Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
WHITEMAN OSTERMAN & HANNA LLP PROFIT SHARING AND 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1979

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
WHITEMAN OSTERMAN & HANNA LLP

ONE COMMERCE PLAZA, FLOOR 19
ALBANY, NY 12210-2822

2b Employer Identification Number (EIN)
14-1564599

2c Sponsor's telephone number
518-487-7600

2d Business code (see instructions)
541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/01/2011	PHILIP H. GITLEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
WHITEMAN OSTERMAN & HANNA LLP

ONE COMMERCE PLAZA, FLOOR 19
ALBANY, NY 12210-2822

3b Administrator's EIN
14-1564599

3c Administrator's telephone number
518-487-7600

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**	174
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**	148
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	30
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	178
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	178
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	170
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2F 2G 2J 2K 3B 3H 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
WHITEMAN OSTERMAN & HANNA LLP PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WHITEMAN OSTERMAN & HANNA LLP

D Employer Identification Number (EIN)
14-1564599

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

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

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

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

NRP FINANCIALS INC

34-1905835

(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	6875	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
59	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

CHARLES SCHWAB BANK

42-1558009

(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?
25 52 59 62	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO AND AFFILIATES	59	

(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.
SEE ATTACHMENT 11-1111111	SEE ATTACHMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
WHITEMAN OSTERMAN & HANNA LLP PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WHITEMAN OSTERMAN & HANNA LLP

D Employer Identification Number (EIN)
14-1564599

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1510699	1499501
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	11808	6322
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3019996	2970716
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	259210	271837
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	30208200	36068199
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	35009913	40816575
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	35009913	40816575

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)	1499501	
	(B) Participants	2a(1)(B)	943939	
	(C) Others (including rollovers)	2a(1)(C)	3128	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2446568
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2809	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	13375	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		16184
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	465926	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		465926
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		4211030
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7139708
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1322661	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1322661
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	6875	
(4) Other	2i(4)	3510	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10385
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1333046
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		5806662
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: BOLLAM SHEEDY AND TORANI (2) EIN: 14-1814314

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
WHITEMAN OSTERMAN & HANNA LLP PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WHITEMAN OSTERMAN & HANNA LLP

D Employer Identification Number (EIN)
14-1564599

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): 42-1558009

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WHITEMAN OSTERMAN & HANNA LLP
PROFIT SHARING AND 401(k) PLAN

FINANCIAL STATEMENTS
and
INDEPENDENT AUDITOR'S REPORT

December 31, 2010 and 2009

WHITEMAN OSTERMAN & HANNA LLP
PROFIT SHARING AND 401(k) PLAN

FINANCIAL STATEMENTS
and
INDEPENDENT AUDITOR'S REPORT

December 31, 2010 and 2009

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BOLLAM, SHEEDY, TORANI & CO. LLP
Certified Public Accountants
26 Computer Drive West
Albany, New York 12205
(518) 459-6700

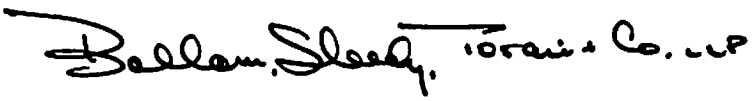
INDEPENDENT AUDITOR'S REPORT

Whiteman Osterman & Hanna LLP, as Plan
Administrator for the Whiteman Osterman &
Hanna LLP Profit Sharing and 401(k) Plan
Albany, New York

We were engaged to audit the accompanying statements of net assets available for benefits of the Whiteman Osterman & Hanna LLP Profit Sharing and 401(k) Plan (Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedule H, line 4i, schedule of assets (held at end of year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to certain information included in Note 3, which was certified by Charles Schwab Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee held the Plan's investment assets and executed investment transactions. As disclosed in Note 3, the Plan Administrator has obtained certification from the Trustee regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the Trustee as of and for the years ended December 31, 2010 and 2009.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the financial statements as of and for the years ended December 31, 2010 and 2009, and supplemental schedule as of December 31, 2010. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is 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.



Albany, New York
July 27, 2011

WHITEMAN OSTERMAN & HANNA LLP
PROFIT SHARING AND 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2010	**2009**
ASSETS		
Investments, at fair value		
Mutual funds	$ 36,068,199	$ 30,208,200
Cash, held for investment	2,970,716	3,019,996
	39,038,915	33,228,196
Receivables		
Employer profit sharing contributions	1,473,653	1,483,315
Employer matching contributions	25,846	27,384
Participant notes receivable	271,837	259,210
Accrued dividends receivable	6,322	11,808
	1,777,658	1,781,717
NET ASSETS AVAILABLE FOR BENEFITS	**$ 40,816,573**	**$ 35,009,913**

See Independent Auditor's Report and accompany Notes to Financial Statements.

WHITEMAN OSTERMAN & HANNA LLP
PROFIT SHARING AND 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended December 31,	
	2010	**2009**
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Interest and dividends	$ 597,141	$ 455,189
Net appreciation in fair value of investments	4,097,370	6,906,280
	4,694,511	7,361,469
Contributions		
Employer profit sharing	1,473,653	1,484,658
Employer matching	25,846	27,384
Participants	943,939	945,278
Rollover	3,128	-
	2,446,566	2,457,320
Total additions	7,141,077	9,818,789
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	1,322,661	786,518
Administrative expenses	11,756	27,683
Total deductions	1,334,417	814,201
Net increase in net assets available for benefits	**5,806,660**	**9,004,588**
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	35,009,913	26,005,325
NET ASSETS AVAILABLE FOR BENEFITS, end of year	**$ 40,816,573**	**$ 35,009,913**

See Independent Auditor's Report and accompany Notes to Financial Statements.

NOTE 1 - DESCRIPTION OF THE PLAN

The Whiteman Osterman & Hanna LLP Profit Sharing and 401(k) Plan (Plan) was established January 1, 1979. The Plan is sponsored by Whiteman Osterman & Hanna LLP (Company). The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

a. General

The Plan is a Profit Sharing Plan with a 401(k) feature, covering all eligible employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan adopted the 401(k) Non-Standardized Prototype Adoption Agreement for the Charles Schwab Defined Contribution Plan and Trust effective July 15, 2008. The Adoption Agreement was updated effective January 1, 2010.

The Plan was amended relating to employee eligibility on June 12, 2009, retroactive to January 1, 2009. All employees are considered to be eligible employees for discretionary profit sharing contribution purposes, except for the following ineligible classes: (1) leased employees; (2) any employee of an affiliated employer which does not adopt this Plan, and (3) employees of WOH Government Solutions, LLC.

Effective March 22, 2010, the Plan was amended, updating the Plan's Investment Direction Authority. Participants have full investment authority over their entire account balance. Absent participant direction, the Trustee is authorized to invest participant accounts as defined by the Plan.

Effective January 1, 2011, the Plan was amended to comply with the Pension Protection Act (PPA) pertaining to diversification options for investment securities when sponsor securities are included in the Plan. The Plan was amended for the updated PPA legislation only as the Plan does not include sponsor securities.

Effective March 4, 2011, the Plan was amended to increase the number of in-service distributions from one to four per calendar year.

b. Contributions

Each year participants may contribute a percentage or fixed dollar amount of their pre-tax annual compensation to the Plan. In addition, participants may contribute after-tax Roth elective deferral contributions to the Plan. Contributions are subject to certain limitations as defined by the Plan and the Internal Revenue Code (IRC). The maximum participant deferral for each of the years ended December 31, 2010 and 2009, was $16,500. Participants who have attained age fifty before the end of the Plan year are eligible to make "catch-up" contributions as defined by the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA). Participants may also contribute rollover amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company may also make qualified non-elective contributions (QNECs) to the Plan to satisfy special nondiscrimination rules that apply to the Plan. These contributions are fully vested when made and are subject to the same restrictions on withdrawals applicable to participant elective deferrals. There were no QNECs made to the Plan for the years ended December 31, 2010 and 2009.

NOTE 1 - DESCRIPTION OF THE PLAN - Continued

b. Contributions - Continued

Contributions allocated to each class are discretionary and determined annually by the Company. Participants may also receive a discretionary profit sharing contribution from the Company based on a class allocation formula. Classes for this non-elective profit sharing contribution and contributions allocated by class, were as follows:

		December 31,	
		2010	2009
Group A	Equity Partners	13.163%	13.163%
Group B	Non-equity Partners (a)	0.000% - 13.16%	0.000% - 14.719%
Group C	Associates	7.000%	7.500%
Group D	Management	7.000%	7.500%
Group E	Staff	7.000%	7.500%

(a) Each partner in Group B has a separate allocation subject to limits established by the Plan Administrator and approved by the Executive Committee.

The Company also makes a matching contribution equal to 25% of each participant's elective deferral on the first $1,000 of participant deferrals.

Each participant directs their elective deferral amounts and Company contributions into the various investment options, which are held and administered by Charles Schwab Trust Company, the Trustee of the Plan.

c. Plan Eligibility

Employees are eligible to participate in the Plan with respect to salary reduction elections on the date they attain twenty-one years of age.

Employees of the Company are eligible to participate in the Plan with respect to the Company's matching contributions and discretionary profit sharing contributions after attaining twenty-one years of age, completing one year of continuous service from the date of employment, and provided they worked at least 1,000 hours during the year. Participants also must be employed on the last day of the Plan year to be eligible to share in the Company's contributions for that year. Employees may join the Plan as of the earlier of the first day of the Plan year or the first day of the seventh month of such Plan year.

d. Participant Accounts

Each participant's account is credited with their voluntary contribution plus an allocable share of (a) the Company's discretionary profit sharing and matching contributions and (b) Plan earnings or losses. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1 - DESCRIPTION OF THE PLAN - Continued

e. Vesting

Participants are 100% vested in their contributions plus actual earnings thereon.

Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after three years of service in which they worked at least 1,000 hours, as follows:

Years of Service	Vesting Percentage
Less than 3	0%
3 or more	100%

f. Participant Notes Receivable

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. In addition, the $50,000 limit is reduced by the highest outstanding loan balance (of any previous loans made) in the previous twelve months. The loans are secured by the balance in the participant's accounts and bear interest at a rate as described in the Plan document. Interest rates ranged from 4.25% to 8.50% and 4.25% to 9.25% for the years ended December 31, 2010 and 2009, respectively. In general, principal and interest are paid ratably over a period not to exceed five years through regular payroll deductions or partner draws. Loans used for the purchase, construction, or refinancing of a participant's primary residence can be repaid over a thirty-year period of time, or as determined by the Plan Administrator.

g. Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account or defer distribution until a later date. If the vested portion of a participant's account balance is $1,000 or less, this amount will be paid as a lump sum distribution as soon as possible following termination, retirement, disability, or to the beneficiary following death. If the vested portion of a participant's account balance is between $1,000 and $5,000, and the participant does not respond in the time frame described in the distribution notice, the vested portion of their account balance will be removed from the Plan's net assets and automatically rolled into an IRA.

A participant who is still an active employee may take a financial hardship distribution, subject to the provisions of the Plan. In-service distributions may also be made to participants who have attained age 59½, subject to the provisions of the Plan.

h. Forfeited Accounts

Forfeitures may be used to pay administrative expenses under the Plan. Forfeitures not used to pay administrative expenses shall be used to reduce employer contributions. The Company used $8,935 and $27,158 of forfeitures to pay administrative expenses during the years ended December 31, 2010 and 2009, respectively. As of December 31, 2010 and 2009, the Plan had unallocated forfeitures of $1,754 and $-0-, respectively.

i. Administrative Costs

As described above, certain administrative costs are paid by forfeitures. Administrative costs in excess of forfeitures are paid by the Plan or the Company. Administrative costs paid by the Plan are allocated ratably to participants based on their account balance.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

a. Basis of Accounting

The accompanying financial statements have been prepared under the accrual basis of accounting.

b. Use of Estimates

In preparing financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP), management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

c. Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is defined as an exchange price that would be received for an asset or paid to transfer a liability (an "exit" price) in the principal or most advantageous market for the asset or liability between market participants on the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Effective December 31, 2010, the Plan adopted Accounting Standards Update 2010-06, *Improving Disclosures About Fair Value Measurements*. This new accounting guidance under ASC 820, *Fair Value Measurements and Disclosures*, requires additional disclosures about fair value measurements, including (a) the amounts and reasons for certain significant transfers among the three hierarchy levels of inputs, (b) the gross, rather than net, basis for certain Level 3 roll-forward information, (c) use of a "class" basis rather than a "major category" basis for assets and liabilities, and (d) valuation techniques and inputs used to estimate Level 2 and Level 3 fair value measurements.

d. Participant Notes Receivable

Effective December 31, 2010, the Plan adopted Accounting Standards Update (ASU) 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans.* ASU 2010-25 requires participant loans be classified as loans receivable from participants, which are segregated from Plan investments and measured at their principal balance plus any accrued but unpaid interest.

e. Payment of Benefits

Benefits are recorded when paid.

f. Risks and Uncertainties

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

g. Subsequent Events

In preparing the financial statements and notes thereto, the Plan's management has considered subsequent events through July 27, 2011, the date the financial statements were available to be issued.

NOTE 3 - INFORMATION CERTIFIED AND PROVIDED BY PLAN TRUSTEE (UNAUDITED)

The following is a summary of the investment information as of December 31, 2010 and 2009, and for the years then ended, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by Charles Schwab Trust Company, the Trustee of the Plan, as of and for the year s ended December 31, 2010 and 2009, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee that information provided to the Plan Administrator by the Trustee related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears through the financial statements and supplemental schedules related to the following investments:

	Years Ended December 31,	
	2010	2009
Mutual funds	$ 36,068,199	$ 30,208,200
Cash, held for investment	2,970,716	3,019,996
Participant notes receivable	271,837	259,210
Investment income		
Interest and dividends	597,141	455,189
Net appreciation in fair value of investments	4,097,370	6,906,280

NOTE 4 - INVESTMENTS AND FAIR VALUE MEASUREMENTS

GAAP provides a framework for measuring fair value. That framework includes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The following three levels of inputs that may be used to measure fair value:

Level 1 Unadjusted quoted market prices in active markets for identical assets or liabilities.

Level 2 Observable inputs other than quoted market prices and can include active markets and markets not considered to be active.

Level 3 Unobservable inputs that are supported by little or no market activity.

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

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2010 and 2009:

Money market fund: The carrying amounts of cash approximate fair value due to the short maturity of these instruments.

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

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

NOTE 4 - INVESTMENTS AND FAIR VALUE MEASUREMENTS - Continued

A summary of assets measured at fair value on a recurring basis, and those assets that represent 5% or more of the Plan's net assets are as follows:

	December 31, 2010			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Domestic Equity Funds				
Value Funds				
American Century Mid Cap Value Fund	$ 758,326	$ -	$ -	$ 758,326
Allianz NFJ Small Cap Value Fund	791,023	-	-	791,023
MFS Value Fund	170,222	-	-	170,222
Blended Funds				
Lord Abbott Value Fund	1,404,110	-	-	1,404,110
Mainstay S&P 500 Index Fund	340,458	-	-	340,458
Thornburg Value Fund	435,388	-	-	435,388
Growth Funds				
American Funds Fundamental Investors (a)	8,171,853	-	-	8,171,853
American Funds Growth Fund of America (a)	7,222,778	-	-	7,222,778
Columbia Acorn Fund	833,125	-	-	833,125
Royce Low Priced Stock Fund (a)	3,130,191	-	-	3,130,191
International Equity Funds				
Blended Funds				
Lazard Emerging Markets Equity Fund	1,324,467	-	-	1,324,467
Growth Funds				
American Funds Europacific Growth Fund	270,644	-	-	270,644
Columbia Acorn International Fund	158,683	-	-	158,683
Fixed Income Funds				
American Century Inflation Fund	538,170	-	-	538,170
Fidelity Advisors Strategic Income Fund	1,176,569	-	-	1,176,569
MFS Government Securities Fund	372,472	-	-	372,472
Vanguard Convertible Securities Fund	336,369	-	-	336,369
Vanguard Total Bond Market Index Signal Fund	1,633,032	-	-	1,633,032
Other Funds				
American Funds New Perspective Fund (a)	6,274,578	-	-	6,274,578
Aberdeen Equity Fund	167,263	-	-	167,263
Cohen & Steers Realty Shares	558,478	-	-	558,478
	36,068,199	-	-	36,068,199
Money Market Funds				
Schwab Value Advantage Money Market Fund (a)(b)	2,970,716	-	-	2,970,716
Total	$ 39,038,915	$ -	$ -	$ 39,038,915

(a) Investment represents 5% or more of Plan net assets at December 31, 2010.
(b) Investment is with a party-in-interest to the Plan as defined by ERISA.

NOTE 4 - INVESTMENTS AND FAIR VALUE MEASUREMENTS - Continued

	December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Domestic Equity Funds				
Value Funds				
American Century Mid Cap Value Fund	$ 439,503	$ -	$ -	$ 439,503
Allianz NFJ Small Cap Value Fund	128,570	-	-	128,570
MFS Value Fund	188,552	-	-	188,552
Blended Funds				
Lord Abbott Value Fund	1,090,193	-	-	1,090,193
Mainstay S&P 500 Index Fund	207,390	-	-	207,390
Thornburg Value Fund	442,907	-	-	442,907
Growth Funds				
American Funds Fundamental Investors (a)	7,368,202	-	-	7,368,202
American Funds Growth Fund of America (a)	6,385,057	-	-	6,385,057
Columbia Acorn Fund	633,221	-	-	633,221
Royce Low Priced Stock Fund (a)	2,342,945	-	-	2,342,945
International Equity Funds				
Blended Funds				
Lazard Emerging Markets Equity Fund	911,744	-	-	911,744
Growth Funds				
American Funds Europacific Growth Fund	154,008	-	-	154,008
Columbia Acorn International Fund	520,293	-	-	520,293
Fixed Income Funds				
American Century Inflation Fund	354,505	-	-	354,505
Fidelity Advisors Strategic Income Fund	995,286	-	-	995,286
MFS Government Securities Fund	169,498	-	-	169,498
Vanguard Convertible Securities Fund	615,288	-	-	615,288
Vanguard Total Bond Market Index Signal Fund (a)	1,475,037	-	-	1,475,037
Other Funds				
American Funds New Perspective Fund (a)	5,691,336	-	-	5,691,336
Aberdeen Equity Fund	40,593	-	-	40,593
Cohen & Steers Realty Shares	54,072	-	-	54,072
	30,208,200	-	-	30,208,200
Money Market Funds				
Schwab Value Advantage Money Market Fund (a)(b)	3,019,996	-	-	3,019,996
Total	$ 33,228,196	$ -	$ -	$ 33,228,196

(a) Investment represents 5% or more of Plan net assets at December 31, 2009.
(b) Investment is with a party-in-interest to the Plan as defined by ERISA.

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event that the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations. Upon termination of the Plan, the participants will become 100% vested in their accounts. The Trustee will continue to hold the Plan assets and will make distributions of the Plan benefits in accordance with the instructions of the Company and the Plan provisions.

NOTE 6 - TAX STATUS

The Internal Revenue Service (IRS) has ruled that the Prototype Non-Standardized Profit Sharing Plan offered by Charles Schwab Trust Company and adopted by the Plan on July 15, 2008, and updated on January 1, 2010, constitutes a qualified plan under Section 401(a) of the IRC and is, therefore, exempt from federal income taxes under the provisions of Section 501(a). The prototype plan has received an opinion letter dated May 23, 2008, from the IRS as to the prototype plan's qualified status. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 7 - ADMINISTRATION OF PLAN ASSETS

The Plan assets were held by Charles Schwab Trust Company, the Trustee of the Plan, as of and for the years ended December 31, 2010 and 2009. Company contributions and participant accounts are/were held by the Trustee that invested cash received and income from investments and made distributions to participants. The Trustee also performs certain Plan administrative functions.

Certain Plan administrative functions are also performed by employees of the Company, who do not receive compensation from the Plan for such functions.

NOTE 8 - RELATED PARTY TRANSACTIONS

The Company made profit sharing contributions to the Plan of $1,473,653 and $1,484,658 and deferral matching contributions of $25,846 and $27,384 for the years ended December 31, 2010 and 2009, respectively. At December 31, 2010 and 2009, the Company owed the Plan $1,499,499 and $1,510,699, respectively, related to these contributions. The Company paid for certain administrative expenses on behalf of the Plan totaling $44,813 and $6,492 for the years ended December 31, 2010 and 2009, respectively.

In addition, cash held in a money market fund, which is offered as an investment option of the Plan, is managed by Charles Schwab Trust Company, the Trustee of the Plan.

WHITEMAN OSTERMAN & HANNA LLP
PROFIT SHARING AND 401(k) PLAN

SUPPLEMENTAL SCHEDULE REQUIRED UNDER ERISA AND
DEPARTMENT OF LABOR REGULATIONS
SCHEDULE H
December 31, 2010

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

The following schedule presents the fair value of investments at December 31, 2010:

(a) Identity of Party	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(e) Current Value
	Mutual funds		
	American Funds Europacific Growth Fund	6,552 shares	$ 270,644
	American Funds Growth Fund of America	239,244 shares	7,222,778
	American Funds New Perspective Fund	221,325 shares	6,274,578
	American Funds Fundamental Investors	223,061 shares	8,171,853
	Aberdeen Equity Fund	14,370 shares	167,263
	Allianz NFJ Samll Cap Value	26,482 shares	791,023
	American Century Inflation Fund	45,724 shares	538,170
	American Century Mid Cap Value Fund	60,280 shares	758,326
	Cohen & Steers Realty Shares	9,553 shares	558,478
	Columbia Acorn Fund	28,493 shares	833,125
	Columbia Acorn International Fund	3,878 shares	158,683
	Fidelity Advisors Strategic Income Fund	93,975 shares	1,176,569
	Lazard Emerging Markets Equity Fund	60,811 shares	1,324,467
	Lord Abbott Value Fund	108,677 shares	1,404,110
	Mainstay S&P 500 Index Fund	11,842 shares	340,458
	MFS Government Securities Fund	36,661 shares	372,472
	MFS Value Fund	7,463 shares	170,222
	Royce Low Priced Stock Fund	171,517 shares	3,130,191
	Thornburg Value Fund	12,862 shares	435,388
	Vanguard Convertible Securities Fund	25,065 shares	336,369
	Vanguard Total Bond Market Index Signal Fund	154,060 shares	1,633,032
			36,068,199
*	Schwab Value Advantage Money Market Fund	2,970,716 shares	2,970,716
*	Participant Notes Receivable (1)	4.25% - 8.50%	271,837
			$ 39,310,752

(1) These notes are solely secured by the participant account balances in the Plan.

* Represents a party-in-interest to the Plan as defined by ERISA.

As permitted by ERISA, column (d) cost information may be omitted with respect to participant or beneficiary directed transactions under an individual account plan.

See Independent Auditor's Report.

WHITEMAN OSTERMAN & HANNA PS & 401K
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2010

EIN: 14-1564599

Plan Number: 001

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)

Fund Family/Provider	EIN	Formula
Allianz Funds	33-0457728	Rate of 0.09% of average daily balance of asset(s)
American Century Investments	44-6006315	Range of 0.14 - 0.46% of average daily balance of assets
American Funds	95-1411037	Range of 0.05 - 0.32% of average daily balance of assets
Cohen & Steers	14-1904657	Rate of 0.37% of average daily balance of asset(s)
Columbia	93-0577450	Range of 0.37 - 0.46% of average daily balance of assets
Lazard	20-4571006	Rate of 0.09% of average daily balance of asset(s)
Lord Abbett	Not Available	Rate of 0.37% of average daily balance of asset(s)
MFS	04-2747644	Rate of 0.42% of average daily balance of asset(s)
Royce	52-2343049	Rate of 0.42% of average daily balance of asset(s)
Schwab Funds	94-3106735	Rate of 0.04% of average daily balance of asset(s)
Thornburg	85-0301299	Rate of 0.56% of average daily balance of asset(s)

Received by Charles Schwab Bank (EIN#42-1558009)

Fund Family/Provider	EIN	Formula
MainStay	52-2206685	Rate of 0.05% of average daily balance of asset(s)

WHITEMAN OSTERMAN & HANNA LLP
PROFIT SHARING AND 401(k) PLAN

SUPPLEMENTAL SCHEDULE REQUIRED UNDER ERISA AND
DEPARTMENT OF LABOR REGULATIONS
SCHEDULE H
December 31, 2010

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

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	American Funds Europacific Growth Fund	6,552 shares	$ 270,644
	American Funds Growth Fund of America	239,244 shares	7,222,778
	American Funds New Perspective Fund	221,325 shares	6,274,578
	American Funds Fundamental Investors	223,061 shares	8,171,853
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			36,068,199
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See Independent Auditor's Report.