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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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, including room or suite number (Employer, if for single-employer plan)

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.	09/06/2012	GEORGE KRUEGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/06/2012	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**	1746
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**	1624
b	Retired or separated participants receiving benefits	**6b**	5
c	Other retired or separated participants entitled to future benefits	**6c**	256
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1885
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	7
f	Total. Add lines **6d** and **6e**	**6f**	1892
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1838
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	72
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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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	167	01/01/2011	12/31/2011

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 ▶ SUPPLIED TO DOL BY INSURANCE CO

b	Premiums paid to carrier	6b	130729
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. Specify nature of costs ▶	6d	0

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 organizations(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**	103729
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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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		01/01/2011	12/31/2011

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	8000000
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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	8000000
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	418707		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	418707
d	Total of balance and additions (add **b** and **c(6)**).			7d	8418707
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) ▶ CASH	7e(4)	418707		
	(5) Total deductions			7e(5)	418707
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 organizations(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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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 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

(b) Enter name and EIN or address of person who provided you disclosure 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	243523	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 50	NONE	98010	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

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 50	NONE	85189	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRUDENTIAL RET INS & ANNUITY CO

06-1050034

(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 50	NONE	29487	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 50	NONE	24945	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

MADISON DEARBORN PARTNERS LLC

THREE FIRST NATIONAL PLAZA STE 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 50	NONE	15716	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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: BMO 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	11284285

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)

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

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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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 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 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 JULY 2011	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	10730	0	68

(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

(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 transaction 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 transaction 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 transaction 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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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	10966	59
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	665888	823623
(2) Participant contributions	1b(2)	0	
(3) Other	1b(3)	117418	88023
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	
(2) U.S. Government securities	1c(2)	5071137	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	205193	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		289245
(B) Common	1c(4)(B)	7623226	7259974
(5) Partnership/joint venture interests	1c(5)	3371120	2819994
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1723887	1962403
(9) Value of interest in common/collective trusts	1c(9)	10381735	11284285
(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)	47281233	53832135
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	8000000	8000000
(15) Other	1c(15)	943144	1033557

		(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	85394947	87393298
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		118804
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	118804
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	85394947	87274494

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)	2852262	
(B) Participants	2a(1)(B)	5468998	
(C) Others (including rollovers)	2a(1)(C)	460376	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		8781636
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)	72137	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	88770	
(F) Other	2b(1)(F)	527641	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		688548
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	18020	
(B) Common stock	2b(2)(B)	125489	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	805573	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		949082
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	9571557	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9846653	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-275096

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	235103	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		235103
(6) Net investment gain (loss) from common/collective trusts	2b(6)		259952
(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)		-1786892
c Other income	2c		2349
d Total income. Add all **income** amounts in column (b) and enter total	2d		8854682
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6342650	
(2) To insurance carriers for the provision of benefits	2e(2)	130729	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6473379
f Corrective distributions (see instructions)	2f		2278
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	24945	
(2) Contract administrator fees	2i(2)	29487	
(3) Investment advisory and management fees	2i(3)	201483	
(4) Other	2i(4)	243563	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		499478
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6975135
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1879547
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		34730
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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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, 2011 and 2010 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, 2011. These financial statements and supplemental schedules 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 schedules. 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, 2011 and 2010, 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 supplemental schedules are presented for the purposes of additional analysis and are not a part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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
August 31, 2012

	(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
	COMMON STOCKS	ABBOTT LABORATORIES COM		**	309,265
	COMMON STOCKS	AGILENT TECHNOLOGIES INC COM		**	174,650
	COMMON STOCKS	APPLE INC COM		**	405,000
	COMMON STOCKS	BLACKROCK INC COM		**	178,240
	COMMON STOCKS	CONOCOPHILLIPS COM		**	364,350
	COMMON STOCKS	CORNING INC COM		**	155,760
	COMMON STOCKS	COSTCO WHSL CORP NEW COM		**	374,940
	COMMON STOCKS	CVS CAREMARK CORP COM		**	285,460
	COMMON STOCKS	DISNEY WALT CO COM		**	262,500
	COMMON STOCKS	E M C CORP MASS COM		**	215,400
	COMMON STOCKS	EBAY INC COM		**	242,640
	COMMON STOCKS	ENERPLUS CORP COM		**	253,200
	COMMON STOCKS	ERICSSON L M TEL CO ADR CL B SEK 10 NEW		**	162,080
	COMMON STOCKS	FORD MTR CO DEL COM PAR $0.01		**	215,200
	COMMON STOCKS	GENTEX CORP COM		**	295,900
	COMMON STOCKS	GOOGLE INC CL A		**	258,360
	COMMON STOCKS	INTERNATIONAL BUSINESS MACHS CORP COM		**	404,536
	COMMON STOCKS	JOHNSON CTLS INC COM		**	218,820
	COMMON STOCKS	KINDER MORGAN MANAGEMENT LLC SHS		**	299,893
	COMMON STOCKS	KRAFT FOODS INC CL A		**	224,160
	COMMON STOCKS	MASTERCARD INC CL A		**	372,820
	COMMON STOCKS	MCDONALDS CORP COM		**	300,990
	COMMON STOCKS	METLIFE INC COM		**	311,800
	COMMON STOCKS	OCCIDENTAL PETE CORP COM		**	281,100
	COMMON STOCKS	PEPSICO INC COM		**	265,400
	COMMON STOCKS	POTASH CORP SASK INC COM		**	247,680
	COMMON STOCKS	XYLEM INC COM		**	179,830
	LIMITED PARTNERSHIPS	CMS/PROCACCIANTI HOTEL OPPORTUNITY FD-Q		**	0
	LIMITED PARTNERSHIPS	HKW CAPITAL PARTNERS II LP		**	312,119
	LIMITED PARTNERSHIPS	MADISON DEARBORN CAP PARTNERS V		**	819,720
	LIMITED PARTNERSHIPS	MADISON DEARBORN CAP PARTNERS VI		**	135,931
	LIMITED PARTNERSHIPS	MADISON DEARBORN CAP PRTNRS II		**	0
	LIMITED PARTNERSHIPS	MADISON DEARBORN CAP PRTNRS III		**	12,979
	LIMITED PARTNERSHIPS	MADISON DEARBORN CAP PRTNRS IV		**	614,791
	LIMITED PARTNERSHIPS	POTOMAC REALTY LOAN FUND Q, L.P		**	0
	LIMITED PARTNERSHIPS	SAPPHIRE VOYAGER OFFSHORE FUND LTD CL HF SERIES 2		**	881,672
	LIMITED PARTNERSHIPS	SAPPHIRE VOYAGER OFFSHORE FUND LTD CL 2		**	42,782
	PREFERRED STOCKS	CITIGROUP INC DEP SHS REPSTG 1/100TH PFD SER AA		**	26,080
	PREFERRED STOCKS	JPMORGAN CHASE & CO DEPOSITARY SHS REPSTG 1/400 NON CUM PFD		**	27,600
	PREFERRED STOCKS	LASALLE HOTEL PPTYS PFD SHS BEN IN 7.50%		**	36,720
	PREFERRED STOCKS	MBNA CAP E TR ORIGINATED PFD SECS SER E 8.10%		**	23,410
	PREFERRED STOCKS	PRIVATEBANCORP CAP TR IV GTD TR PFD SECS		**	38,385
	PREFERRED STOCKS	PRUDENTIAL FINL INC PFD		**	27,260
	PREFERRED STOCKS	PUBLIC STORAGE PFD SER R 6.35%		**	40,365
	PREFERRED STOCKS	ROYAL BK SCOTLAND GROUP PLC SPONSORED ADR SER M REPSTG PREF M PFD 6.40%		**	28,475
	PREFERRED STOCKS	SEASPAN CORP PERP PFD		**	40,950
*	BMO FUNDS	BMO EMPLOYEE BENEFIT STABLE PRINCIPAL FD		**	11,284,285
	ABN AMRO	ASTON TAMRO SMALL CAP FUND CL I #238		**	3,600,317
	AMERICAN FUNDS	AMERICAN EUROPACIFIC GROWTH R5 #2516		**	8,341,895
*	BMO FUNDS	BMO PRIME MONEY MARKET CL Y # 200		**	2,044,783
	DFA SECURITIES INC.	DFA EMERGING MARKETS VALUE FUND #95		**	1,979,204
	EXCHANGE TRADED FDS	ISHARES INC MSCI AUSTRALIA INDEX FD		**	128,640
	EXCHANGE TRADED FDS	ISHARES DOW JONES US HEALTHCARE SECTOR INDEX FD		**	28,628
	EXCHANGE TRADED FDS	ISHARES MSCI ACWI INDEX FUND		**	202,455
	EXCHANGE TRADED FDS	ISHARES NASDAQ BIOTECHNOLOGY INDEX FD		**	62,610
	EXCHANGE TRADED FDS	ISHARES TR DOW JONES U S BASIC MATERIALS SECTOR INDEX FD		**	25,720
	EXCHANGE TRADED FDS	ISHARES TR DOW JONES U S CONSUMER NON CYCLICAL SECTOR INDEX FD		**	82,176
	EXCHANGE TRADED FDS	ISHARES TR DOW JONES U S ENERGY SECTOR INDEX FD		**	59,745
	EXCHANGE TRADED FDS	ISHARES TR DOW JONES U S INDL SECTOR INDEX FD		**	63,620
	EXCHANGE TRADED FDS	ISHARES TR DOW JONES U S TECHNOLOGY SECTOR INDEX FD		**	83,070
	EXCHANGE TRADED FDS	ISHARES TR DOW JONES US TELECOMMUNICATIONS SECTOR INDEX FD		**	31,500
	EXCHANGE TRADED FDS	ISHARES TR MSCI EMERGING MKTS INDEX FD		**	37,940
	EXCHANGE TRADED FDS	ISHARES TR S&P SMALLCAP 600 INDEX FD		**	136,600
	EXCHANGE TRADED FDS	VANGUARD INTL EQUITY INDEX FDS FTSE ALL WORLD EX US INDEX FD ETF		**	59,475
	HARBOR FUNDS	HARBOR FD CAP APPRECIATION FD INST #2012		**	3,488,496
	MAINSTAY FUNDS	MAINSTAY ICAP SELECT EQUITY FD CL I #1888		**	3,661,019
	MATTHEWS INTL. FUND	MATTHEWS CHINA FUND #804		**	40,128
	MATTHEWS INTL. FUND	MATTHEWS INDIA FUND #808		**	34,468
	NESTEGG FUNDS	AMERICAN INDEPENDENCE U.S. INFLATION-INDEXED PORTFOLIO-AD #2339		**	6,493,906
	OPPENHEIMERFUNDS DISTRIB, INC.	OPPENHEIMER MAIN STREET SMALL & MID CAP FD CL Y #852		**	3,571,727
	PIMCO INSTITUTIONAL	PIMCO FDS TOTAL RETURN FD INST #35		**	7,732,714
	VANGUARD FUNDS	VANGUARD INSTITUTIONAL INDEX FD #94		**	11,841,299
	INSURANCE CONTRACT	CONNECTICUT GENERAL LIFE GAC #IN-15428		**	8,000,000
	PARTICIPANT LOAN	INTEREST RATE RANGE 4.25% - 10.00%		**	1,962,403
	LIFE INSURANCE POLICIES	ALLSTATE FINANCIAL WORKPLACE DIVISION		**	1,033,557

* A party-in-interest as defined by ERISA

** Cost ommitted for participant directed accounts

MacLean-Fogg Company
Profit Sharing and Savings Plan
Financial Statements and Supplemental Schedules
As of and for the Years Ended
December 31, 2011 and 2010

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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
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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, 2011 and 2010 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, 2011. These financial statements and supplemental schedules 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 schedules. 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, 2011 and 2010, 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 supplemental schedules are presented for the purposes of additional analysis and are not a part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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
August 31, 2012

MacLean-Fogg Company Profit Sharing and Savings Plan
Statements of Net Assets Available for Plan Benefits
December 31, 2011 and 2010

	2011	2010
Assets		
Investments at fair value	$ 83,711,319	$ 82,037,461
Cash surrender value of life insurance policies	1,033,557	943,144
Cash	59	10,966
Receivables:		
Interest and dividends receivable	88,023	117,418
Participant loans receivable	1,962,403	1,723,887
Employer contributions receivable	823,623	665,888
Total receivables	2,874,049	2,507,193
Total assets	87,618,984	85,498,764
Liabilities		
Accounts Payable	118,804	-
Net assets reflecting investments at fair value	87,500,180	85,498,764
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(225,686)	(103,817)
Net assets available for benefits	$ 87,274,494	$ 85,394,947

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, 2011 and 2010

	2011	2010
Additions		
Contributions		
Employer	$ 2,852,262	$ 1,955,877
Employee	5,468,998	4,629,519
Rollovers	460,376	393,225
	8,781,636	6,978,621
Investment income		
Interest	835,840	984,212
Dividends	1,291,415	1,031,350
Net appreciation in fair value of investments (Note 4)	-	6,363,883
Income from life insurance and other	164,127	62,100
	2,291,382	8,441,545
Total additions	11,073,018	15,420,166
Deductions		
Net depreciation in fair value of investments (Note 4)	2,218,336	-
Benefit payments	6,473,379	7,154,321
Corrective Distributions	2,278	79,486
Administrative expenses	499,478	489,579
Total deductions	9,193,471	7,723,386
Net increase in net assets	1,879,547	7,696,780
Net assets available for plan benefits		
Beginning of year	85,394,947	77,698,167
End of year	$ 87,274,494	$ 85,394,947

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 2011 and 2010) 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 Government Inflation Protection Fund (2011), Short Term Bond Fund (2010), Fixed Income Fund, Vanguard Institutional Index Fund, Diversified Growth Fund, Small Cap Fund, American Europacific Growth Fund, DFA Emerging Markets Value 1 Fund (2011) 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, 2011. 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. The Plan also includes 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.

Effective every March 1, the Company automatically increases participant deferrals by 1% for all participants with a deferral percentage of less than 6%. Participants may opt out of this automatic increase on an annual basis.

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, 2011 and 2010, forfeited nonvested accounts totaled approximately $76,000 and $102,000, 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 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 Plan 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 August 31, 2012, 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.

	2011	2010
Investments:		
At fair value		
Common stock	$ 7,259,974	$ 7,623,226
Preferred Stock	289,245	205,193
Government obligations	-	5,071,137
Registered investment entities	51,787,352	45,325,581
Common/collective trusts	11,509,971	10,485,552
Guaranteed deposit account	8,000,000	8,000,000
Money market funds	2,044,783	1,955,652
Limited partnership interests	2,819,994	3,371,120
	$ 83,711,319	$ 82,037,461

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

	2011	2010
Registered investment entities		
Vanguard Institutional Index Fund	$ 11,841,299	$ 12,142,873
American Europacific Growth Fund	8,341,895	10,756,301
PIMCO Total Return Fund	7,732,715	6,196,641
Harbor Capital Appreciation Fund	-	6,934,782
Common/Collective Trusts		
M&I Stable Principal Fund	11,509,971	10,485,552
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 2011 and 2010, 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:

	2011	2010
Common stock	$ 27,035	$ 1,398,477
Government obligations	(42,965)	(67,553)
Corporate bonds	-	91,641
Preferred stock	(23,710)	5,167
Registered investment entities	(2,209,956)	4,487,150
Limited partnership interests	31,260	449,001
Net appreciation (depreciation) in fair value	$ (2,218,336)	$ 6,363,883

Investment income for the years ended December 31, 2011 and 2010 was as follows:

	2011	2010
Interest	$ 835,840	$ 984,212
Dividends	1,291,415	1,031,350
Income from life insurance and other	164,127	62,100

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, 2011 and 2010 were as follows:

	Credited Interest Rate on Account	Average Yield
2011	5.35%	5.21%
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, 2011 and 2010.

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, 2011 and 2010:

6. Fair Value Measurements (continued)

	Investments at Fair Value at December 31, 2011			
	Level 1	Level 2	Level 3	Total
Common stock:				
Consumer Discretionary	$ 1,293,410	$ -	$ -	$ 1,293,410
Consumer Staples	1,149,960	-	-	1,149,960
Energy	945,343	-	-	945,343
Financials	743,240	-	-	743,240
Health Care	483,915	-	-	483,915
Information Technology	2,216,596	-	-	2,216,596
Materials	427,510	-	-	427,510
Preferred Stock	289,245	-	-	289,245
Registered investment entities:				
Small Cap Equity Funds	7,172,044	-	-	7,172,044
Large Cap Equity Funds	18,990,814	-	-	18,990,814
International Equity Funds	10,395,695	-	-	10,395,695
Fixed Income Funds	14,226,620			14,226,620
Exchange Traded Funds	1,002,179	-	-	1,002,179
Common/collective trusts	-	11,509,971	-	11,509,971
Guaranteed deposit account	-	-	8,000,000	8,000,000
Money market funds	-	2,044,783	-	2,044,783
Limited partnership interests	-	-	2,819,994	2,819,994
	$ 59,336,571	$ 13,554,754	$ 10,819,994	$ 83,711,319

	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

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, 2011 and 2010:

Year Ending December 31, 2011

	Guaranteed deposit account	Limited partnership interests	Total
Balance, beginning of year	$ 8,000,000	$ 3,371,120	$ 11,371,120
Total gains or losses (realized/ unrealized) included in changes in net assets	-	68,078	68,078
Purchases, sales, issuances, and settlements			
Purchases	-	34,932	34,932
Sales	-	(654,136)	(654,136)
Balance, end of year	$ 8,000,000	$ 2,819,994	$ 10,819,994
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	$ -	$ 30,811	$ 30,811

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 (losses) 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

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 2.81% and 2.65%, respectively, for the year ended December 31, 2011, and 2.51% and 3.24%, respectively, for the year ended December 31, 2010. 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, 2011 and 2010.

8. Tax Status

The Plan obtained its latest determination letter on January 13, 2012, 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.

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, 2011

Schedule I

Identity of Issue	Description of Investment Number of Shares	Current Value
Common Stock		
Abbott Laboratories	5,500	$ 309,265
Agilent Technologies Inc.	5,000	174,650
Apple Inc.	1,000	405,000
Blackrock Inc.	1,000	178,240
ConocoPhillips	5,000	364,350
Corning Inc.	12,000	155,760
Costco Whsl Corp. New	4,500	374,940
CVS Caremark Corp.	7,000	285,460
Walt Disney Co.	7,000	262,500
E M C Corp. MASS	10,000	215,400
Ebay Inc.	8,000	242,640
Enerplus Corp.	10,000	253,200
Ericsson L M Tel Co. ADR CL B SEK 10 New	16,000	162,080
Ford Mtr Co. DEL	20,000	215,200
Gentex Corp.	10,000	295,900
Google Inc. CL A	400	258,360
International Business Machs Corp.	2,200	404,536
Johnson Ctls Inc.	7,000	218,820
Kinder Morgan Management LLC	3,819.323	299,893
Kraft Foods Inc. Class A	6,000	224,160
Mastercard Inc. Class A	1,000	372,820
McDonalds Corp.	3,000	300,990
Metlife Inc.	10,000	311,800
Occidental Pete Corp.	3,000	281,100
Pepsico Inc.	4,000	265,400
Potash Corp Sask Inc.	6,000	247,680
Xylem Inc.	7,000	179,830
Total common stocks		7,259,974
Preferred Stock		
Citigroup Inc. Dep Shs Repstg 1/100TH Fed Ser AA	1,000	26,080
JP Morgan Chase & Co Depositary Shs	1,000	27,600
LaSalle Hotel PPTYS Pfd Shs	1,500	36,720
MBNA Cape TR Originated Pfd Secs Ser E	1,000	23,410
PrivateBancorp Cap Tr IV GTD TR Pfd Secs	1,500	38,385
Prudential Financial Inc. Pfd	1,000	27,260
Public Storage Pfd Ser R	1,500	40,365
Royal Bk Scotland Group PLC Sponsored ADR Series M	2,500	28,475
Seaspan Corp Perp Pfd	1,500	40,950
Total preferred stocks		289,245

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, 2011

Schedule I

Identity of Issue	Description of Investment Number of Shares	Current Value
Registered Investment Entities		
American Europacific Growth R5 #2516	237,728.56	$ 8,341,895
Aston Tamro Small Cap Fund	193,357.503	3,600,317
DFA Emerging Markets Value Fund # 95	76,240.541	1,979,204
Ishares Inc MCSI Australia Index Fund	6,000.00	128,640
Ishares MCSI Acwi Index Fund	5,500.00	202,455
Ishares Tr Dow Jones US Basic Materials Sector Index Fund	400.00	25,720
Ishares Tr Dow Jones US Consumer Non Cyclical Sector Index Fd	1,200.00	82,176
Ishares Tr Dow Jones US Energy Sector Index Fund	1,500	59,745
Ishares Tr Dow Jones US Healthcare Sector Index Fund	400	28,628
Ishares Tr Dow Jones US Indl Sector Index Fund	1,000	63,620
Ishares Tr Dow Jones US Technology Sector Index Fund	1,300	83,070
Ishares Tr Dow Jones US Telecommunications Sector Index Fund	1,500	31,500
Ishares Tr MSCI Emerging Mkts Index Fund	1,000	37,940
Ishares Tr Nasdaq Biotechnology Index Fund	600	62,610
Ishares Tr S&P Small Cap 600 Index Fund	2,000	136,600
Harbor Capital Appreciation Fund	94,539.174	3,488,496
Mainstay ICAP Select Equity Fund	107,803.862	3,661,019
Matthews China Fund # 804	1,865.541	40,128
Matthews India Fund # 808	2,536.269	34,468
American Independence U.S. Inflation-Indexed Portfolio	582,413.126	6,493,906
Oppenheimer Main Street Small	171,552.695	3,571,727
PIMCO Fds Total Return Fund	711,382.227	7,732,714
Vanguard Institutional Index Fd #94	102,932.016	11,841,299
Vanguard International Equity Index	1,500.000	59,475
Total registered investment entities		51,787,352

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, 2011

Schedule I

Identity of Issue	Description of Investment: Number of Shares	Description of Investment: Current Value
Common/Collective Trusts		
* BMO Employee Benefit Stable Principal Fund - (1)	11,284,285	$ 11,284,285
Total common/collective trusts		11,284,285
Money Market Funds		
* BMO Prime Money Market Cl Y		2,044,783
Total money market funds		2,044,783
Limited Partnership Interests		
HWK Capital Partners II LP	124,876.893	312,119
Madison Dearborn Cap Partners III	13,289.349	12,979
Madison Dearborn Cap Partners IV	385,537.363	614,791
Madison Dearborn Cap Partners V	761,311.874	819,720
Madison Dearborn Cap Partners VI	100,289.655	135,931
Sapphire Voyager Offshore Fund Ltd Cl HF Series 2	461.217	881,672
Sapphire Voyager Offshore Fund Ltd Cl 2	46.882	42,782
Total limited partnership interests		2,819,994
Participant Loans		
* Participant loans (Interest rate range from 4.25% to 10.00%)		1,962,403
Total participant loans		1,962,403
Guaranteed Investment Contract		
Deposit with Prudential		8,000,000
Total guaranteed investment contract		8,000,000
Total investments		85,448,036
Life Insurance Policies		
MacLean Fogg Participant Life Insurance Policies		1,033,557
Total life insurance policies		1,033,557
Grand Total		$ 86,481,593

* Represents a party-in-interest to the Plan

(1) - At contract value (current value $11,509,971)

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, 2011

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 July 2011, maturity at various dates through October 2011	$ 10,730	$ 68
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