all full-time non-union employees of the Company who have completed one year of service and are twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. Contributions - Each year, participants may contribute up to 15% of pre-tax annual compensation, as defined by the Plan document. Participants may also contribute amounts representing distributions from other qualified benefit or contribution plans. The Company may elect to make discretionary matching and profit sharing contributions. The matching and employee portion of the 401(k) contributions are participant directed and invested in an assortment of mutual funds and an investment contract offered by Nationwide Life Insurance Company. Company profit sharing contributions are invested in a portfolio of investments as directed by the trustees. Contributions are subject to certain maximum limitations imposed by the Internal Revenue Code (IRC).

3. Participants' Accounts - Each active participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution, (b) Plan earnings and (c) forfeitures of terminated participants' non-vested accounts. 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.

4. Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary matching and profit sharing contributions plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

5. Participant Loans - 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% of their vested account balance. Loans provide for periodic repayment over a period of five years or less unless

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DESCRIPTION OF PLAN (Continued)

the loan is in connection with the participant's principal residence. The interest rates and types of collateral required are contained in the Plan document. Principal and interest is paid ratably through periodic payroll deductions or by check. All interest paid with respect to these loans is credited to the participant's individual account. Any loss or expense associated with the loan is borne by the participant.

6. Payment of Benefits - Upon eligibility for benefits, the participant may elect one of several methods to distribute the value of a participant's vested account balance, as defined by the Plan. Benefits are recorded when paid. As of December 31, 2010 and 2009, the vested but unpaid balances of terminated participants amount to $76,762 and $989,976, respectively. There were no excess contributions returned to Plan participants in the proceeding Plan years for the years ended December 31, 2010 and 2009.

7. Forfeited Accounts - At December 31, 2010 and 2009, forfeited nonvested accounts amounted to $11,699 and $9,947, respectively. Forfeitures from employer matching contributions may be used to offset future employer matches. Forfeitures from profit sharing contributions are reallocated to active participants in the same manner as Company discretionary contributions as defined by the Plan document.

8. Administrative Expenses - Investment management services and expenses relating to the administration of the Plan are substantially paid by the Company.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

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

Use of Estimates:

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

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SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates (Continued):

As described in ASC 962, *Plan Accounting - Defined Contribution Pension Plan,* investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As certified by the custodian, the contract value, which approximates fair market value, is deemed to be an appropriate determination of fair value, and the Statements of Changes in Net Assets Available for Benefits are prepared on a contract value basis. All participant-initiated transactions, when allowed, are always performed at contract value. There is no liquid market value because the contract is not tradable or assignable, and there are no defined maturities of the cash flows.

Cash:

The Plan maintains its cash accounts in what it believes are high-quality institutions. Nevertheless, there is exposure where balances exceed federally insured limits.

Investment Valuation and Income Recognition:

Shares of registered investment companies (mutual funds) are valued at their year-end quoted market prices which represent the net asset values of shares held by the Plan at year-end. U.S. Government and Agency Securities and Certificates of Deposit are valued based upon OTC market information. The investment contract with an insurance company is valued at contract value which approximates fair value (see *Investment Contract with Insurance Company*).

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on an accrual basis and dividends are recorded on the ex-dividend date.

The Plan presents, in the Statement of Changes in Net Assets Available for Benefits, the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and the unrealized gains or losses of those investments.

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INVESTMENTS

The following table represents the fair value of individual investments that represent five percent (5%) or more of the Plan's net assets as of December 31, 2010 and 2009:

Description of Investment	2010	2009
Nationwide S&P 500 Index Fund	$ 768,940	$ **
Janus Fund	928,187	801,146
Van Kampen Equity and Income Fund	1,037,265	927,216
Investment Contract with Insurance Company	1,188,054	1,056,647

** Does not represent 5% of more of the Plan's net assets available for benefits this period.

The above investments are nonparticipant-directed investments except that the Nationwide S&P 500 Index Fund, Janus Fund, Van Kampen Equity and Income Fund, and the Investment Contract with Insurance Company include $210,711 (**), $679,364 (2009 - $576,244), $349,650 (2009 - $313,347), and $1,188,054 (2009 - $1,056,647), respectively, of participant-directed investments.

During 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

Description of Investment	2010	2009
Shares of Registered Investment Companies (Mutual Funds)	$ 588,353	$ 852,578
Certificates of Deposit	42,960	(6,868)
U. S. Government and Agency Securities	(1,774)	(1,965)
Total	$ 629,539	$ 843,745

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NONPARTICIPANT-DIRECTED ASSETS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	2010	2009
Net Assets:		
Cash in Money Market Funds	$ 702,378	$ 231,227
Shares of Registered Investment Companies (Mutual Funds)	1,603,610	1,437,630
Certificates of Deposit	4,245,907	5,480,047
U. S. Government and Agency Securities	2,041,783	589,557
Employer Contribution Receivable	536,467	617,405
Accrued Interest	23,824	31,405
Cash	84,729	1,055,874
Due to Participants	0	(55,647)
Total	$ 9,238,698	$ 9,387,498
Change in Net Assets:		
Employer Contribution	$ 536,467	$ 617,405
Dividend and Interest Income	151,662	195,861
Net Appreciation (Depreciation) in Fair Value of Investments	207,165	265,667
Benefits Paid to Participants	(1,043,897)	(598,273)
Administrative Expenses	(197)	(230)
Total Increase (Decrease) in Net Assets	$ (148,800)	$ 480,430

FAIR VALUE MEASUREMENTS

Financial Accounting Standards ASC-820 ("ASC) 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 (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC are described below:

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FAIR VALUE MEASUREMENTS (Continued)

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The assets' 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. See *Summary of Significant Accounting Policies* for 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.

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

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FAIR VALUE MEASUREMENTS (Continued)

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

	Level 1	Level 2	Level 3	Total
Money Market Funds		$ 702,378		$ 702,378
Shares of Registered Investment Companies (Mutual Funds)	$ 5,465,030			5,465,030
Investment Contract			$ 1,188,054	1,188,054
Certificates of Deposit		4,245,907		4,245,907
U.S. Government and Agency Securities		2,041,783		2,041,783
Total	$ 5,465,030	$ 6,990,068	$ 1,188,054	$ 13,643,152

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

	Level 1	Level 2	Level 3	Total
Money Market Funds		$ 231,227		$ 231,227
Shares of Registered Investment Companies (Mutual Funds)	$ 4,485,394			4,485,394
Investment Contract			$ 1,056,647	1,056,647
Certificates of Deposit		5,480,047		5,480,047
U.S. Government and Agency Securities		589,557		589,557
Total	$ 4,485,394	$ 6,300,831	$ 1,056,647	$ 11,842,872

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FAIR VALUE MEASUREMENTS (Continued)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2010 and 2009:

	2010 Benefit-Responsive Investment Contract	2009 Benefit-Responsive Investment Contract
Balance, Beginning of Year	$ 1,056,647	$ 821,818
Net Gains or Losses as Reported in the Statement of Changes in Net Assets Available for Benefits	2,150	3,640
Purchases, Sales, Issuances and Settlements (net)	129,257	231,189
Balance, End of Year	$ 1,188,054	$ 1,056,647

INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has entered into a benefit-responsive investment contract with Nationwide Life Insurance Company ("Nationwide"). Nationwide maintains participant contributions in a group annuity ("guaranteed") account. The value of the guaranteed account is equal to contributions allocated to the account, plus interest, realized and unrealized gains and losses, and exchanges into the account, less benefit payments, exchanges out of the account, expense reimbursements, applicable state premium taxes, and any liquidation charges (see below). The contract is included in the financial statements at fair market value, which approximates contract value as reported to the Plan by Nationwide.

In the event the Plan is terminated, merged into another Plan, or there has been a reduction in the number of participants greater than 15%, the Plan is required to request payments in one of the following manners: a) purchase an annuity for each affected member, b) use all or a

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INVESTMENT CONTRACT WITH INSURANCE COMPANY (Continued)

portion of the guaranteed account to make cash payments subject to the market value adjustment, or c) use all or a portion of the guaranteed account to make payment to a funding successor within six calendar months, subject to taxes and other expenses. The market value adjustment is determined by Nationwide in accordance with uniform procedures applicable to all contracts of this class. In lieu of the six month wait period, the Plan can pay a 2% penalty to cash-out early from the guaranteed account.

Interest rates are reviewed quarterly for resetting and are based upon the three year Treasury note yield less an interest rate adjustment ranging from 30 to 45 basis points depending on the current contract value. The interest rate adjustment is reviewed on each contract anniversary date. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

The average yields were 0.21% and 0.36% for the years ended December 31, 2010 and 2009, respectively. The crediting interest rates were 0% and 0.44% as of December 31, 2010 and 2009, respectively.

RISKS AND UNCERTAINTIES

The Plan invests in various types of 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 participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

RELATED PARTIES

Since Nationwide Life Insurance Company and Merrill Lynch act as custodians of the Plan, the investments in Nationwide Life Insurance Company and Merrill Lynch constitute party-in-interest investments as defined by ERISA.

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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 will become 100% vested in their accounts.

INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter dated September 4, 2001, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and believe that the Plan is qualified and the related trust is tax-exempt as of the financial statement date.

INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following is a summary of the investment information regarding the Plan as of December 31, 2010 and 2009, and for the years then ended, included in the Plan's financial statements and supplemental schedule that was prepared by or derived from information prepared by Nationwide Life Insurance Company, a custodian of the Plan, and furnished to the plan administrator. The information has been certified as complete and accurate by the custodian in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	2010	2009
Investments, at Fair Value	$ 6,653,084	$ 5,542,041
Investment Income	$ 588,273	$ 856,267

SUBSEQUENT EVENTS

On August 1, 2011, the Plan moved the assets held at Nationwide to a successor custodian, Ameritrade TD. To avoid incurring penalties for canceling the investment contract with Nationwide, the Plan has elected to maintain the assets in this fund for six months.

Management has evaluated subsequent events through October 7, 2011, the date which the financial statements were available for issue.

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SUPPLEMENTAL INFORMATION

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MICHAEL LEWIS COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

FEIN 36-0905140

PLAN NUMBER 001

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

DECEMBER 31, 2010

(a)	(b) Identity of Issuer, 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
*	Nationwide Life Insurance Company	Guaranteed Investment Contract		$ 1,188,054
	Invesco	Value Fund		50,586
	Calvert	Small Cap Fund		7,505
*	Nationwide Life Insurance Company	Destinations Aggressive Fund		29,050
*	Nationwide Life Insurance Company	Destinations Conservative Fund		29,258
*	Nationwide Life Insurance Company	Destinations Moderate Fund		41,212
*	Nationwide Life Insurance Company	Money Market Fund		265,269
	Janus	Janus Fund		928,187
	JPMorgan	Midcap Value Fund		210,901
*	Nationwide Life Insurance Company	S&P 500 Index Fund		768,940
	Oppenheimer	Global Fund		621,185
	Wells Fargo	Government Securities Fund		698,540
	Franklin Templeton	Balance Sheet Investment Fund		266,722
	Invesco	Dynamics Fund		510,410
	Invesco	Van Kampen Equity and Income Fund		1,037,265
	Total Mutual Funds			5,465,030

See Auditor's Report and Accompanying Notes to Financial Statements.

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DECEMBER 31, 2010

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	Certificates of Deposit:			
	Sallie Mae Bank	Maturity Value $148,000 Dated 6/3/13, Interest Rate 3.20%	$ 148,000	$ 151,985
	Midfirst Bank	Maturity Value $151,000 Dated 6/3/11, Interest Rate 2.10%	151,000	151,616
	Capmark Bank	Maturity Value $148,000 Dated 6/4/12, Interest Rate 2.90%	148,000	151,101
	CitiBank	Maturity Value $51,000 Dated 6/3/13, Interest Rate 3.25%	51,000	52,433
	CitiBank	Maturity Value $96,000 Dated 6/4/12, Interest Rate 3.00%	96,000	98,009
	Discover Bank	Maturity Value $88,000 Dated 12/9/11, Interest Rate 1.50%	88,000	88,202
	American Express Bank	Maturity Value $98,000 Dated 4/1/13, Interest Rate 3.00%	98,000	100,134
	American Express Bank	Maturity Value $98,000 Dated 4/1/13, Interest Rate 3.00%	98,000	100,134
	Capmark Bank	Maturity Value $98,000 Dated 5/6/13, Interest Rate 3.10%	98,000	100,447
	BMW Bank of North America	Maturity Value $45,000 Dated 12/12/11, Interest Rate 1.55%	45,000	45,125
	Ally Bank	Maturity Value $98,000 Dated 6/10/11, Interest Rate 1.10%	98,000	97,958

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	Certificates of Deposit (Continued)			
	Synovus Bank	Maturity Value $248,000 Dated 12/16/11, Interest Rate 1.55%	$ 248,000	$ 248,698
	Compass Bank	Maturity Value $247,000 Dated 6/13/11, Interest Rate 2.10%	247,000	248,076
	GE Capital Financial	Maturity Value $247,000 Dated 6/13/11, Interest Rate 2.05%	247,000	248,022
	Bank of America	Maturity Value $246,000 Dated 7/2/12, Interest Rate 2.85%	246,000	250,885
	American Express Bank	Maturity Value $83,000 Dated 12/2/11, Interest Rate 1.55%	83,000	83,224
	American Express Bank	Maturity Value $149,000 Dated 6/2/11, Interest Rate 1.10%	149,000	148,999
	GE Money Bank	Maturity Value $151,000 Dated 12/12/11, Interest Rate 1.55%	151,000	151,420
	Discover Bank	Maturity Value $96,000 Dated 4/22/13, Interest Rate 3.10%	96,000	98,358
	American Express Bank	Maturity Value $66,000 Dated 6/3/11, Interest Rate 2.10%	66,000	66,269
	CitiBank	Maturity Value $98,000 Dated 2/11/13, Interest Rate 2.90%	98,000	99,911
	Oriental Bank and Trust	Maturity Value $246,000 Dated 7/9/12, Interest Rate 2.60%	246,000	250,401
	Midfirst Bank	Maturity Value $95,000 Dated 7/9/12, Interest Rate 2.45%	95,000	96,487

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	Certificates of Deposit (Continued)			
	Discover Bank	Maturity Value $62,000 Dated 7/16/12, Interest Rate 2.30%	$ 62,000	$ 62,842
	First Bank of Puerto Rico	Maturity Value $97,000 Dated 11/30/11, Interest Rate 1.75%	97,000	97,129
	JP Morgan Chase Bank	Maturity Value $98,000 Dated 3/18/11, Interest Rate 3.75%	$ 98,000	98,397
	Aurora Bank FSB	Maturity Value $97,000 Dated 8/8/11, Interest Rate 4.35%	97,000	98,853
	Goldman Sachs Bank	Maturity Value $59,000 Dated 10/3/11, Interest Rate 4.35%	59,000	60,195
	BMW Bank of North America	Maturity Value $98,000 Dated 3/19/12, Interest Rate 3.85%	98,000	100,798
	Branch Banking & Trust	Maturity Value $97,000 Dated 9/12/12, Interest Rate 4.55%	97,000	101,751
	GE Money Bank	Maturity Value $97,000 Dated 9/25/12, Interest Rate 4.70%	97,000	101,849
	Huntington National Bank	Maturity Value $150,000 Dated 7/23/13, Interest Rate 1.50%	150,000	147,775
	Banco Popular of Puerto Rico	Maturity Value $150,000 Dated 7/29/13, Interest Rate 1.70%	150,000	148,506
	Bank of America	Maturity Value $107,900, Dated 10/30/15 - no stated interest rate	107,900	99,918
		Total Certificates of Deposit		4,245,907

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	U. S. Government and Agency Securities:			
	Federal Home Loan Mortgage Corp	Callable Notes, Maturity $200,000 Dated 5/15/15, Multiple Interest Rates	$ 200,000	$ 201,692
	Federal Home Loan Mortgage Corp	Callable Notes, Maturity $350,000 Dated 5/15/18, Multiple Interest Rates	350,000	352,405
	Federal Home Loan Mortgage Corp	Callable Notes, Maturity $200,000 Dated 7/15/18, Multiple Interest Rates	200,000	200,152
	Federal Home Loan Mortgage Corp	Callable Notes, Maturity $200,000 Dated 7/15/15, Multiple Interest Rates	200,000	198,384
	Federal Home Loan Mortgage Corp	Callable Notes, Maturity $400,000 Dated 7/15/15, Multiple Interest Rates	400,000	400,352
	Federal Home Loan Mortgage Corp	Callable Notes, Maturity $398,000 Dated 8/15/15, Multiple Interest Rates	398,000	391,711
	Federal Home Loan Mortgage Corp	Callable Notes, Maturity $300,000 Dated 12/15/15, Multiple Interest Rates	300,000	297,087
	Total Government and Agency Securities			2,041,783
	Money Market Funds		702,378	702,378
	TOTAL INVESTMENTS			$13,643,152

* Denotes Party-in-Interest to the Plan

See Auditor's Report and Accompanying Notes to Financial Statements.

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(a)	(b) Identity of Issuer, 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
*	Nationwide Life Insurance Company	Guaranteed Investment Contract		$ 1,188,054
	Invesco	Value Fund		50,586
	Calvert	Small Cap Fund		7,505
*	Nationwide Life Insurance Company	Destinations Aggressive Fund		29,050
*	Nationwide Life Insurance Company	Destinations Conservative Fund		29,258
*	Nationwide Life Insurance Company	Destinations Moderate Fund		41,212
*	Nationwide Life Insurance Company	Money Market Fund		265,269
	Janus	Janus Fund		928,187
	JPMorgan	Midcap Value Fund		210,901
*	Nationwide Life Insurance Company	S&P 500 Index Fund		768,940
	Oppenheimer	Global Fund		621,185
	Wells Fargo	Government Securities Fund		698,540
	Franklin Templeton	Balance Sheet Investment Fund		266,722
	Invesco	Dynamics Fund		510,410
	Invesco	Van Kampen Equity and Income Fund		1,037,265
	Total Mutual Funds			5,465,030

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	Certificates of Deposit:			
	Sallie Mae Bank	Maturity Value $148,000 Dated 6/3/13, Interest Rate 3.20%	$ 148,000	$ 151,985
	Midfirst Bank	Maturity Value $151,000 Dated 6/3/11, Interest Rate 2.10%	151,000	151,616
	Capmark Bank	Maturity Value $148,000 Dated 6/4/12, Interest Rate 2.90%	148,000	151,101
	CitiBank	Maturity Value $51,000 Dated 6/3/13, Interest Rate 3.25%	51,000	52,433
	CitiBank	Maturity Value $96,000 Dated 6/4/12, Interest Rate 3.00%	96,000	98,009
	Discover Bank	Maturity Value $88,000 Dated 12/9/11, Interest Rate 1.50%	88,000	88,202
	American Express Bank	Maturity Value $98,000 Dated 4/1/13, Interest Rate 3.00%	98,000	100,134
	American Express Bank	Maturity Value $98,000 Dated 4/1/13, Interest Rate 3.00%	98,000	100,134
	Capmark Bank	Maturity Value $98,000 Dated 5/6/13, Interest Rate 3.10%	98,000	100,447
	BMW Bank of North America	Maturity Value $45,000 Dated 12/12/11, Interest Rate 1.55%	45,000	45,125
	Ally Bank	Maturity Value $98,000 Dated 6/10/11, Interest Rate 1.10%	98,000	97,958

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DECEMBER 31, 2010

(a)	(b) Identity of Issuer, 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
	Certificates of Deposit (Continued)			
	Synovus Bank	Maturity Value $248,000 Dated 12/16/11, Interest Rate 1.55%	$ 248,000	$ 248,698
	Compass Bank	Maturity Value $247,000 Dated 6/13/11, Interest Rate 2.10%	247,000	248,076
	GE Capital Financial	Maturity Value $247,000 Dated 6/13/11, Interest Rate 2.05%	247,000	248,022
	Bank of America	Maturity Value $246,000 Dated 7/2/12, Interest Rate 2.85%	246,000	250,885
	American Express Bank	Maturity Value $83,000 Dated 12/2/11, Interest Rate 1.55%	83,000	83,224
	American Express Bank	Maturity Value $149,000 Dated 6/2/11, Interest Rate 1.10%	149,000	148,999
	GE Money Bank	Maturity Value $151,000 Dated 12/12/11, Interest Rate 1.55%	151,000	151,420
	Discover Bank	Maturity Value $96,000 Dated 4/22/13, Interest Rate 3.10%	96,000	98,358
	American Express Bank	Maturity Value $66,000 Dated 6/3/11, Interest Rate 2.10%	66,000	66,269
	CitiBank	Maturity Value $98,000 Dated 2/11/13, Interest Rate 2.90%	98,000	99,911
	Oriental Bank and Trust	Maturity Value $246,000 Dated 7/9/12, Interest Rate 2.60%	246,000	250,401
	Midfirst Bank	Maturity Value $95,000 Dated 7/9/12, Interest Rate 2.45%	95,000	96,487

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MICHAEL LEWIS COMPANY
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

FEIN 36-0905140

PLAN NUMBER 001

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

DECEMBER 31, 2010

(a)	(b) Identity of Issuer, 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
	Certificates of Deposit (Continued)			
	Discover Bank	Maturity Value $62,000 Dated 7/16/12, Interest Rate 2.30%	$ 62,000	$ 62,842
	First Bank of Puerto Rico	Maturity Value $97,000 Dated 11/30/11, Interest Rate 1.75%	97,000	97,129
	JP Morgan Chase Bank	Maturity Value $98,000 Dated 3/18/11, Interest Rate 3.75%	$ 98,000	98,397
	Aurora Bank FSB	Maturity Value $97,000 Dated 8/8/11, Interest Rate 4.35%	97,000	98,853
	Goldman Sachs Bank	Maturity Value $59,000 Dated 10/3/11, Interest Rate 4.35%	59,000	60,195
	BMW Bank of North America	Maturity Value $98,000 Dated 3/19/12, Interest Rate 3.85%	98,000	100,798
	Branch Banking & Trust	Maturity Value $97,000 Dated 9/12/12, Interest Rate 4.55%	97,000	101,751
	GE Money Bank	Maturity Value $97,000 Dated 9/25/12, Interest Rate 4.70%	97,000	101,849
	Huntington National Bank	Maturity Value $150,000 Dated 7/23/13, Interest Rate 1.50%	150,000	147,775
	Banco Popular of Puerto Rico	Maturity Value $150,000 Dated 7/29/13, Interest Rate 1.70%	150,000	148,506
	Bank of America	Maturity Value $107,900, Dated 10/30/15 - no stated interest rate	107,900	99,918
		Total Certificates of Deposit		4,245,907

See Auditor's Report and Accompanying Notes to Financial Statements.

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EMPLOYEES' PROFIT SHARING PLAN AND TRUST

FEIN 36-0905140

PLAN NUMBER 001

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

DECEMBER 31, 2010

(a)	(b) Identity of Issuer, 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
	U. S. Government and Agency Securities:			
	Federal Home Loan Mortgage Corp	Callable Notes, Maturity $200,000 Dated 5/15/15, Multiple Interest Rates	$ 200,000	$ 201,692
	Federal Home Loan Mortgage Corp	Callable Notes, Maturity $350,000 Dated 5/15/18, Multiple Interest Rates	350,000	352,405
	Federal Home Loan Mortgage Corp	Callable Notes, Maturity $200,000 Dated 7/15/18, Multiple Interest Rates	200,000	200,152
	Federal Home Loan Mortgage Corp	Callable Notes, Maturity $200,000 Dated 7/15/15, Multiple Interest Rates	200,000	198,384
	Federal Home Loan Mortgage Corp	Callable Notes, Maturity $400,000 Dated 7/15/15, Multiple Interest Rates	400,000	400,352
	Federal Home Loan Mortgage Corp	Callable Notes, Maturity $398,000 Dated 8/15/15, Multiple Interest Rates	398,000	391,711
	Federal Home Loan Mortgage Corp	Callable Notes, Maturity $300,000 Dated 12/15/15, Multiple Interest Rates	300,000	297,087
	Total Government and Agency Securities			2,041,783
	Money Market Funds		702,378	702,378
	TOTAL INVESTMENTS			$13,643,152

* Denotes Party-in-Interest to the Plan

See Auditor's Report and Accompanying Notes to Financial Statements.

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