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
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1959

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

1000 ALLANSON ROAD
MUNDELEIN, IL 60060

2b Employer Identification Number (EIN)
36-2431745

2c Sponsor's telephone number
847-566-0010

2d Business code (see instructions)
332700

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.	10/14/2011	GEORGE KRUEGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	GEORGE H COOK JR
	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")
MACLEAN-FOGG COMPANY

1000 ALLANSON ROAD
MUNDELEIN, IL 60060

3b Administrator's EIN
36-2431745

3c Administrator's telephone number
847-566-0010

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**	1789
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**	1457
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	275
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1736
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	10
f	Total. Add lines **6d** and **6e**	**6f**	1746
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1688
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	60
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T

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	2	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)	X		**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
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500.
MACLEAN-FOGG COMPANY

D Employer Identification Number (EIN)
36-2431745

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
ALLSTATE FINANCIAL WORKPLACE DIVISION

(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
59-0781901	60534	AG568	173	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
0	0

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

(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	

(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 ▶ INFO NOT PROVIDED BY INSURANCE CO

b	Premiums paid to carrier	6b	144372
c	Premiums due but unpaid at the end of the year	6c	0
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) [X] 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	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

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** [X] 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**	144372
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**	0

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 [X] No

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

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
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500.
MACLEAN-FOGG COMPANY

D Employer Identification Number (EIN)
36-2431745

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
PRUDENTIAL RETIREMENT INSURANCE & ANNUITY CO.

(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
06-1050034	93629	015428		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
0	0

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

(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	

(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	8036500
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	418637		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	418637
d	Total of balance and additions (add **b** and **c(6)**)			7d	8455137
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	455137		
	▶ CASH				
	(5) Total deductions			7e(5)	455137
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	8000000

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) ▶	
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS		003

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
MACLEAN-FOGG COMPANY	36-2431745

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

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

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

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

MARSHALL & ILSLEY TRUST COMPANY NA

39-1186267

(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 21 25 36 37 38 49 50 57 59 60 61 62 63 64	NONE	220660	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?
65			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DIMEO SCHNEIDER

36-4001764

(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	NONE	89022	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PIOTROWSKI & GEBIS

36-3712775

(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?
10	NONE	24000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MID-CONTINENT CAPITAL, LLC

36-4157405

(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?
28	NONE	86094	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHICAGO EQUITY PARTNERS, LLC

36-4338679

(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	NONE	20083	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRUDENTIAL FINANCIAL

280 TRUMBULL ST H08M 8TH FLOOR
HARTFORD, CT 06103

(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?
22	NONE	29488	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HKW CAPITAL PARTNERS II LP

888 KEYSTONE CROSSING, SU 600
INDIANAPOLIS, IN 46240

(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?
28	NONE	5425	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MADISON DEARBORN PARTNERS LLC

THREE FIRST NATIONAL PLAZA, SU 4600
CHICAGO, IL 60602

(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?
28	NONE	14807	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
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MACLEAN-FOGG COMPANY

D Employer Identification Number (EIN)
36-2431745

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: M&I EB STABLE PRINCIPAL FUND

b Name of sponsor of entity listed in (a): MARSHALL ILSLEY TRUST COMPANY NA

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)
39-6490536-001	C	10381735

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)

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE G (Form 5500)	Financial Transaction Schedules	OMB No. 1210-0110
Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

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

A Name of plan:
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MACLEAN-FOGG COMPANY

D Employer Identification Number (EIN):
36-2431745

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
MACLEAN FOGG COMPANY	PLAN SPONSOR	LOAN FROM PLAN TO PLAN SPONSOR FOR PREPAYMENT OF PLAN EXPENSES DEEMED LOAN MAY 2010	0

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
0	0	0	24000	0	261

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MACLEAN-FOGG COMPANY

D Employer Identification Number (EIN)
36-2431745

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	14863	10966
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	407477	665888
(2) Participant contributions	1b(2)	24252	0
(3) Other	1b(3)	216021	117418
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	7522476	5071137
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3476316	205193
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	144637	
(B) Common	1c(4)(B)	12461156	7623226
(5) Partnership/joint venture interests	1c(5)	3233357	3371120
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1736389	1723887
(9) Value of interest in common/collective trusts	1c(9)	9515874	10381735
(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)	29850365	47281233
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	8000000	8000000
(15) Other	1c(15)	1137255	943144

			(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	77740438	85394947
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	42271	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	42271	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	77698167	85394947

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)	1955877	
	(B) Participants	2a(1)(B)	4629519	
	(C) Others (including rollovers)	2a(1)(C)	393225	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6978621
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)	154984	
	(C) Corporate debt instruments	2b(1)(C)	50972	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	91701	
	(F) Other	2b(1)(F)	418650	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		716307
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	11442	
	(B) Common stock	2b(2)(B)	123402	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	603623	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		738467
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	21098115	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	19659878	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1438237

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	438496	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		438496
(6) Net investment gain (loss) from common/collective trusts	2b(6)		267800
(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)		4780475
c Other income	2c		61763
d Total income. Add all **income** amounts in column (b) and enter total	2d		15420166
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7154321	
(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)		7154321
f Corrective distributions (see instructions)	2f		79486
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	24000	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	240893	
(4) Other	2i(4)	224686	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		489579
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7723386
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		7696780
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: PIOTROWSKI AND GEBIS (2) EIN: 36-3712775

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		24000
e	Was this plan covered by a fidelity bond?	**4e**	X		10000000
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
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MACLEAN-FOGG COMPANY

D Employer Identification Number (EIN)
36-2431745

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): 39-6436442

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):

PIOTROWSKI & GEBIS

CERTIFIED PUBLIC ACCOUNTANTS

3315 Algonquin Road, Suite 300
Rolling Meadows, IL 60008
(847) 259-1900
Fax (847) 259-2016

REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator
MacLean-Fogg Company Profit Sharing and Savings Plan
Mundelein, Illinois

We were engaged to audit the accompanying statements of net assets available for benefits of the MacLean-Fogg Company Profit Sharing and Savings Plan (the "Plan") as of December 31, 2010 and 2009 and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedules of (1) Schedule H, line 4i – Schedule of Assets (Held at End of Year), and (2) Schedule G, Part III – Schedule of Nonexempt Transactions as of or for the year ended December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Marshall & Ilsley Trust Company N.A., the trustee of the Plan, 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 the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the trustees 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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, 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.

Piotrowski + Gebis

Rolling Meadows, Illinois
October 13, 2011

MacLean-Fogg Company
Profit Sharing and Savings Plan
Financial Statements and Supplemental Schedules
As of and for the Years Ended
December 31, 2010 and 2009

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Schedule I: Schedule H - Line 4i - Schedule of Assets (Held at End of Year)	13
Schedule II: Schedule G, Part III - Schedule of Nonexempt Transactions	17

Note: Supplemental schedules required by the Employee Retirement Income Security Act of 1974 that have not been included herein are not applicable to the MacLean-Fogg Company Profit Sharing and Savings Plan.

PIOTROWSKI & GEBIS

CERTIFIED PUBLIC ACCOUNTANTS

3315 Algonquin Road, Suite 300
Rolling Meadows, IL 60008
(847) 259-1900
Fax (847) 259-2016

REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator
MacLean-Fogg Company Profit Sharing and Savings Plan
Mundelein, Illinois

We were engaged to audit the accompanying statements of net assets available for benefits of the MacLean-Fogg Company Profit Sharing and Savings Plan (the "Plan") as of December 31, 2010 and 2009 and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedules of (1) Schedule H, line 4i – Schedule of Assets (Held at End of Year), and (2) Schedule G, Part III – Schedule of Nonexempt Transactions as of or for the year ended December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Marshall & Ilsley Trust Company N.A., the trustee of the Plan, 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 the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the trustees 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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, 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.

Piotrowski + Gebis

Rolling Meadows, Illinois
October 13, 2011

MacLean-Fogg Company Profit Sharing and Savings Plan
Statements of Net Assets Available for Plan Benefits
December 31, 2010 and 2009

	2010	2009
Assets		
Investments at fair value	$ 82,037,461	$ 74,109,022
Cash surrender value of life insurance policies	943,144	1,137,255
Cash	10,966	14,863
Receivables:		
Interest and dividends receivable	117,418	216,021
Participant loans receivable	1,723,887	1,736,389
Employer contributions receivable	665,888	407,477
Employee contributions and loan repayment receivables	-	24,252
Total receivables	2,507,193	2,384,139
Total assets	85,498,764	77,645,279
Liabilities		
Accounts Payable	-	42,271
Net assets reflecting investments at fair value	85,498,764	77,603,008
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(103,817)	95,159
Net assets available for benefits	$ 85,394,947	$ 77,698,167

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

MacLean-Fogg Company Profit Sharing and Savings Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2010 and 2009

	2010	2009
Additions		
Contributions		
Employer	$ 1,955,877	$ 1,432,489
Employee	4,629,519	4,454,150
Rollovers	393,225	88,578
	6,978,621	5,975,217
Investment income		
Interest	984,212	1,261,700
Dividends	1,031,350	691,123
Net appreciation in fair value of investments (Note 4)	6,363,883	8,008,232
Income from life insurance and other	62,100	124,639
	8,441,545	10,085,694
Total additions	15,420,166	16,060,911
Deductions		
Benefit payments	7,154,321	9,822,641
Corrective Distributions	79,486	38,957
Administrative expenses	489,579	573,135
Total deductions	7,723,386	10,434,733
Net increase in net assets	7,696,780	5,626,178
Net assets available for plan benefits		
Beginning of year	77,698,167	72,071,989
End of year	$ 85,394,947	$ 77,698,167

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

1. Plan Description

A brief description of the MacLean-Fogg Company Profit Sharing and Savings Plan (the "Plan") follows. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is funded through both employee and MacLean-Fogg Company (the "Company") contributions. Company contributions are made from current or accumulated profits. Participants in the Plan may contribute up to 75% of their annual earnings ("salary deferral contributions"), but the total annual contribution (in 2010 and 2009) cannot exceed $16,500 plus an additional $5,500 for participants who have reached the age of 50 years old.

Marshall & Ilsley Trust Company N.A. is the trustee of the Plan. Employees have the option to invest their contributions in either the Short Term Bond Fund, Fixed Income Fund, Vanguard Institutional Index Fund, Diversified Growth Fund, Small Cap Fund (previously the Oppenheimer Main Street Small Cap Fund), American Europacific Growth Fund and the M&I Stable Principal Fund based upon allocation percentages determined by participants. Annually, participants can also invest a specified dollar amount in the Aggressive Growth Fund. Participants can also elect to invest in certain target retirement funds, each of which contains specified allocations of the aforementioned funds.

A participant's election to invest their accounts or change the investments of future contributions may be made at their discretion. Changes to their investment balance options may be done four times within a rolling twelve month period, except for the Aggressive Growth Fund, which participants may elect in or out of once per year. In prior years, participants also had one-time options to invest in certain limited partnerships; currently, the Aggressive Growth Fund includes certain partnership investments. The life of the partnership investments is a minimum of 10 years. Maximum future commitments to the partnerships are immaterial at December 31, 2010. Participants' withdrawals from the non-Aggressive Growth Fund partnerships are limited to once per year (in July), provided that funds are available for distribution (the Aggressive Growth Fund purchases the partnership investments for any requested withdrawals). In prior years, participants had an option to request that a portion of their accounts be applied to purchase a term or cash value insurance policy. All premiums on insurance policies are charged against the account balance of the participant in whose name the policy was purchased. The Director of Employee Benefits at MacLean-Fogg Company is the administrator of the life insurance policies with the Plan.

The Company contributes to the Plan on behalf of each participant an amount equal to 50% of the participants' salary deferral contributions, up to 6% of the participants' annual earnings (a "matching contribution"). The Plan provides that the Company, in its sole discretion may, but is not required to, make matching contributions to the Plan. Effective April 1, 2009, the Company matching contribution was decreased to 25% of the participants' salary deferral contributions. On July 1, 2010, the 50% matching contribution was reinstated.

In addition, the Company may contribute an additional discretionary amount subject to the approval of the Board of Directors (the "profit-sharing contribution"). This additional contribution is allocated to eligible participants on a pro rata basis according to each participant's earnings for the respective calendar year.

Each covered employee is eligible to participate in the Plan on the first day of the month following the date on which the employee is credited with a period of service of ninety days. An employee whose benefits are subject to a collective bargaining agreement shall be eligible to participate

1. Plan Description (continued)

only if the agreement so provides. Effective January 1, 2009, the Plan was amended to include an automatic enrollment feature.

Under the Plan, separate accounts are maintained to reflect the interests of each participant. One portion of the account is maintained to reflect each participant's salary deferral contributions and any income or earnings thereon. A second portion is maintained to reflect each participant's share of Company contributions, forfeitures from terminated participants' accounts and any income or earnings attributable to those amounts. A third portion is maintained to reflect each participant's share of Company profit sharing contributions.

Vesting

A participant is always 100% vested in the portion of their account attributable to their own contributions. If a participant terminates employment due to retirement, disability or death, they will also be fully vested in the portion of their account attributable to Company contributions. If a participant terminates employment before retirement for a reason other than disability or death, they will be vested in the portion of their account attributable to Company contributions as follows: twenty percent after one year of service, forty percent after two years of service, sixty percent after three years of service, eighty percent after four years of service and one hundred percent after five years of service.

Participant Loans

Participants may obtain loans from the Plan, which are limited in amount (as prescribed in the plan document so as to comply with Internal Revenue Service and Department of Labor rules and regulations), shall bear interest at a reasonable rate with substantially level amortization and payments at least quarterly, specify a repayment period not to exceed five years (15 years in the case of a loan obtained for the purchase of a principal residence) and be made only from the accounts of the participant requesting the loan (and be treated as an investment of such accounts, with interest payments on the loan being credited as earnings to those respective accounts). Upon retirement or termination, any outstanding loan balance will be treated as a participant distribution or the participant can repay the loan completely within a ninety day period.

Plan Expenses

All proper expenses of the Plan and trust administration are paid by the participants, except for associated legal expenses which have been paid by the Company.

Forfeited Accounts

At December 31, 2010 and 2009, forfeited nonvested accounts totaled approximately $102,000 and $107,000, respectively. These accounts are returned to participants as additional contributions.

2. Significant Accounting Policies

Basis of Accounting

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

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets of

2. Significant Accounting Policies (continued)

Basis of Accounting (continued)

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make significant estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the date of the financial statements and the changes in net assets available for plan benefits during the reporting period and, where applicable, disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments and Investment Transactions

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between participants at the measurement date. See note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments sold as well as held during the year. The Plan invests temporary cash in money market accounts with Marshall & Ilsley Trust Company N.A.

Subsequent Events

The Plan has evaluated subsequent events through October 13, 2011, the date the financial statements were available to be issued.

3. Termination of the Plan

The Company has established the Plan with the intention that the Plan will be permanent. The Company has reserved the right, however, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of Employee Retirement Income Act of 1974 ("ERISA"). In the event the Plan is discontinued, all participants' accounts shall become fully vested and nonforfeitable after proportionate adjustments of the participants' accounts to reflect expenses, earnings and other allocations to the date all assets of the Plan will be distributed. Each participant or beneficiary, as the case may be, is entitled to receive any amounts credited to their accounts in the Plan, provided, however, that the Company and Marshall & Ilsley Trust Company N.A. are not required to effect such distribution until written evidence of approval of such termination and distribution has been received from the Commissioner of the Internal Revenue Service ("IRS).

4. Financial Data Certified by the Trustee

The following summary of the Plan's financial information as shown in the Statements of Net Assets Available for Plan Benefits and the Statements of Changes in Net Assets Available for Plan Benefits and the financial information appearing in Schedule H - Line 4i have been derived from information prepared and certified as complete and accurate by Marshall & Ilsley Trust Company N.A., the trustee, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	2010	2009
Investments:		
At fair value		
Common stock	$ 7,623,226	$ 12,461,156
Preferred Stock	205,193	144,637
Government obligations	5,071,137	7,522,476
Corporate bonds	-	3,476,316
Registered investment entities	45,325,581	27,701,273
Common/collective trusts	10,485,552	9,420,715
Guaranteed deposit account	8,000,000	8,000,000
Money market funds	1,955,652	2,149,092
Limited partnership interests	3,371,120	3,233,357
	$ 82,037,461	$ 74,109,022

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

	2010	2009
Registered investment entities		
Oppenheimer Main Street Small Cap Fund	$ 3,869,175	$ 6,682,697
Vanguard Institutional Index Fund	12,142,873	10,563,524
American Europacific Growth Fund	10,756,301	9,796,700
PIMCO Total Return Fund	6,196,641	-
Harbor Capital Appreciation Fund	6,934,782	-
Common/Collective Trusts		
M&I Stable Principal Fund	10,485,552	9,420,715
Guaranteed deposit account		
Deposit with Prudential	8,000,000	8,000,000

4. Financial Data Certified by the Trustee and the Insurance Carrier (continued)

During 2010 and 2009, the Plan's investments in marketable securities, limited partnership interests, and registered investment entities (including investments bought, sold, and held during the year) appreciated (depreciated) in value as follows:

	2010	2009
Common stock	$ 1,398,477	$ 2,005,178
Government obligations	(67,553)	(177,655)
Corporate bonds	91,641	111,519
Preferred stock	5,167	15,108
Registered investment entities	4,487,150	6,301,614
Limited partnership interests	449,001	(247,532)
Net appreciation (depreciation) in fair value	$ 6,363,883	$ 8,008,232

Investment income for the years ended December 31, 2010 and 2009 was as follows:

	2010	2009
Interest	$ 984,212	$ 1,261,700
Dividends	1,031,350	691,123
Income from life insurance and other	62,100	124,639

5. Unallocated Investment Contract

The Plan has a deposit in an unallocated investment contract held by Prudential Retirement Insurance and Annuity Company. The credited interest rate and average yield on the deposit at and for the years ended December 31, 2010 and 2009 were as follows:

	Credited Interest Rate on Account	Average Yield
2009	5.50%	5.35%
2010	5.35%	5.21%

Prior to the first date of each calendar year, Prudential notifies the Plan administrator of the annual rate of credited interest which will be applied to the amounts held in the guaranteed deposit account during the next calendar year. Interest is credited to the account on a monthly basis, as provided in the contract.

6. Fair Value Measurements

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

6. Fair Value Measurements (continued)

unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include

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

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

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

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

The 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.

Common and preferred stocks, corporate bonds and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

Common/collective trusts: Valued at fair value as determined by the fund.

Participant loans: Valued at amortized cost, which approximates fair value.

Guaranteed investment contract: Valued at contract value, which approximates fair value as determined by the insurance company.

Limited Partnerships: Valued at fair value as determined by the general partner.

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

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

6. Fair Value Measurements (continued)

	Investments at Fair Value at December 31, 2010			
	Level 1	Level 2	Level 3	Total
Common stock:				
Consumer Discretionary	$ 1,505,235	$ -	$ -	$ 1,505,235
Consumer Staples	1,018,775	-	-	1,018,775
Energy	687,869	-	-	687,869
Financials	786,000	-	-	786,000
Health Care	449,055	-	-	449,055
Industrials	976,770	-	-	976,770
Information Technology	2,199,522	-	-	2,199,522
Preferred Stock	205,193	-	-	205,193
Government obligations	5,071,138	-	-	5,071,138
Registered investment entities:				
Small Cap Equity Funds	7,833,569	-	-	7,833,569
Large Cap Equity Funds	19,077,655	-	-	19,077,655
International Equity Funds	10,860,058	-	-	10,860,058
Equity Funds Other	308,400			308,400
Fixed Income Funds	6,196,641			6,196,641
Exchange Traded Funds	1,049,257	-	-	1,049,257
Common/collective trusts	-	10,485,552	-	10,485,552
Guaranteed deposit account	-	-	8,000,000	8,000,000
Money market funds	-	1,955,652	-	1,955,652
Limited partnership interests	-	-	3,371,120	3,371,120
	$ 58,225,137	$ 12,441,204	$ 11,371,120	$ 82,037,461

	Investments at Fair Value at December 31, 2009			
	Level 1	Level 2	Level 3	Total
Common stock:				
Consumer Discretionary	$ 1,604,434	$ -	$ -	$ 1,604,434
Consumer Staples	1,655,803	-	-	1,655,803
Energy	1,269,291	-	-	1,269,291
Financials	1,571,487	-	-	1,571,487
Health Care	1,790,617	-	-	1,790,617
Industrials	1,206,437	-	-	1,206,437
Information Technology	2,413,067	-	-	2,413,067
Other	950,020	-	-	950,020
Preferred Stock	144,637	-	-	144,637
Government obligations	7,522,476	-	-	7,522,476
Corporate bonds	3,476,316	-	-	3,476,316
Registered investment entities:				
Small Cap Equity Funds	6,682,697	-	-	6,682,697
Large Cap Equity Funds	10,563,524	-	-	10,563,524
International Equity Funds	9,880,396	-	-	9,880,396
Exchange Traded Funds	574,656	-	-	574,656
Common/collective trusts	-	9,420,715	-	9,420,715
Guaranteed deposit account	-	-	8,000,000	8,000,000
Money market funds	-	2,149,092	-	2,149,092
Limited partnership interests	-	-	3,233,357	3,233,357
	$ 51,305,858	$ 11,569,807	$ 11,233,357	$ 74,109,022

6. Fair Value Measurements (continued)

Level 3 Gains and Losses

The following table 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:

Year Ending December 31, 2010

	Guaranteed deposit account	Limited partnership interests	Total
Balance, beginning of year	$ 8,000,000	$ 3,233,357	$ 11,233,357
Realized gains	-	28,179	28,179
Unrealized gains relating to instruments still held at the reporting date	-	349,649	349,649
Purchases, sales, issuances, and settlements (net)	-	(240,065)	(240,065)
Balance, end of year	$ 8,000,000	$ 3,371,120	$ 11,371,120
The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	$ -	$ 349,649	$ 349,649

Year Ending December 31, 2009

	Guaranteed deposit account	Limited partnership interests	Total
Balance, beginning of year	$ 8,000,000	$ 3,773,978	$ 11,773,978
Realized gains	-	6,853	6,853
Unrealized (losses) relating to instruments still held at the reporting date	-	(237,898)	(237,898)
Purchases, sales, issuances, and settlements (net)	-	(309,576)	(309,576)
Balance, end of year	$ 8,000,000	$ 3,233,357	$ 11,233,357
The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	$ -	$ (237,898)	$ (237,898)

7. M&I Stable Principal Fund

The common/collective trust investment is the M&I (the Trustee) Stable Principal Fund, which is a fully benefit responsive fund. Contributions are maintained in a pooled account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses charged by the Trustee.

Since the fund is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the fund. Contract value, as reported by the Trustee, represents contributions made under the contract plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The fund could be limited in its ability to transact with issuers at contract value if the fund raises its risk profile or is subjected to an extended period of significant cash outflow. The Trustee maintains strong risk parameters and works with its issuers before any risk parameter changes are contemplated. The Trustee maintains cash, internal cash flow and a maturity ladder of investments to offset cash withdrawals. Further, the Trustee may limit withdrawals in order to maintain sufficient liquidity. Therefore, the probability of the fund losing its access to contract value transactions is remote.

All issuer transactions are guaranteed at contract value unless the fund is found to have acted negligently, fraudulently or with intent to mislead the issuer.

The average yield and crediting interest rates on the contract were 2.51% and 3.24%, respectively, for the year ended December 31, 2010, and 3.78% and 3.36%, respectively, for the year ended December 31, 2009. The basis and frequency of determining the crediting interest rate is done on a daily basis. There were no limitations or guarantees on the contract at December 31, 2010 and 2009.

8. Tax Status

The Plan obtained its latest determination letter on May 21, 2002, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has not requested a determination letter with respect to the amendments adopted since the above referenced date, however the Plan administrator believes that the Plan is designed and is currently operating in compliance with the applicable requirements of the IRC. Accordingly, no provision for income taxes has been included in the Plan's financial statements. The Company has filed a determination letter with the IRS and expects that the results will be completed in early 2012.

9. Risks and Uncertainties

The Plan provides for various investment options in any combination of stocks, bonds, fixed income securities, mutual funds, and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Plan Benefits and the Statement of Changes in Net Assets Available for Plan Benefits.

SUPPLEMENTAL SCHEDULES

MacLean-Fogg Company Profit Sharing and Savings Plan
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

Schedule I

Identity of Issue	Description of Investment: Number of Shares	Description of Investment: Current Value
Common Stock		
Abb Ltd Sponsored ADR	10,000	224,500
Abbott Laboratories Com	5,500	263,505
Apple Inc Com	1,250	403,200
Conocophillips Com	3,000	204,300
Corning Inc Com	10,000	193,200
Costco Whsl Corp New Com	4,500	324,945
CVS Caremark Corp Com	7,000	243,390
DeVry Inc Del Com	5,000	239,900
Disney Walt Co Com	7,500	281,325
Ebay Inc Com	7,500	208,725
E M C Corp Mass Com	15,000	343,500
Ford Mtr Co Del Com Par $0.01	25,000	419,750
General Elec Co Com	15,000	274,350
Gentex Corp Com	10,000	295,600
Google Inc Cl A	400	237,588
Intel Corp Com	10,000	210,300
International Business Machs Corp	2,200	322,872
Invesco LTD	10,000	240,600
Johnson & Johnson Com	3,000	185,550
JPMorgan Chase & Co Com	7,500	212,100
Kinder Morgan Management LLC Shares	3,563	238,319
Kimberly Clark Corp Com	3,000	189,120
Mastercard Inc Cl A	1,250	280,137
McDonalds Corp Com	3,500	268,660
Metlife Inc Com	7,500	333,300
Occidental Pete Corp Com	2,500	245,250
Pepsico Inc Com	4,000	261,320
Southwest Airls Co Com	15,000	194,700
Stericycle Inc Com	3,500	283,220
Total common stocks		7,623,226
Preferred Stock		
Citigroup Cap Xii Tr PFD Secs	1,000	26,460
General Elec Cap Corp Public Income	1,000	25,480
Ing Group NV Perpetual Hybrid	1,000	25,290
JP Morgan Chase & Co Depositary Shs	1,000	27,550
MBNA CaP E TR Originated PFD Secs	1,000	25,450
Prudential Financial Inc Pfd	1,000	27,490
Public Storage Dep Shs Repstg	1,000	25,430
Royal Bk Scotland Group PLC Sponsore	1,500	22,043
Total preferred stocks		205,193

Note: Cost Information is omitted for participant directed investments.

The information in this schedule has been derived from information certified by Marshall & Ilsley Trust Company N.A.

MacLean-Fogg Company Profit Sharing and Savings Plan
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

Schedule I

Identity of Issue	Description of Investment: Interest Rate	Maturity Date	Par Value	Current Value
Government Bonds				
Federal Farm Credit Banks	4.770%	10/3/2011	$ 500,000	$ 516,530
Federal Home Loan Banks	1.875%	6/20/2012	750,000	765,127
Federal Home Loan Banks	3.250%	3/11/2011	750,000	754,317
Federal Home Loan Banks	3.125%	6/10/2011	750,000	758,690
Federal Home Loan Banks	2.050%	8/10/2012	500,000	504,770
Federal Home Loan Banks	1.750%	2/21/2013	500,000	509,650
Federal Home Loan Banks	1.400%	7/12/2013	750,000	754,574
Federal Natl Mtg Assn Mtn	1.500%	6/26/2013	500,000	507,479
Total government obligations				5,071,137

Note: Cost Information is omitted for participant directed investments.

The information in this schedule has been derived from information certified by Marshall & Ilsley Trust Company N.A.

MacLean-Fogg Company Profit Sharing and savings Plan
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

Schedule I

Identity of Issue	Description of Investment Number of Shares	Current Value
Registered Investment Entities		
American Europacific Growth R5 #2516	260,380.09	$10,756,301
Aston Tamro Small Cap Fund	184,648.09	3,964,395
Enerplus Res Fd Tr Unti Ser G New	10,000.00	308,400
Ishares Inc MCSI Australia Index Fund	6,000.00	152,640
Ishares MCSI Acwi Index Fund	5,000.00	220,200
Ishares TR Dow Jones US Basic Materials Sector	400.00	30,984
Ishares TR Dow Jones US Consumer	1,200.000	77,460
Ishares TR Dow Jones US Energy	900	35,064
Ishares TR Dow Jones US Finl Sector	1,000	57,480
Ishares TR Dow Jones US INDL Sector	800	52,320
Ishares TR Dow Jones US Utils	300	23,130
Ishares TR Dow Jones US Technology	1,000	64,380
Ishares TR Dow Jones US Telecommunications Sector	1,000	23,370
Ishares TR Msci Emerging Mkts Indelx	1,000	47,642
Ishares TR Nasdaq Biotechnology	600	56,052
Ishares Tr S&P Small Cap 600 Indext FD	2,000	136,940
Harbor Capital Appreciation Fund	188,856	6,934,782
Matthews China Fund	1,685.885	49,498
Matthews India Fund	2,524.864	54,259
Oppenheimer Main Street Small	180,381.120	3,869,175
PIMCO Fds Total Return Fund	571,119.015	6,196,641
Vanguard Institutional Index Fd #94	105,581.017	12,142,873
Vanguard International Equity Index	1,500	71,595
Total registered investment entities		45,325,581

Note: Cost Information is omitted for participant directed investments.

The information in this schedule has been derived from information certified by Marshall & Ilsley Trust Company N.A.

MacLean-Fogg Company Profit Sharing and Savings Plan
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

Schedule I

Identity of Issue	Description of Investment Number of Shares	Current Value
Common/Collective Trusts		
* M & I Stable Principal Fund - (1)	10,381,735	$ 10,381,735
Total common/collective trusts		10,381,735
Money Market Funds		
* Marshall Prime Money Market	1,955,652	1,955,652
Total money market funds		1,955,652
Limited Partnership Interests		
HWK Capital Partners II LP	149,274.17	273,196
Madison Dearborn Cap Partners III	91,752.10	91,789
Madison Dearborn Cap Partners IV	602,779.61	1,119,570
Madison Dearborn Cap Partners V	794,187.54	692,812
Madison Dearborn Cap Partners VI	124,026.15	138,952
Potomac Realty Loan Fund Q, L.P	3.00	235,945
Sapphire Voyager Offshore Fund	514.05	818,856
Total limited partnership interests		3,371,120
Participant Loans		
* Participant loans (Interest rate range from 4.25% to 10.50%)		1,723,887
Total participant loans		1,723,887
Guaranteed Investment Contract		
Deposit with Prudential		8,000,000
Total guaranteed investment contract		8,000,000
Total investments		83,657,531
Life Insurance Policies		
MacLean Fogg Participant Life Insurance Policies		943,144
Total life insurance policies		943,144
Grand Total		$ 84,600,675

* Represents a party-in-interest to the Plan

(1) - At contract value (current value $10,485,552)

Note: Cost Information is omitted for participant directed investments.

The information in this schedule has been derived from information certified by Marshall & Ilsley Trust Company N.A.

MacLean-Fogg Company Profit Sharing and Savings Plan
Schedule G, Part III - Schedule of Nonexempt Transactions
Year Ended December 31, 2010

Schedule II

(a) Identity of party involved	(b) Relationship to Plan, employer or other party-in-interest	(c) Description of transaction, including maturity date, rate of interest, collateral, par or maturing value	Amount loaned	Interest incurred on loan
MacLean Fogg Company	Plan Sponsor	Lending of monies from the Plan to the Plan Sponsor (advancing of future Plan expenses to the Plan Sponsor for payment) Deemed loan occurred May 2010, maturity at various dates through October 2011	$ 24,000	$ 261

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	ABB LTD SPONSORED ADR	COMMON STOCK	**	224,500
	ABBOTT LABORATORIES COM	COMMON STOCK	**	263,505
	AMERICAN	EUROPACIFIC GROWTH R5 #2516	**	10,756,301
	APPLE INC COM	COMMON STOCK	**	403,200
	ASTON TAMRO	SMALL CAP FUND	**	3,964,395
	CITIGROUP CAP XII TR PFD SECS	PREFERRED STOCK	**	26,460
	PRUDENTIAL LIFE INSURANCE	LIFE INSURANCE	**	8,000,000
	CONOCO PHILLIPS COM	COMMON STOCK	**	204,300
	CORNING INC COM	COMMON STOCK	**	193,200
	COSTCO WHSL CORP NEW COM	COMMON STOCK	**	324,945
	CVS CAREMARK CORP COM	COMMON STOCK	**	243,390
	DEVRY INC DEL COM	COMMON STOCK	**	239,900
	DISNEY WALT CO COM	COMMON STOCK	**	281,325
	E M C CORP MASS COM	COMMON STOCK	**	343,500
	EBAY INC COM	COMMON STOCK	**	208,725
	ENERPLUS	RES FD TR UNIT SER G NEW	**	308,400
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	GOVERNMENT BONDS	**	509,650
	FEDERAL FARM CR BKS CONS SYSTEMWIDE	GOVERNMENT BONDS	**	516,530
	FEDERAL HOME LOAN BKS CONS BDS	GOVERNMENT BONDS	**	754,317
	FEDERAL HOME LOAN BKS CONS BDS	GOVERNMENT BONDS	**	758,690
	FEDERAL HOME LOAN BKS CONS BDS	GOVERNMENT BONDS	**	765,127
	FEDERAL HOME LOAN BKS CONS BDS	GOVERNMENT BONDS	**	504,770
	FEDERAL HOME LOAN BKS CONS BDS	GOVERNMENT BONDS	**	754,574
	FEDERAL NATL MTG ASSN	GOVERNMENT BONDS	**	507,479
	FORD MTR CO DEL COM PAR $0.01	COMMON STOCK	**	419,750
	GENERAL ELEC CAP CORP PUBLIC INCOME	PREFERRED STOCK	**	25,480
	GENERAL ELEC CO COM	COMMON STOCK	**	274,350
	GENTEX CORP COM	COMMON STOCK	**	295,600
	GOOGLE INC CL A	COMMON STOCK	**	237,588
	HARBOR FD	CAP APPRECIATION FD INST	**	6,934,782
	HKW CAPITAL PARTNERS II LP	LIMITED PARTNERSHIP	**	273,196
	ING GROEP N V PERPETUAL HYBRID CAP	PREFERRED STOCK	**	25,290
	INTEL CORP COM	COMMON STOCK	**	210,300
	INTERNATIONAL BUSINESS MACHS CORP	COMMON STOCK	**	322,872
	INVESCO LTD	COMMON STOCK	**	240,600
	ISHARES INC MSCI AUSTRALIA INDEX FD	MUTUAL FUNDS	**	152,640
	ISHARES MSCI ACWI INDEX FUND	MUTUAL FUNDS	**	220,200
	ISHARES NASDAQ BIOTECHNOLOGY INDEX	MUTUAL FUNDS	**	56,052
	ISHARES TR DOW JONES U S BASIC	MUTUAL FUNDS	**	30,984
	ISHARES TR DOW JONES U S CONSUMER	MUTUAL FUNDS	**	77,460
	ISHARES TR DOW JONES U S ENERGY	MUTUAL FUNDS	**	35,064
	ISHARES TR DOW JONES U S FINL SECTOR	MUTUAL FUNDS	**	57,480
	ISHARES TR DOW JONES U S INDL SECTOR	MUTUAL FUNDS	**	52,320
	ISHARES TR DOW JONES U S TECHNOLOGY	MUTUAL FUNDS	**	64,380
	ISHARES TR DOW JONES U S UTILS	MUTUAL FUNDS	**	23,130
	ISHARES TR DOW JONES US	MUTUAL FUNDS	**	23,370
	ISHARES TR MSCI EMERGING MKTS INDEX	MUTUAL FUNDS	**	47,642
	ISHARES TR S&P SMALLCAP 600 INDEX FD	MUTUAL FUNDS	**	136,940
	JOHNSON & JOHNSON COM	COMMON STOCK	**	185,550
	JPMORGAN CHASE & CO COM	COMMON STOCK	**	212,100
	JPMORGAN CHASE & CO DEPOSITARY SHS	PREFERRED STOCK	**	27,550
	KIMBERLY CLARK CORP COM	COMMON STOCK	**	189,120
	KINDER MORGAN MANAGEMENT LLC SHS	COMMON STOCK	**	238,319
	LOANS TO VARIOUS PARTICIPANTS	INTEREST RATE RANGE: 4.25% THROUGH 10.50%	**	1,723,887
*	M&I FUNDS	STABLE PRINCIPAL FUND	**	10,381,735
	MADISON DEARBORN CAP PARTNERS V	LIMITED PARTNERSHIP	**	692,812
	MADISON DEARBORN CAP PARTNERS VI	LIMITED PARTNERSHIP	**	138,952
	MADISON DEARBORN CAP PRTNRS III	LIMITED PARTNERSHIP	**	91,789
	MADISON DEARBORN CAP PRTNRS IV	LIMITED PARTNERSHIP	**	1,119,570
*	MARSHALL FUNDS	PRIME MONEY MARKET CL Y	**	1,955,652
	MASTERCARD INC CL A	COMMON STOCK	**	280,137
	MATTHEWS	CHINA FUND #804	**	49,498
	MATTHEWS	INDIA FUND #808	**	54,259
	MBNA CAP E TR ORIGINATED PFD SECS	PREFERRED STOCK	**	25,450
	MCDONALDS CORP COM	COMMON STOCK	**	268,660
	METLIFE INC COM	COMMON STOCK	**	333,300
	OCCIDENTAL PETE CORP COM	COMMON STOCK	**	245,250
	OPPENHEIMER	MAIN STREET SMALL & MID CAP	**	3,869,175
	PEPSICO INC COM	COMMON STOCK	**	261,320
	PIMCO FDS	TOTAL RETURN FD INST #35	**	6,196,641
	POTOMAC REALTY LOAN FUND Q, L.P	LIMITED PARTNERSHIP	**	235,945
	PRUDENTIAL FINL INC PFD	PREFERRED STOCK	**	27,490
	PUBLIC STORAGE DEP SHS REPSTG	PREFERRED STOCK	**	25,430
	ROYAL BK SCOTLAND GROUP PLC SPONSORE	PREFERRED STOCK	**	22,043
	SAPPHIRE VOYAGER OFFSHORE FUND	LIMITED PARTNERSHIP	**	818,856
	SOUTHWEST AIRLS CO COM	COMMON STOCK	**	194,700

STERICYCLE INC COM	COMMON STOCK	**	283,220
VANGUARD	INSTITUTIONAL INDEX FD #94	**	12,142,873
VANGUARD	INTL EQUITY INDEX FDS FTSE	**	71,595
MACLEAN-FOGG	PARTICIPANT LIFE INSURANCE POLICIES	**	943,144

* A party-in-interest as defined by ERISA

** Cost ommitted for participant directed accounts