Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| F | Pension Benefit Guaranty Corporation Complete all entries in accord | dance wit | h the instructions to the Form 5500 | O-SF. | | p |
|----------|---|-------------|--|--------|-------------------------|-------------------|
| | art I Annual Report Identification Information | | | | | |
| For | calendar plan year 2011 or fiscal plan year beginning 01/01/201 | 1 | and ending 1 | 2/31/2 | 2011 | |
| Α | This return/report is for: | a multiple | e-employer plan (not multiemployer) | | a one-particip | oant plan |
| В | This return/report is: the first return/report | the final r | eturn/report | | | |
| | | a short pla | an year return/report (less than 12 mo | onths) | | |
| C | Check box if filing under: | | extension | , | DFVC progra | m |
| J | special extension (enter description | | | | | |
| D | | | | | | |
| | art II Basic Plan Information—enter all requested information | ation | 1 | 1 h | There is all all | |
| | Name of plan ERCUT MANAGEMENT, L.L.C. PROFIT SHARING PENSION PLAN | I AND TRI | IST | ID | Three-digit plan number | |
| 0111 | ENOUT MANAGEMENT, E.E.O. TROTTI OTTANING I ENOUNT EAN | I AND THE | 501 | | (PN) ▶ | 001 |
| | | | | 1c | Effective date of | f plan |
| | | | | | 01/01/ | /1999 |
| | Plan sponsor's name and address; include room or suite number (e | mployer, it | for a single-employer plan) | 2b | Employer Identif | |
| UPP | ERCUT MANAGEMENT, L.L.C. | | | | (=114) | 96545 |
| | | | | 2c | Sponsor's telep | |
| | N. MILWAUKEE, STE. 401 | | • | 0-1 | 312-226 | |
| CHIC | CAGO, IL 60622 | | | 2a | Business code (| see instructions) |
| 32 | Plan administrator's name and address (if same as plan sponsor, er | otor "Come | ,") | 3 h | Administrator's I | |
| | ERCUT MANAGEMENT, L.L.C. 805 N. MILW. | | | 30 | | 96545 |
| | CHICAGO, IL | . 60622 | | 3с | Administrator's t | elephone number |
| | | | | | 312-226 | 6-1223 |
| 4 | If the name and/or EIN of the plan sponsor has changed since the l | ast return/ | report filed for this plan, enter the | 4b | EIN | |
| а | name, EIN, and the plan number from the last return/report. Sponsor's name | | | 4c | PN | |
| | Total number of participants at the beginning of the plan year | | | 5a | <u> </u> | |
| b | | | • | | | |
| | Total number of participants at the end of the plan year | | + | 5b | | |
| С | Number of participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants. | • (| • | 5c | | 2 |
| 6a | Were all of the plan's assets during the plan year invested in eligib | | | | | X Yes No |
| b | Are you claiming a waiver of the annual examination and report of a | | , | | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility a | and condit | ions.) | ····· | | X Yes No |
| _ | If you answered "No" to either 6a or 6b, the plan cannot use Fo | orm 5500- | SF and must instead use Form 550 | 00. | | |
| Pa | rt III Financial Information | | I | 1 | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | | (b) End | |
| а | Total plan assets | . 7a | 228249 | | | 226904 |
| b | Total plan liabilities | 7b | | | | |
| <u> </u> | Net plan assets (subtract line 7b from line 7a) | 7c | 228249 | | | 226904 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | (b) T | otal |
| а | Contributions received or receivable from: | 90/1) | | | | |
| | (1) Employers | 8a(1) | | | | |
| | (2) Participants | 8a(2) | | | | |
| L | (3) Others (including rollovers) | 8a(3) | -1345 | | | |
| b | Other income (loss) | | -1343 | | | -1345 |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | -1345 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | |
| g | Other expenses | 8g | | | | |
| 9 h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | |
| - '' | Net income (loss) (subtract line 8h from line 8c) | | | | | -1345 |
| i | Transfers to (from) the plan (see instructions) | | | | | .0.0 |
| J | rianololo to (nom) the plan (oce methodololo) | Rί | 1 | | | |

| Form | 5500- | SF | 201 |
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| Da = 4 1\/ | Diam | Charas | :: |
|------------|------|--------|-----------|
| Part IV | Plan | Charac | teristics |

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

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

| art | V Compliance Questions | 1 | | | 1 | | | |
|-------|--|---------|---------|--------|----------------------|-----|------|-------|
| 0 | During the plan year: | | Yes | No | | Amo | ount | |
| а | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | | | | |
| С | Was the plan covered by a fidelity bond? | 10c | | X | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) | | X | | | | | |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | X | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | X | | | | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | X | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | | | |
| art | VI Pension Funding Compliance | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500)) | | | | | П | Yes | X No |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | | | | | | Yes | X No |
| | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor | nth | | | | | | |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | Г | 12h | | | | |
| | Enter the minimum required contribution for this plan year | | | 12b | | | | |
| | Enter the amount contributed by the employer to the plan for this plan year | | - | 12c | | | | |
| u | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) | | | 12d | | | | 1 |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | ١ | No | N/A |
| art | VII Plan Terminations and Transfers of Assets | | | | | | | |
| 3a | Has a resolution to terminate the plan been adopted in any plan year? | | | | Yes X | No | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 1 | 3a | | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? | under | the co | ontrol | | | Yes | X No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.) | he plar | n(s) to | 1 | | | | _ |
| 1 | 13c(1) Name of plan(s): | | | | 13c(2) EIN(s) 13c(3) | | | PN(s) |
| | | | | | | | | |
| Caut | ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab | le cau | se is | estab | lished. | | | |
| Jnde | r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return | urn/rep | ort, in | cludir | ng, if appl | , | | |
| أمناه | it is the second and associate | | | | | | 5 - | |

belief, it is true, correct, and complete.

| SIGN | Filed with authorized/valid electronic signature. | 07/18/2012 | MARK HUTTON |
|------|---|------------|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Filed with authorized/valid electronic signature. | 07/18/2012 | MARK HUTTON |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of

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

the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

| : | Annual Report Identification Information | n | | | | | | | |
|---|--|--------------------|--------------------|------------------------|--|---------------------------------------|------------------------|--|--|
| For | the calendar plan year 2011 or fiscal plan year beginning | 01/0 | 1/2011 | and ending | 12, | /31/2011 | | | |
| Α | This return/report is for: | a multiple | -employer plan | (not multiemployer) | | a one-participa | ant plan | | |
| В | This return/report is: | the final n | eturn/report | | _ | • | | | |
| | an amended return/report | | • | eport (less than 12 mo | onths) | | | | |
| ^ | H | H | • | opon (1000 than 12 mg | ,,,,,,,,, | DFVC program | n | | |
| C | | | | | | Dr VC plogiali | 11 | | |
| *************************************** | special extension (enter descri | <u> </u> | | | | | | | |
| | Basic Plan Information enter all requested | l information. | | | 1 41 | | | | |
| 1a | Name of plan | | | | | hree-digit lan number | | | |
| | Uppercut Management, L.L.C. Profit Sharing | Pension Pl | an and Tru | st | | PN) ► | 001 | | |
| | | | | | | ffective date of | plan | | |
| | | | | | | 1/01/1999 | | | |
| za | Plan sponsor's name and address; include room or suite number Uppercut Management, L.L.C. | r (employer, it to | or single-employ | /er plan) | | mployer Identifi | | | |
| | | | | | - ` | EIN) 36-429 | | | |
| | | | | | | 'ian sponsor's te (312) 226-1: | elephone number 223 | | |
| | 805 N. Milwaukee, Ste. 401 | | | | | · · | see instructions) | | |
| US | Chicago IL 60622 | | | | | 11410 | not dodono, | | |
| | Plan administrator's name and address (If same as plan sponsor | r, enter "Same") | | | 3b A | dministrator's E | IN | | |
| | Same | • | | | | | | | |
| | | | | | 3c Administrator's telephone numb | | | | |
| | | | | | To reministrator o telepriorio fidiliber | | | | |
| _ | If the control of the first of the control of the c | | | -1 | 46 | | | | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report. | ne iast return/rep | oort nied for this | s plan, enter the | 4b EIN | | | | |
| a | Sponsor's Name | | | | 4c PN | | | | |
| 5a | Total number of participants at the beginning of the plan year . | | | | | | | | |
| b | Total number of participants at the end of the plan year | | | | _5b_ | | 2 | | |
| С | Number of participants with account balances as of the end of the complete this item) | | | | 5c | | 2 | | |
| <u>6a</u> | Were all of the plan's assets during the plan year invested in eligi | | | | | | X Yes No | | |
| b | | | | | | | | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibilit | ~ | • | | | | X Yes No | | |
| -200g/ | If you answered "No" to either 6a or 6b, the plan cannot use | Form 5500-SF | and must inst | ead use Form 5500. | | | <u>_</u> | | |
| | Financial Information | | _ | | - r | | | | |
| 7 | Plan Assets and Liabilities | | (a) B | eginning of Year | | (b) End o | of Year | | |
| a | Total plan assets | 7a_ | <u> </u> | 228,249 | _ | | 226,904 | | |
| b | Total plan liabilities | 7b | | | | | | | |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | | 228,249 | | <u> – </u> | 226,904 | | |
| 8 a | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | | (a) Amount | 1000 | (b) T | otal | | |
| a | (1) Employers | 8a(1) | | | | | | | |
| | (2) Participants | 8a(2) | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | |
| b | Other income (loss) | 8b | | (1,345) | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 7 925 Process | | | (1,345) | | |
| d | Benefits paid (including direct rollovers and insurance premiums | - | | | | | | | |
| | to provide benefits) | <u>8d</u> | | | | 34.60 | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | <u> </u> | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 7.04 | | |
| f | Administrative service providers (salaries, fees, commissions) . | | ļ | | | 5 | | | |
| g | Other expenses | 8g | | | | Marian and Albania | pro FA Trans | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | <u>8i</u> | | | | | (1,345) | | |
| لــــــــــــــــــــــــــــــــــــــ | Transfers to (from) the plan (see instructions) | 8j | | | | 45.53 | | | |

| | Form 5500-SF 2011 | Р | age 2- | | _ | | | | |
|------|---|------------------------|---|---------------------|---|--|---------------------------|------------------------|---------|
| | Plan Characteristics | | | | | | | | |
|)a | If the plan provides pension benefits, enter the applicable pension feature | ure codes from the Lis | st of Plan Characte | ristic C | odes | in the | instructions | : | |
| b | 2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare feature. | re codes from the List | of Plan Character | stic Co | ndes i | n the ir | estructions: | | |
| | The part provides voltare benefits, ones the applicable voltare leader | o obdoo from the Elot | or rian onaracion | 000 00 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 100 0000110. | | |
| | Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Mount | |
| a | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar | | | 10a | | x | | | |
| Ł | Were there any nonexempt transactions with any party-in-interest? (I | | | | | | | | |
| | on line 10a.) | | | 10b | | x | | | |
| C | | | | 10c | | x | | | |
| C | Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty? | - | • | 10d | | x | | | |
| e | | | | | | | | | |
| | insurance services or other organization that provides some or all of instructions.) | | | 10e | | x | | | |
| f | | | | 10f | | x | | | |
| ç | Did the plan have any participant loans? (If "Yes," enter amount as o | f year end.) | | 10a | | x | | | |
| Ì | | e instructions and 29 | | | | x | | | |
| i | If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3 | required notice or one | of the | 10i | | | | İ | |
| | Pension Funding Compliance | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirement 5500)) | | | | | | | Yes | X No |
| 12 | Is this a defined contribution plan subject to the minimum funding req | | 412 of the Code or | sectio | n 302 | of ER | ISA? . | . Yes | X No |
| | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab | | | | | | | | |
| a | If a waiver of the minimum funding standard for a prior year is being a granting the waiver | | Moi | | | | | | |
| ł | | • | - | | . Г | 12b | | | |
| Ì | Enter the amount contributed by the employer to the plan for this plan | | | | <u> </u> | 12c | | | |
| Ċ | Subtract the amount in line 12c from the amount in line 12b. Enter the | e result (enter a minu | s sign to the left of | | | 12d | | | |
| _ | negative amount) | | | • • | ٠ ـ | | Yes | No | □N/A |
| | Plan Terminations and Transfers of Assets | tarialing deadline: | | • | • | <u>· · · </u> | | | |
| 13a | | ? | | | | | | Yes | X No |
| | If "Yes," enter the amount of any plan assets that reverted to the emp | | | | ٦٠٠ | 13a | | - | |
| Ł | Were all the plan assets distributed to participants or beneficiaries, tra | ansferred to another p | olan, or brought un | der the | cont | rol | • | | |
| | of the PBGC? | this plan to another n | lan(s) identify the | · · | \ to | | | . L_Yes | X No |
| ` | which assets or liabilities were transferred. (See instructions.) | uns plan to another p | ian(s), identity the | piari(s, | | | | | |
| | 13c(1) Name of plan(s): | | | _ | 13 | 3c(2) E | IN(s) | 13c(3 |) PN(s) |
| | | | | | | | | | |
| | | | | + | | | | | |
| | | | | | | | | | |
| Cau | tion: A penalty for the late or incomplete filing of this return/report | will be assessed unl | ess reasonable c | ause i | s esta | ablishe | ed. | _ | |
| SB o | er penalties of perjury and other penalties set forth in the instructions, I or Schedule MB completed and signed by an enrolled actuary, as well as | leclare that I have ex | amined this return/ n of this return/rep | report, ort, and | includ | ding, if ne best | applicable, of my know | a Scheduk ledge and | В |
| elie | if, it is true, correct, and complete. | 1 | | | | | | | |
| | mark H Hutton | - alii lia | Mark Hutton | | | | | | |
| | Signature of plan administrator | Date 7/16/12 | Enter name of in | dividua | ı sign | ing as | plan admini | strator | |
| | THUNK H THUM | alu ha | Mark Hutton | | | | | | |
| 8 | Signature of employer/plan sponsor | Date 7//6//2 | Enter name of in- | dividua | ıl sign | ing as | employer or | r plan spor | ISOF |