# 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
JOHNSON, POPE PROFIT SHARING PLAN AND TRUST

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

**1c** Effective date of plan 01/01/1976

**2a** Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
JOHNSON, POPE, BOKOR, RUPPEL & BURNS, L.L.P.

911 CHESTNUT STREET
CLEARWATER, FL 33756-5643

**2b** Employer Identification Number (EIN)
20-0525902

**2c** Sponsor's telephone number
727-461-1818

**2d** Business code (see instructions)
541110

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/17/2011 | CAROL HAGUE |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
JOHNSON, POPE, BOKOR, RUPPEL & BURNS, L.L.P.

911 CHESTNUT STREET
CLEARWATER, FL 33756-5643

**3b** Administrator's EIN
20-0525902

**3c** Administrator's telephone number
727-461-1818

**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** | 127 |
| **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** | 66 |
| **b** | Retired or separated participants receiving benefits | **6b** | |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 55 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 121 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 1 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 122 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 122 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 3 |
| **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:
2A 2E 2G 2J 2K 2R 2T 3D

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| JOHNSON, POPE PROFIT SHARING PLAN AND TRUST | | 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| JOHNSON, POPE, BOKOR, RUPPEL & BURNS, L.L.P. | 20-0525902 | |

## Part I Service Provider Information (see instructions)

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

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

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

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

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

CAPITAL RESEARCH AND MGMNT COMPANY

95-1411037

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

UBS TECHNOLOGY PARTNERS, LLC

13-4042615

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

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

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

UBS FINANCIAL SERVICES, INC.

1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019-6031

13-2638166

| (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 54 71 | N/A | 31784 | Yes [X] No [ ] | Yes [X] No [ ] | 256 | Yes [ ] No [X] |

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

MOUTON & COMPANY, INC.

516 LAKEVIEW ROAD
VILLA 6
CLEARWATER, FL 33756-3302

59-2509166

| (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 | N/A | 12102 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

NORTHERN TRUST, N.A.

425 NORTH FLORIDA AVENUE
TAMPA, FL 33602-4807

| (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 | N/A | 12000 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

LEWIS, BIRCH & RICARDO, L.L.C.

1530 WEST CLEVELAND STREET
TAMPA, FL 33606-1807

32-0000304

| (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 | N/A | 9045 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

MERRILL LYNCH PIERCE FENNER & SMITH

4 WORLD FINANCIAL CENTER
250 VESEY STREET
NEW YORK, NY 10281

13-5674085

| (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 | N/A | 6558 | Yes ☒ No ☐ | Yes ☒ No ☐ | 102 | Yes ☐ No ☒ |

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

SABAL TRUST COMPANY

200 CENTRAL AVENUE
SUITE 200
ST. PETERSBURG, FL 33701

59-3481452

| (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 | N/A | 4909 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE H (Form 5500)

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
JOHNSON, POPE PROFIT SHARING PLAN AND TRUST

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
JOHNSON, POPE, BOKOR, RUPPEL & BURNS, L.L.P.

**D** Employer Identification Number (EIN)
20-0525902

## 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 | | 1248 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 578210 | 537106 |
| **(2)** Participant contributions | 1b(2) | 234124 | 253188 |
| **(3)** Other | 1b(3) | | 9165 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1907157 | 2899826 |
| **(2)** U.S. Government securities | 1c(2) | | 331448 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | 6274876 | 176613 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | 77166 |
| **(B)** Common | 1c(4)(B) | | 5555717 |
| **(5)** Partnership/joint venture interests | 1c(5) | 365933 | 699856 |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 286719 | 298778 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | 12249618 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 12914455 | 3933 |

| | | | (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 | 22561474 | 23093662 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 46626 | 987 |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 46626 | 987 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 22514848 | 23092675 |

## 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) | 537679 | |
| | **(B)** Participants | 2a(1)(B) | 565089 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1102768 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 12992 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | 13028 | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | 18162 | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 16550 | |
| | **(F)** Other | 2b(1)(F) | 4361 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 65093 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | 160120 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 319232 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 479352 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 7508364 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 7446428 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 61936 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| 2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | 67836 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 67836 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1122633 |
| c Other income | 2c | | -264629 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2634989 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1992825 | |
| (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) | | 1992825 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | 16994 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 46581 | |
| (4) Other | 2i(4) | 762 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 64337 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 2057162 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 577827 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 0 |
| (2) From this plan | 2l(2) | | 0 |

## 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) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

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

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

(1) Name: LEWIS, BIRCH & RICARDO, L.L.C. (2) EIN: 32-0000304

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 2000000 |
| **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 | | 3933 |
| **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
JOHNSON, POPE PROFIT SHARING PLAN AND TRUST

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
JOHNSON, POPE, BOKOR, RUPPEL & BURNS, L.L.P.

**D** Employer Identification Number (EIN)
20-0525902

## Part I Distributions

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

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

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

EIN(s): 59-2367190

**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):

*Members:*
Douglas R. Birch, CPA*
Craig A. Gilman, CPA*
Betty Isler, CPA*
Michael D. Kindt, CPA*/PFS, CFP®
Michael E. Lewis, CPA*/ABV/CFF, CVA
Tracey McDonald, CPA*
Kathy Mills, CPA*/ABV/CFF, CVA
Anthony S. Phillips, CPA*/ABV/CFF
Ronald M. Ricardo, CPA*




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# JOHNSON, POPE PROFIT SHARING PLAN AND TRUST

Financial Statements and
Supplemental Schedule

December 31, 2010 and 2009

(With Independent Auditors' Report Thereon)

Sponsor: Johnson, Pope, Bokor, Ruppel & Burns, LLP
Sponsor EIN #20-0525902
Plan #001

*Members:*
Douglas R. Birch, CPA*
Craig A. Gilman, CPA*
Betty Isler, CPA*
Michael D. Kindt, CPA*/PFS, CFP®
Michael E. Lewis, CPA*/ABV/CFF, CVA
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## Independent Auditors' Report

To the Trustees of the
Johnson, Pope Profit Sharing Plan and Trust:

We have audited the accompanying statements of net assets available for plan benefits of Johnson, Pope Profit Sharing Plan and Trust as of December 31, 2010 and 2009 and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2010. These financial statements and the supplemental schedule are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements and the supplemental schedule based on our audits.

We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of Johnson, Pope Profit Sharing Plan and Trust as of December 31, 2010 and 2009 and the changes in its net assets available for plan benefits for the year ended December 31, 2010 in conformity with U.S. generally accepted accounting principles.

Our audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets held for investment purposes at end of year is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Lewis, Birch & Ricardo, LLC

Clearwater, Florida
October 14, 2011

**JOHNSON, POPE PROFIT SHARING PLAN AND TRUST**

Statements of Net Assets
Available for Plan Benefits

December 31, 2010 and 2009

| | 2010 | 2009 |
|---|---|---|
| **Assets:** | | |
| Investments, at fair value (notes 3 and 6): | | |
| Participant directed investments | $ 21,474,835 | 20,691,293 |
| Nonparticipant directed investments: | | |
| Interest in limited liability entity | 105,263 | 365,933 |
| Other | 415,331 | 405,195 |
| Total investments | 21,995,429 | 21,462,421 |
| Participant notes receivable | 298,774 | 286,719 |
| Contributions receivable: | | |
| Participant salary deferrals | 253,188 | 234,124 |
| Employer match and profit sharing | 537,106 | 578,210 |
| Other | 9,165 | - |
| Total contributions receivable | 799,459 | 812,334 |
| Total assets | 23,093,662 | 22,561,474 |
| **Liabilities:** | | |
| Accrued liabilities | 987 | 46,626 |
| Total liabilities | 987 | 46,626 |
| **Net assets available for plan benefits** | $ 23,092,675 | 22,514,848 |

See accompanying notes to financial statements.

**JOHNSON, POPE PROFIT SHARING PLAN AND TRUST**

Statement of Changes in Net Assets
Available for Plan Benefits

Year ended December 31, 2010

| | | |
|---|---|---|
| **Additions to net assets:** | | |
| Investment income: | | |
| Net appreciation (depreciation) in fair value of investments - | | |
| Registered investment companies | $ | 707,639 |
| Self-directed brokerage accounts | | 547,123 |
| Limited partnerships | | (266,986) |
| | | 987,776 |
| Interest, dividends and capital gain distributions | | 527,895 |
| Interest on participant notes receivable | | 16,550 |
| | | 1,532,221 |
| Contributions: | | |
| Participants | | 565,089 |
| Employer | | 537,679 |
| | | 1,102,768 |
| Total additions | | 2,634,989 |
| **Deductions from net assets:** | | |
| Benefits paid to participants | | 1,992,825 |
| Investment and administrative expenses (note 7) | | 64,337 |
| Total deductions | | 2,057,162 |
| Net increase | | 577,827 |
| **Net assets available for plan benefits:** | | |
| Beginning of year | | 22,514,848 |
| End of year | $ | 23,092,675 |

See accompanying notes to financial statements.

## (1) Description of Plan

The following description of the Johnson, Pope Profit Sharing Plan and Trust (the Plan) sponsored by Johnson, Pope, Bokor, Ruppel & Burns, LLP (the Company), provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

### (a) General

The Plan, as amended and restated as of January 1, 2002, is a defined contribution plan covering all employees of Johnson, Pope, Bokor, Ruppel and Burns, LLP. Employees eligible to participate are those who are employed for a period of one year and who have attained age eighteen. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### (b) Contributions

Each year, participants may make elective contributions not to exceed the dollar limitation contained in section 402(g) of the Internal Revenue Code. The Company, at the discretion of its Board of Directors, may also contribute to the Plan a matching contribution equal to 25% of the amount of each participant's elective contribution made to the Plan for the Plan year. The Company may also make qualified non-elective profit-sharing contributions to the Plan which are subject to certain limitations. For the year ended December 31, 2010, the Company made matching and profit sharing contributions of $133,261 and $404,418, respectively.

### (c) Participant Accounts

Each participant's account is credited with the participant's salary deferral contributions and allocations of (a) the Company’s matching and qualified non-elective contributions (b) plan earnings and (c) forfeitures of terminated participants' nonvested accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

### (d) Vesting

Participants are immediately vested in their salary deferral contributions plus actual earnings thereon. Vesting in the Company’s matching and profit sharing contributions is based on years of continuous service. A participant is 100 percent vested after six years of credited service. Forfeitures are reallocated to remaining Plan participants in the same manner as the original employer contribution type (matching or profit-sharing) to which the forfeited amount relates, i.e., they are treated as additional employer contributions.

(Continued)

**JOHNSON, POPE PROFIT SHARING PLAN AND TRUST**

Notes to Financial Statements

**(e) Payment of Benefits**

On termination of service, if a participant's account balance exceeds $5,000, the Plan permits the participant to elect distribution either in a lump-sum amount equal to the value of his or her account, or various annuity options. The Plan does not permit participants to receive a distribution in any form other than a lump-sum if a participant's vested account balance does not exceed $5,000. Hardship distributions are also allowed in accordance with the Plan.

**(f) Participant Notes Receivable**

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant notes fund. Loan terms can extend to a maximum of 5 years except for loans related to the purchase of a primary residence which may extend up to a maximum of 15 years. The loans are secured by the balance in the participant's account and bear interest at prevailing market rates. Principal and interest are paid ratably through payroll deductions. At December 31, 2010 and 2009, participant notes in the amount of $298,774 and $286,719, respectively, were outstanding.

**(g) Investment Options**

Contributions to the Plan may be directed by the participants to any of several investment options provided by the Plan from time to time. Participants may change their investment options at any time through on-line access. Certain other plan assets are invested at the direction of the trustees.

**(2) Summary of Accounting Policies**

**(a) Basis of Accounting**

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

**(b) Payment of Benefits**

Benefits are recorded when paid.

**(c) Estimates in Financial Statements**

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make 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 therein during the period. Actual results could differ from those estimates.

(Continued)

**JOHNSON, POPE PROFIT SHARING PLAN AND TRUST**

Notes to Financial Statements

**(d) Valuation of Investments**

The Plan adopted Financial Accounting Standards Board ASC Topic 820 relating to *Fair Value Measurements*, which provides a common definition of fair value, establishes a framework for measuring fair value under U.S. generally accepted accounting principles and requires additional disclosures about fair value measurements.

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer liability in an orderly transaction between market 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**(e) Financial Accounting Standards**

In June 2009, the Financial Accounting Standards Board (FASB) issued authoritative guidance establishing two levels of U.S. generally accepted accounting principles (GAAP) - authoritative and nonauthoritative - and making the Accounting Standards Codification (ASC) the source of authoritative, nongovernmental GAAP, except for rules and interpretive releases of the Securities and Exchange Commission. This guidance, which was incorporated into ASC Topic 105 - *Generally Accepted Accounting Principles*, was effective for interim and annual periods ending after September 15, 2009. The adoption changed certain disclosure references to U.S. GAAP, but did not have any other impact on the Plan's financial statements.

Participant loans have historically been classified as investments and measured at fair value in the Plan's statement of net assets available for plan benefits. However, in September 2010, the FASB issued Accounting Standards Update (ASU) No. 2010-25, *Plan Accounting - Defined Contribution Pension Plans (ASC Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans*. ASU No. 2010-25 requires participant loans to be classified as notes receivable from participants and measured at their unpaid principal balances plus any accrued but unpaid interest. ASU No. 2010-25 is effective for years ending after December 15, 2010, with early adoption permitted. The guidance in ASU No. 2010-25 has been applied retrospectively to the Plan's 2009 statement of net assets available for plan benefits.

(Continued)

**JOHNSON, POPE PROFIT SHARING PLAN AND TRUST**

Notes to Financial Statements

**(3) Investments**

The fair value of individual investments that represent 5% or more of the Plan's net assets as of December 31, 2010 and 2009, are as follows:

| | 2010 | 2009 |
|---|---|---|
| *Participant directed investments -* | | |
| Cash Management Trust of America | $ 1,432,215 | 1,333,310 |
| Washington Mutual Investors Fund | $ 2,740,661 | 2,982,426 |
| Vanguard SPDR Series Trust | $ - | 1,642,146 |

**(4) Plan Termination**

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

**(5) Tax Status and Plan Amendments**

The Internal Revenue Service has determined and informed the Company by a letter dated June 17, 2010, that the Plan and related trust, including plan amendments executed through September 30, 2009, are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

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

(Continued)

**(6) Fair Value Measurements**

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

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

*Level 2* Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for Plan assets measured at fair value:

*Self-directed brokerage accounts:* Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end. Equity securities are valued at the closing price reported in the active market in which the individual securities are traded. Closely held common stock and corporate bonds are valued based on quoted prices for similar assets. Treasury obligations are valued based on quoted prices in active markets.

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

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

*Limited partnerships:* Valued at the appraised value of the underlying real estate multiplied by the Plan's ownership percentage.

(Continued)

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 assets at fair value as of December 31, 2010:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Cash | $ 116,111 | - | - | 116,111 |
| Shares of registered investment companies - mutual funds: | | | | |
| Large-Cap growth | 2,484,652 | - | - | 2,484,652 |
| Large-Cap blend | 1,923,216 | - | - | 1,923,216 |
| Large-Cap value | 1,520,234 | - | - | 1,520,234 |
| Mid-Cap growth | 637,410 | - | - | 637,410 |
| Moderate allocation | 68,688 | - | - | 68,688 |
| Intermediate-term bond | 537,404 | - | - | 537,404 |
| Money market | 1,432,215 | - | - | 1,432,215 |
| Subtotal | 8,603,819 | - | - | 8,603,819 |
| Self-directed brokerage accounts: | | | | |
| Common stock | 5,038,399 | 517,318 | - | 5,555,717 |
| Preferred stock | 77,165 | - | - | 77,165 |
| Corporate bonds | - | 152,763 | - | 152,763 |
| Mutual funds | 6,016,459 | - | - | 6,016,459 |
| Government agencies | - | 358,209 | - | 358,209 |
| Limited partnerships | - | - | 594,592 | 594,592 |
| Subtotal | 11,132,023 | 1,028,290 | 594,592 | 12,754,905 |
| Limited partnerships | - | - | 105,263 | 105,263 |
| Certificates of deposit | - | 411,398 | - | 411,398 |
| Other | - | - | 3,933 | 3,933 |
| | $ 19,851,953 | 1,439,688 | 703,788 | 21,995,429 |

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2010:

**JOHNSON, POPE PROFIT SHARING PLAN AND TRUST**

Notes to Financial Statements

| | Limited Partnerships | Other Miscellaneous |
|---|---|---|
| Balance, beginning of year | $ 630,626 | 3,933 |
| Unrealized gains (losses) relating to instruments still held at the reporting date | (243,950) | - |
| Purchases, sales, issuances and settlements (net) | 313,179 | - |
| Balance, end of year | $ 699,855 | 3,933 |

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

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Cash | $ 179,473 | - | - | 179,473 |
| Shares of registered investment companies - mutual funds: | | | | |
| Large-Cap growth | 1,912,738 | - | - | 1,912,738 |
| Large-Cap blend | 1,630,259 | - | - | 1,630,259 |
| Large-Cap value | 1,766,786 | - | - | 1,766,786 |
| Mid-Cap growth | 332,051 | - | - | 332,051 |
| Moderate allocation | 79,283 | - | - | 79,283 |
| Intermediate-term bond | 542,938 | - | - | 542,938 |
| Money market | 1,333,310 | - | - | 1,333,310 |
| Subtotal | 7,597,365 | - | - | 7,597,365 |
| Self-directed brokerage accounts: | | | | |
| Common stock | 5,909,362 | 451,834 | - | 6,361,196 |
| Corporate bonds | - | 302,980 | - | 302,980 |
| Mutual funds | 5,789,676 | - | - | 5,789,676 |
| Government agencies | 195,910 | - | - | 195,910 |
| Limited partnerships | - | - | 264,693 | 264,693 |
| Subtotal | 11,894,948 | 754,814 | 264,693 | 12,914,455 |
| Limited partnerships | - | - | 365,933 | 365,933 |
| Certificates of deposit | - | 401,262 | - | 401,262 |
| Other | - | - | 3,933 | 3,933 |
| | $ 19,671,786 | 1,156,076 | 634,559 | 21,462,421 |

(Continued)

**JOHNSON, POPE PROFIT SHARING PLAN AND TRUST**

Notes to Financial Statements

**(7) Party-In-Interest Transactions**

Certain administrative expenses of the Plan, such as professional fees, are paid directly by the Plan sponsor, Johnson, Pope, Bokor, Ruppel and Burns, LLP.

**(8) Risks and Uncertainties**

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

**(9) Subsequent Events Review**

Subsequent events were evaluated by Plan management through October 14, 2011, which is the date the financial statements were available to be issued.

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**JOHNSON, POPE PROFIT SHARING PLAN AND TRUST**

Sponsor EIN #20-0525902
Plan #001

Schedule of Assets Held for Investment Purposes
at End of Year

December 31, 2010

| Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity date, Rate of Interest, Collateral, Par or Maturity Value | Shares/ Units | Cost | Current Value |
|---|---|---|---|---|
| **Participant Directed Investments:** | | | | |
| Cash | Brokerage cash | | n/a | $ 116,111 |
| Shares in registered investment companies: | | | | |
| AMCAP Fund | Mutual Fund | 49,670 | n/a | 935,280 |
| American Balanced Fund | Mutual Fund | 47,656 | n/a | 854,466 |
| Bond Fund of America | Mutual Fund | 44,086 | n/a | 537,404 |
| Cash Management Trust of America | Cash | | n/a | 1,432,215 |
| Fundamental Investors Fund | Mutual Fund | 22,972 | n/a | 843,071 |
| Growth Fund of America | Mutual Fund | 30,983 | n/a | 512,777 |
| Income Fund of America | Mutual Fund | 2,256 | n/a | 68,687 |
| Investment Company of America Fund | Mutual Fund | 8,014 | n/a | 225,679 |
| New Economy Fund | Mutual Fund | 8,380 | n/a | 212,272 |
| New Perspective Fund | Mutual Fund | 28,802 | n/a | 824,324 |
| Small Cap World Fund | Mutual Fund | 16,403 | n/a | 637,410 |
| Washington Mutual Investors Fund | Mutual Fund | 55,870 | n/a | 1,520,234 |
| | | | | 8,603,819 |
| Self-directed brokerage accounts | Various | n/a | n/a | 12,754,905 |
| Total participant directed investments | | | | 21,474,835 |
| Participant notes receivable | Interest rates from 5% to 9.5% | n/a | - | 298,774 |
| **Non-Participant Directed Investments:** | | | | |
| CC Associates, LLC | Limited Liability Co. membership interest (26.3%) | n/a | $ 365,933 | 105,263 |
| Certificates of deposit | | n/a | $ 411,398 | 411,398 |
| Other miscellaneous | | n/a | $ 3,933 | 3,933 |
| Total assets held for investment purposes | | | | $ 22,294,203 |

**JOHNSON, POPE PROFIT SHARING PLAN AND TRUST**

Sponsor EIN #20-0525902
Plan #001

Schedule of Assets Held for Investment Purposes
at End of Year

December 31, 2010

| Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity date, Rate of Interest, Collateral, Par or Maturity Value | Shares/ Units | Cost | Current Value |
|---|---|---|---|---|
| **Participant Directed Investments:** | | | | |
| Cash | Brokerage cash | | n/a | $ 116,111 |
| Shares in registered investment companies: | | | | |
| AMCAP Fund | Mutual Fund | 49,670 | n/a | 935,280 |
| American Balanced Fund | Mutual Fund | 47,656 | n/a | 854,466 |
| Bond Fund of America | Mutual Fund | 44,086 | n/a | 537,404 |
| Cash Management Trust of America | Cash | | n/a | 1,432,215 |
| Fundamental Investors Fund | Mutual Fund | 22,972 | n/a | 843,071 |
| Growth Fund of America | Mutual Fund | 30,983 | n/a | 512,777 |
| Income Fund of America | Mutual Fund | 2,256 | n/a | 68,687 |
| Investment Company of America Fund | Mutual Fund | 8,014 | n/a | 225,679 |
| New Economy Fund | Mutual Fund | 8,380 | n/a | 212,272 |
| New Perspective Fund | Mutual Fund | 28,802 | n/a | 824,324 |
| Small Cap World Fund | Mutual Fund | 16,403 | n/a | 637,410 |
| Washington Mutual Investors Fund | Mutual Fund | 55,870 | n/a | 1,520,234 |
| | | | | 8,603,819 |
| Self-directed brokerage accounts | Various | n/a | n/a | 12,754,905 |
| Total participant directed investments | | | | 21,474,835 |
| Participant notes receivable | Interest rates from 5% to 9.5% | n/a | - | 298,774 |
| **Non-Participant Directed Investments:** | | | | |
| CC Associates, LLC | Limited Liability Co. membership interest (26.3%) | n/a | $ 365,933 | 105,263 |
| Certificates of deposit | | n/a | $ 411,398 | 411,398 |
| Other miscellaneous | | n/a | $ 3,933 | 3,933 |
| Total assets held for investment purposes | | | | $ 22,294,203 |