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. . . . . ▶ [X]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
JOHN BOOS AND CO. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1985

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

JOHN BOOS AND CO.

3601 S. BANKER ST.
EFFINGHAM, IL 62401

2b Employer Identification Number (EIN) 36-4060778

2c Sponsor's telephone number 217-347-7701

2d Business code (see instructions) 337000

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.	07/27/2012	RAYNA BISSEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/27/2012	JANE KNICLEY
	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")
JOHN BOOS AND CO.

3601 S. BANKER ST.
EFFINGHAM, IL 62401

3b Administrator's EIN
36-4060778

3c Administrator's telephone number
217-347-7701

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**	283
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**	247
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**	277
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	277
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	219
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
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 2T 3D 3H

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.**	**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
JOHN BOOS AND CO. 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
JOHN BOOS AND CO.

D Employer Identification Number (EIN)
36-4060778

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

UBS FINANCIAL SERVICES

ONE N BRENTWOOD BLVD
STE 1400, SHOW PARK PLAZA
ST LOUIS, MO 63105

(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)

UBS FINANCIAL SERVICES

ONE N BRENTWOOD BLVD
STE 1400
ST. LOUIS, MO 63105

(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?
33 63	BROKERAGE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

UBS FINANCIAL SERVICES, INC

26-2235829

(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?
99	BROKERAGE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

ASCENSUS

11-3665754

(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?
99 15 60 50	RECORDKEEPER	1230	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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)

(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
ASCENSUS	15 60	0

(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.
ALLIANCE BERNSTEIN 13-4132953	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 60	0

(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.
BLACKROCK 4400 COMPUTER DRIVE WESTBOROUGH, MA 01581	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 60	0

(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.
CAPITAL RESEARCH AND MANAGEMENT CO 333 SOUTH HOPE ST. LOS ANGELES, CA 90071	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND.

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
ASCENSUS	15 60	0

(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.
JP MORGAN 30 DAN ROAD CANTON, MA 02021	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 60	0

(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.
PIMCO C/O BFDS, INC. 30 DAN ROAD CANTON, MA 02021-2809	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 60	0

(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.
PRUDENTIAL 22-3703799	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND.

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
ASCENSUS	15 60	0

(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.
VICTORY FUNDS 127 PUBLIC SQUARE CLEVELAND, OH 44114	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
UBS FINANCIAL SERVICES	33 63	0

(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.
ALLIANCE BERNSTEIN 13-4132953	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
UBS FINANCIAL SERVICES	33 63	0

(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.
BLACKROCK 4400 COMPUTER DRIVE WESTBOROUGH, MA 01581	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND.

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
UBS FINANCIAL SERVICES	33 63	0

(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.
CAPITAL RESEARCH AND MANAGEMENT CO 333 SOUTH HOPE ST. LOS ANGELES, CA 90071	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
UBS FINANCIAL SERVICES	33 63	0

(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.
JP MORGAN 30 DAN ROAD CANTON, MA 02021	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
UBS FINANCIAL SERVICES	33 63	0

(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.
PIMCO C/O BFDS, INC. 30 DAN ROAD CANTON, MA 02021-2809	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND.

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
UBS FINANCIAL SERVICES	33 63	0

(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.
PRUDENTIAL 22-3703799	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
UBS FINANCIAL SERVICES, INC	99	0

(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.
CAPITAL RESEARCH AND MANAGEMENT CO 333 SOUTH HOPE ST. LOS ANGELES, CA 90071	THE DEALER MAY RECEIVE EXTRA COMPENSATION IN AN AMOUNT UP TO THE SUM OF 0.10% OF LAST YEAR'S? AMERICAN FUNDS SALES BY THAT DEALER AND 0.02% OF? AMERICAN FUNDS ASSETS ATTRIBUTABLE TO THAT DEALER.

(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

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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

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
JOHN BOOS AND CO. 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
JOHN BOOS AND CO.

D Employer Identification Number (EIN)
36-4060778

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)	9931	15
(2) Participant contributions	1b(2)	23357	15
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	601711	671623
(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)		
(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)	6099622	6228068
(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	6734621	6899721
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	6734621	6899721

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)	241727	
(B) Participants	2a(1)(B)	480860	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		722587
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1
(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)	115243	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		115243
(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)		-404840
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		432991
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	259067	
(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)		259067
f Corrective distributions (see instructions)	2f		7594
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)	1230	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1230
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		267891
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		165100
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: CLIFTON LARSON ALLEN LLP (2) EIN: 41-0746749

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		1000000
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
JOHN BOOS AND CO. 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
JOHN BOOS AND CO.

D Employer Identification Number (EIN)
36-4060778

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): 45-0404698

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):

JOHN BOOS & CO.
401(k) PLAN
Effingham, Illinois

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
December 31, 2011 and 2010



CliftonLarsonAllen

JOHN BOOS & CO. 401(k) PLAN

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CliftonLarsonAllen LLP
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309-671-4500 | fax 309-671-4508
www.cliftonlarsonallen.com

Independent Auditor's Report

Plan Administrator
John Boos & Co. 401(k) Plan
Effingham, Illinois

We were engaged to audit the accompanying statements of net assets available for benefits of John Boos & Co. 401(k) Plan as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits and supplemental schedule for the year ended December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Frontier 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 holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2011 and 2010, and for the year ended December 31, 2011, that the information provided to the Plan Administrator by the trustee 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 schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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 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, 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.

CliftonLarsonAllen LLP

Peoria, Illinois
July 23, 2012

JOHN BOOS & CO. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2011 and 2010

	2011	2010
ASSETS		
Participant-directed investments, at fair value	$ 6,899,691	$ 6,701,333
Receivables:		
Employers' contributions	15	9,931
Participants' contributions	15	23,357
Total assets	6,899,721	6,734,621
LIABILITIES		
Corrective distributions payable	5,864	7,594
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,893,857	$ 6,727,027

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

JOHN BOOS & CO. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2011

ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS ATTRIBUTED TO	
Investment income (loss):	
Net depreciation in fair value of investments	$ (404,840)
Interest and dividends	115,244
Total investment loss	(289,596)
Contributions:	
Company	241,727
Participant	480,860
Total contributions	722,587
Total additions	432,991
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Benefits paid to participants	264,931
Administrative expenses	1,230
Total deductions	266,161
NET INCREASE	166,830
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	6,727,027
End of year	$ 6,893,857

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

JOHN BOOS & CO. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 1 - DESCRIPTION OF PLAN

The following description of the John Boos & Co. 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan covering all eligible employees of John Boos & Co., Shain/Shop-Bilt, Inc., Diversified Woodcrafts, Inc., and BK Resources, Inc. (Company) who have one-half year of service as defined in the plan document. Effective December 4, 2009, Shain/Shop-Bilt, Inc. closed for business and all employees were terminated or given the opportunity to work for one of the other companies participating in the Plan. Diversified Woodcrafts, Inc. employees became eligible to enter the Plan effective January 1, 2009. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

(b) Contributions

Each year, participants may make salary reduction contributions on a pre-tax basis from 3 to 50 percent of their eligible compensation through regular payroll deductions to the Plan with certain limitations. The Company contributes to the Plan through matching of participants' contributions up to 3 percent of the participants' eligible compensation and additional discretionary contributions at the option of the Company's Board of Directors with certain limitations. No additional discretionary contributions were made during 2011 and 2010. In addition, any participant may request the Plan to accept a rollover contribution received by such participant from a qualified deferred compensation plan. The Plan currently offers twenty-nine mutual funds as investment options for Plan participants. Contributions are subject to certain limitations.

(c) Participant Accounts

Each participant's account is credited with the participant's voluntary contribution, the Company's matching contribution, and allocations of (1) the Company's discretionary contributions and (2) Plan earnings. Allocations, including forfeitures, are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(d) Vesting

Participants are immediately vested in their voluntary contributions, rollover contributions and earnings thereon. Vesting in the Company's contribution portion of the participants' accounts is determined in accordance with the following schedule:

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

(d) Vesting (Continued)

Years of Service	Vested Interest
Less than 2	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

In the event of a participant's death, permanent disability or cessation of employment on or after the normal retirement date, the participant's share in the Plan becomes fully vested and nonforfeitable.

(e) Payment of Benefits

On termination of service, a participant receives the vested portion of his or her account in a lump-sum, partial, or installment payments. Upon reaching 59-1/2 years of age, a participant may receive an in-service distribution prior to separation from service. Subject to certain restrictions, distributions to participants under other circumstances are made in the form of whole or partial lump-sum payments. Participants experiencing financial hardship may request a withdrawal of their vested balance.

If a terminating participant's vested account balance does not exceed $1,000, the Plan will distribute the benefit in a lump-sum as soon as administratively practicable. Vested balances exceeding $1,000 are paid at the participant's discretion, or can be left in the Plan until such time the participant wishes to withdraw it, with the account continuing to share in the trust fund income and losses. Distribution cannot be delayed past April 1 following the year that the participant attains age 70-1/2.

(f) Forfeited Accounts

At December 31, 2011 and 2010, unallocated forfeited nonvested accounts totaled $6,646 and $11,631, respectively. These accounts will be reallocated to participants in the same manner as participant earnings. For the year ended December 31, 2011, the Plan applied $11,319 of forfeitures to reallocate to participants.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

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

(b) Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

At December 31, 2011 and 2010, all the investments of the Plan were held by Frontier Trust Company in individual employee accounts established by the administrator.

The Plan's investments are stated at fair value, based upon the quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

Purchases and sales of investments are reflected 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 bought and sold as well as held during the year.

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Expenses

Administrative expenses other than distribution fees are paid by the Plan sponsors.

NOTE 3 - INVESTMENTS

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

a. Total investments as shown in the accompanying statements of net assets available for benefits of $6,899,691 as of December 31, 2011 and $6,701,333 as of December 31, 2010.

b. Total investment loss as shown in the accompanying statement of changes in net assets available for benefits of $(289,596) for the year ended December 31, 2011.

The fair value of individual investments that represent 5 percent or more of the Plan's net assets as of December 31 are as follows:

	2011	2010
Mutual funds:		
American Funds:		
Investment Company of America	$ 748,513	$ 722,331
Growth Fund of America	758,287	771,867
Capital World Growth and Income Fund	347,521	*
New Perspective Fund	471,652	470,562
Capital Income Builder	444,808	411,956
Europacific Growth Fund	470,793	593,555
Smallcap World Fund	498,189	611,060
2030 Target Date	438,471	414,293
Money Market Fund	671,545	601,617

* Not applicable, as investment was not held at this time or did not represent 5 percent or more of the Plan's net assets.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE 4 - FAIR VALUE MEASUREMENTS

In determining fair value, the Plan uses various valuation approaches within the required fair value measurement framework. Fair value measurements are determined based on the assumptions that market participants would use in pricing an asset or liability.

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

Generally accepted accounting principles (GAAP) establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Following is a description of the valuation methodologies used for instruments measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

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

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.

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables present assets and liabilities measured at fair value by classification within the fair value hierarchy as of December 31, 2011 and 2010.

	Assets at Fair Value as of December 31, 2011			
	(Level 1)	(Level 2)	(Level 3)	Total
Mutual Funds:				
Equity	$ 3,470,010	$ -	$ -	$ 3,470,010
Balanced	2,420,330	-	-	2,420,330
Fixed Income	337,727	-	-	337,727
Money Market	671,624	-	-	671,624
Total assets at fair value	$ 6,899,691	$ -	$ -	$ 6,899,691

	Assets at Fair Value as of December 31, 2010			
	(Level 1)	(Level 2)	(Level 3)	Total
Mutual Funds:				
Equity	$ 3,615,883	$ -	$ -	$ 3,615,883
Balanced	2,190,929	-	-	2,190,929
Fixed Income	292,809	-	-	292,809
Money Market	601,712	-	-	601,712
Total assets at fair value	$ 6,701,333	$ -	$ -	$ 6,701,333

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, and cannot do so without amending the Plan document, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

NOTE 6 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated January 9, 2009, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 6 - TAX STATUS (CONTINUED)

U.S. generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan. The effects of an uncertain tax position are recognized in the financial statements when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011 and 2010, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2008.

NOTE 7 - RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	2011	2010
Net assets available for benefits per the financial statements	$ 6,893,857	$ 6,727,027
Corrective distributions payable per financial statements	5,864	7,594
Net assets available for benefits per the Form 5500	$ 6,899,721	$ 6,734,621

The following is a reconciliation of the change in net assets available for benefits for the year ended December 31, 2011:

Net increase in net assets available for benefits per the financial statements	$ 166,830
Corrective distributions payable per financial statements at December 31, 2010	(7,594)
Corrective distributions payable per financial statements at December 31, 2011	5,864
Net increase in net assets available for benefits per the Form 5500	$ 165,100

NOTE 8 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. 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.

NOTE 9 - PENDING BENEFIT PAYMENTS

At December 31, 2011 and 2010, there were no net assets available for benefits that were pending payment.

NOTE 10 - SUBSEQUENT EVENTS

Management evaluated subsequent events through July 23, 2012, the date the financial statements were available to be issued.

JOHN BOOS & CO. 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2011

Name of Plan Sponsor: John Boos & Co.
Employer Identification Number: 36-4060778
Three-Digit Plan Number: 003

(a) Party-in-Interest Identification	(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
	American Funds:			
	Investment Company of America	Mutual Fund		$ 748,513
	Growth Fund of America	Mutual Fund		758,287
	New Perspective Fund	Mutual Fund		471,652
	Bond Fund of America	Mutual Fund		215,133
	Capital Income Builder	Mutual Fund		444,808
	Europacific Growth Fund	Mutual Fund		470,793
	Smallcap World Fund	Mutual Fund		498,189
	Capital World Growth & Income Fund	Mutual Fund		347,521
	New World Fund	Mutual Fund		192,371
	U.S. Government Securities Fund	Mutual Fund		62,139
	Washington Mutual Investors Fund	Mutual Fund		175,668
	2010 Target Date	Mutual Fund		14,574
	2015 Target Date	Mutual Fund		297,778
	2020 Target Date	Mutual Fund		330,861
	2025 Target Date	Mutual Fund		235,283
	2030 Target Date	Mutual Fund		438,471
	2035 Target Date	Mutual Fund		118,379
	2040 Target Date	Mutual Fund		60,348
	2045 Target Date	Mutual Fund		56,432
	2050 Target Date	Mutual Fund		74,651
	2055 Target Date	Mutual Fund		1,224
	Money Market Fund	Mutual Fund		671,545
	PIMCO:			
	Total Return Fund	Mutual Fund		60,455
	Victory:			
	Diversified Stock	Mutual Fund		15,685
	Prudential:			
	Jennison Midcap Growth	Mutual Fund		23,416

JOHN BOOS & CO. 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2011

(a) Party-in-Interest Identification	(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
	JP Morgan:			
	Smallcap Value Fund	Mutual Fund		$ 43,573
	Alliance Bernstein:			
	Global Real Estate Fund	Mutual Fund		26,968
	Small Mid Capital Value Fund	Mutual Fund		35,836
	BlackRock:			
	Smallcap Growth Equity Fund	Mutual Fund		9,059
*	Frontier Trust Company:			
	Cash			79
				$ 6,899,691

* Party-in-interest to the Plan.
** Not applicable - participant directed investments.

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: JOHN BOOS & CO. 401(K) PROFIT SHARING PLAN

Plan Number: 004152

Broker Dealer: UBS Financial Services

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus	Formula used to determine 12b-1 Compensation to Broker Dealer
ANWPX	American Funds New Perspective A	12 dollars per fund position	25 basis points
AABTX	American Funds 2015 TDate A	10 basis points	25 basis points
AACTX	American Funds 2020 TDate A	10 basis points	25 basis points
AADTX	American Funds 2025 TDate A	10 basis points	25 basis points
AAETX	American Funds 2030 TDate A	10 basis points	25 basis points
AAFTX	American Funds 2035 TDate A	10 basis points	25 basis points
AAGTX	American Funds 2040 TDate A	10 basis points	25 basis points
AAHTX	American Funds 2045 TDate A	10 basis points	25 basis points
AALTX	American Funds 2050 TDate A	10 basis points	25 basis points
AAMTX	American Funds 2055 Tdate Fd A	10 basis points	25 basis points
ABNDX	American Funds Bond Fund of Amer A	12 dollars per fund position	25 basis points
AEPGX	American Funds EuroPacific Growth A	12 dollars per fund position	25 basis points
AGTHX	American Funds Growth Fnd of Amer A	12 dollars per fund position	25 basis points
AAATX	American Funds 2010 TDate A	10 basis points	25 basis points
AMUSX	American Funds US Govt Securities A	12 dollars per fund position	25 basis points
SRVEX	Victory Diversified Stock A	25 basis points	N/A
AWSHX	American Funds Wash Mutual Invstr A	12 dollars per fund position	25 basis points
CAIBX	American Funds Cap Income Builder A	12 dollars per fund position	25 basis points
CWGIX	American Funds Cap Wld Growth Inc A	12 dollars per fund position	25 basis points
NEWFX	American Funds New World Fund A	12 dollars per fund position	25 basis points
SMCWX	American Funds SMALLCAP World Fund A	12 dollars per fund position	25 basis points
AFAXX	American Funds Money Market A	12 dollars per fund position	N/A
PTTAX	PIMCO Total Return Fund A	20 basis points	25 basis points

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: JOHN BOOS & CO. 401(K) PROFIT SHARING PLAN

Plan Number: 004152

Broker Dealer: UBS Financial Services

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus	Formula used to determine 12b-1 Compensation to Broker Dealer
CSGEX	BlackRock Small Cap Growth Equity Portfo	25 basis points	25 basis points
PSOAX	JPMorgan Small Cap Value Fund A	25 basis points	25 basis points
ABASX	AllianceBernstein Small Mid Cap Value A	25 basis points	30 basis points
AREAX	AllianceBernstein Global Real Estate A	25 basis points	30 basis points
PEEAX	Prudential Jennison MidCap Gr A	25 basis points	30 basis points
AIVSX	American Funds Investment Co Amer A	12 dollars per fund position	25 basis points

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e)
Formula Description - Additional Fee Notes

Plan Name: JOHN BOOS & CO. 401(K) PROFIT SHARING PLAN

Plan Number: 004152

Broker Dealer: UBS Financial Services

American Funds

American Funds A-share upfront compensation (all equity, target date, and bond funds):

-$1M to $4M = 1.00%

-$4M through $10M = 0.50%

-$10M and over = 0.25%

JOHN BOOS & CO. 401(K) PROFIT SHARING PLAN
Ascensus
Disclosure of Services and Fees
July 13, 2012

The information in this document is designed to help you understand the services available to your company's retirement plan and the cost for these services. The information has been organized into four easy-to-read sections to provide you with the details you need and what is required by new regulations issued by the Department of Labor that are effective beginning July 1, 2012. After reviewing each section you will have a clear understanding of your retirement program options and the services available to help you to implement a successful plan.

Summary of Fee Schedule Changes

The information in this section will only appear after the initial document has been provided to you and will highlight any information that has changed since the previous summary of services and costs. Here you will find information broken out by plan services and investments with the items highlighted that have changed. If this section has been included, an updated disclosure has been included and replaces all prior versions.

Service Provider Information

This section describes the purpose of the disclosure and contains important information related to how fees may be calculated, how employers can pay those fees and the fiduciary status of certain service providers related to your plan.

Schedule of Services

Appendix A provides details on the services available to you and your employees. This information will cover one-time services associated with setting up your plan along with a complete menu of ongoing administrative, trust, plan document and employee education services. **Since this section provides a complete list of all that is available, please note that you will only be charged for those services you select.** Our goal is to provide a suite of services comprehensive enough to allow you to customize a retirement program for your company that meets the needs of your employees.

Investments

The information in Appendix B provides expense and other information related to the investments available in your plan. More detailed information is also available at each company's website or through information found in the prospectus or similar documents.

Summary of Fee Schedule Changes

Section 408(b)(2) of the Employee Retirement Income Security Act of 1974, as amended (ERISA), requires most parties that provide services to employee benefit plans to disclose certain information to plan fiduciaries. Please see the section titled "Purpose of This Disclosure" below for further details. ERISA Section 408(b)(2) also requires service providers to disclose a change to the previously disclosed information. Because some of the information previously disclosed has changed, we are providing this document to you with the changes highlighted in this section. Also included is an updated schedule of services and fees for your reference.

Changes to Plan Investments

Changes to Current Investments:

Investment information has changed for the following investment options within your plan. Please refer to Appendix B for complete details on your plan's current investment options.

Investment Name	Ticker or ID	Description	Prior Value	Current Value
American Funds EuroPacific Growth Fund A	AEPGX	Gross Expense Ratio	0.82%	0.84%
American Funds EuroPacific Growth Fund A	AEPGX	Net Expense Ratio	0.82%	0.00%
Victory Diversified Stock Fund A	SRVEX	Gross Expense Ratio	1.06%	1.11%
Victory Diversified Stock Fund A	SRVEX	Net Expense Ratio	1.06%	1.11%

Changes to Administrative Services

Changes have been made to the following administrative services and Fees for your plan. Please refer to Appendix A for the complete details of your plan's current administrative services.

Compliance Services	Prior Cost	Current Cost
Form 5500 preparation: Less than 100 Participants	New Service	$0.00 Per Form
Form 5500 preparation: More than 100 Participants	New Service	$0.00 Per Form

Purpose of This Disclosure

Section 408(b)(2) of the Employee Retirement Income Security Act of 1974, as amended (ERISA), requires most parties that provide services to employee benefit plans to disclose certain information to plan fiduciaries. Generally, the service provider must disclose the services that it provides to the plan and the compensation that it expects to receive in connection with those services. Your plan's service provider is providing this disclosure document to you in order to satisfy their obligations under ERISA Section 408(b)(2).

Important Information About This Disclosure

Ascensus (Service Provider) prepared this disclosure document based on information in its records. Additional information relating to plan recordkeeping and administration services and expenses can be found in your Services Agreement. The Services Agreement is a binding contract, and once executed by the parties it will govern your relationship with Service Provider. The information contained in this document is for services provided by Service Provider, its affiliates and vendors with whom they do business. If you or the plan receive services from or pay compensation to other parties not included in this document, you should request the required disclosures directly from those providers.

Services

The services Service Provider provides or expects to provide to your plan are listed on Appendix A in this document. Trustee and custodial services may be provided to your plan by Frontier Trust Company (Frontier), an Ascensus subsidiary; Frontier's services and fees are listed on Appendix A to this document or in your trust or custodial agreement with Frontier. Enrollment meeting services may be provided to your plan by Total Benefit Communications (TBC), an Ascensus subsidiary.

Ascensus and TBC are not fiduciaries to your plan. If Frontier provides trustee services to your plan, Frontier will act as a directed trustee to your plan and in that capacity it is a limited fiduciary. If Frontier acts as custodian (and not as trustee) to your plan, Frontier is not a fiduciary to your plan.

Compensation

The compensation Service Provider receives or expects to receive in connection with its services is set forth on Appendix A to this document.

Manner of Payment and Calculation of Fees

At your direction, fees can be paid directly by you, the employer, or by debiting plan assets. It is your responsibility to ensure that it is appropriate to remove fees from plan assets per your plan document and Department of Labor guidelines. In the event of nonpayment of fees to your Service Provider, they reserve the right in the services agreement to instruct the plan's trustee or custodian to debit plan assets to pay delinquent fees. In general, fees are calculated in four ways:

- **Asset based:** fees are based on the amount of assets in the plan or the participant's account and generally are expressed as percentages or basis points.
- **Per participant:** fees are based upon the number of eligible employees or actual participants in the plan.
- **Transaction based:** fees are based on the execution of a specific plan service or transaction.
- **Flat rate:** a base fee or fixed charge by hour or by other method that does not vary, regardless of plan size.

Fees may be calculated using one or any combination of these methods. Plan administration related expenses can also be charged as one-time fees or ongoing expenses. Ongoing fees are recurring expenses related to continuing plan operation.

APPENDIX A – SCHEDULE OF SERVICES

Ongoing Services and Fees

These services cover recordkeeping and administration, including (if applicable) updating plan records based on provided values, maintaining automated phone and web account management features for plan sponsors and participants, contribution allocation, loan repayment processing, nondiscrimination testing, trustee or custodial services and preparing appropriate IRS forms. Please refer to the Services Agreement for a complete description of services available to your plan.

Annual Base and Per Participant Fees

If your fees are billed quarterly, any prepaid amounts are nonrefundable upon termination. If your fees are billed annually, upon termination you will receive a pro rata refund of any fee amounts paid in advance.

Annual Base	**Fee**
Base Fee	$0.00
Per Eligible Participant	**Fee**
1 - 50	$2,890.00 Annually
51 - 100	$3,550.00 Annually
101 - 240	$3,550.00 plus $27.52 Per Eligible Participant Over 100
241 - 400	$7,402.80 plus $21.96 Per Eligible Participant Over 240
401 and Over	$10,916.40 plus $15.04 Per Eligible Participant Over 400

A participant includes any individual with a balance in the plan including both current and terminated employees and beneficiaries.

Administrative Services and Fees

This section includes services that can be provided at the employer's request or that may apply based on how the employer operates the plan. These services are designed to provide assistance with ongoing plan management or to enhance the features available to plan participants. Services include compliance services, investment and employee education solutions, supplemental trustee or custodial services and distribution services for participants.

Compliance Services		**Fee**
Prototype plan document services	• Employer initiated • Government mandated, no signature required	$400.00 per Plan Document $200.00 per Plan Document
Form 5500 preparation	• Less than 100 Participants • More than 100 Participants	$0.00 per Form $0.00 per Form
Plan or Service Termination		$750.00 per Plan
Participant Services		**Fee**
Loan processing and establishment (one-time fee)		$125.00 per Loan
Distribution processing		$60.00 per Distribution
Self directed brokerage account annual maintenance		$50.00 per Participant
Trust or Custodial Services		**Fee**
Company stock unitization annual maintenance		$5,000.00 per Stock
Collective trust fund services annual maintenance		$4,000.00 per Fund
Wire Transfer (outgoing)		$30.00 per Wire
Check Stop Payment/Re-issue		$35.00 per Check
Copy of Distribution Confirmation		$10.00 per Confirmation

Other Plan Services		Fee
Volume submitter plan document services	• One Time Preparation • Annual Maintenance • Amendment • Document Customization	$1,500.00 per Plan Document $350.00 per Plan Document $500.00 per Amendment $325.00 per Hour
Age weighted or new comparability contribution calculation with cross-testing	• Minimum Fee • Work over 3 hours	$775.00 per Plan $225.00 per Hour
ERISA support and specialized services	• Plan Corrections • Correcting of Failure to properly amend a plan document	$250.00 per Hour $900.00 per Plan Document
Targeted employee communications		$1.30 per Participant
Qualified domestic relations order review and processing		$750.00 per QDRO
Processing of hardcopy contribution data annual maintenance		$1,000.00 per Plan
Payroll funding through check or wire annual maintenance		$300.00 per Plan
Participant locator services		$7.00 per Participant Located

Notes:

- Targeted employee communications are personalized communications designed to educate and motivate employees on ways to improve their saving for retirement. Current postage rates will apply to each targeted employee communication mailed.
- Brokerage services are offered through TD Ameritrade. The annual self directed brokerage fee is paid by the participant to TD Ameritrade. TD Ameritrade is not affiliated with Service Provider or any of its affiliates.

Compensation Received From Parties Other Than The Employer or The Plan (Indirect Compensation)

Float

As part of the compensation it receives for trustee and/or custodial services provided to the Plan, Frontier Trust Company retains any interest earned on the amounts in its disbursement account until checks are presented for payment, and interest earned in its contribution account until the amounts are invested. This interest is commonly known as "float" and is paid by the bank at which Frontier maintains such accounts and/or the investments in which Frontier invests in such accounts. These accounts generally earn interest at a rate between the money market rate and that of U.S. Treasury Notes, although the rate payable with respect to the Plan may differ from time to time.

Wealth Management Systems, Inc. ("WMSI")

WMSI offers voluntary and automatic rollover services to facilitate the transfer of Plan participant assets to individual retirement accounts ("IRAs"). Ascensus provides operational and administrative support services to WMSI and WMSI pays to Ascensus a one-time fee equal to $10 per IRA rollover.

APPENDIX B – INVESTMENTS

As required by ERISA, this document includes information regarding plan investments. The investments listed below are those that you have informed Service Provider are designated plan investments. Except for the sub-transfer agency fee information below, Service Provider has obtained the information in this Appendix B from third-party sources. Service Provider believes that this third-party information is reliable, but cannot guarantee the accuracy or completeness of such information. Additional investment information may be obtained from the investment prospectus, annuity contract or other similar documents provided by the investment provider.

For investments with sales charges, the actual sales charge payable may be reduced or eliminated depending on such factors as the amount of the transaction, total plan assets invested in the fund or the retirement service provider's platform. The purchase price will include any applicable sales charges. Shares acquired through reinvestment of dividends or capital gain distributions, or with monies that have already paid a sales charge, are not subject to this charge.

Investment Name	Ticker or Fund ID	Gross Expense Ratio	Net Expense Ratio	Sub-Transfer Agency Fee	12(b)-1 or Solicitation Fee	Maximum Sales Charge	Deferred Sales Charge
Redemption fees or trading restrictions (if applicable)							
AllianceBernstein Glbl Real Estate InvA	AREAX	1.45%	1.45%	0.25%	0.300%	4.25%	N/A
AllianceBernstein Small/Mid Cap Val A	ABASX	1.27%	1.27%	0.25%	0.300%	4.25%	N/A
American Funds 2055 Trgt Date RetA	AAMTX	1.16%	0.79%	0.10%	0.190%	5.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
American Funds Bond of America A	ABNDX	0.60%	0.60%	$12.00 per account	0.240%	3.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
American Funds Cap World Gr and IncA	CWGIX	0.79%	0.79%	$12.00 per account	0.240%	5.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
American Funds Capital Income Bldr	CAIBX	0.61%	0.61%	$12.00 per account	0.240%	5.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
American Funds EuroPacific Growth Fund A	AEPGX	0.84%	N/A	$12.00 per account	0.240%	5.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
American Funds Growth Fund of America A	AGTHX	0.68%	0.68%	$12.00 per account	0.240%	5.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
American Funds Inv Company Of Ameri	AIVSX	0.61%	0.61%	$12.00 per account	0.230%	5.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
American Funds Money Market Fund A	AFAXX	0.39%	0.13%	$12.00 per account	N/A	N/A	N/A

American Funds New Perspective Fund A	ANWPX	0.77%	0.77%	$12.00 per account	0.230%	5.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
American Funds New World Fund A	NEWFX	1.02%	1.02%	$12.00 per account	0.230%	5.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
American Funds SMALLCAP World Fund A	SMCWX	1.09%	1.09%	$12.00 per account	0.240%	5.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
American Funds Trgt Date Ret 2010A	AAATX	0.84%	0.74%	0.10%	0.230%	5.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
American Funds Trgt Date Ret 2015A	AABTX	0.83%	0.73%	0.10%	0.230%	5.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
American Funds Trgt Date Ret 2020A	AACTX	0.85%	0.75%	0.10%	0.220%	5.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
American Funds Trgt Date Ret 2025A	AADTX	0.86%	0.76%	0.10%	0.220%	5.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
American Funds Trgt Date Ret 2030A	AAETX	0.88%	0.78%	0.10%	0.220%	5.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
American Funds Trgt Date Ret 2035A	AAFTX	0.87%	0.77%	0.10%	0.210%	5.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
American Funds Trgt Date Ret 2040A	AAGTX	0.87%	0.77%	0.10%	0.210%	5.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
American Funds Trgt Date Ret 2045A	AAHTX	0.89%	0.79%	0.10%	0.210%	5.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
American Funds Trgt Date Ret 2050A	AALTX	0.89%	0.79%	0.10%	0.220%	5.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
American Funds U.S. Govt SecA	AMUSX	0.61%	0.61%	$12.00 per account	0.240%	3.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
American Funds Washington Mutual Inv A	AWSHX	0.63%	0.63%	$12.00 per account	0.240%	5.75%	N/A
Trading Restrictions: Holding period of 30 day(s) enforced on transfer IN transactions after 1 Transfer Out of $5,000.00 or more within a period of 1 day(s).							
BlackRock Small Cap Growth Eqty Port A	CSGEX	1.18%	1.18%	0.25%	0.250%	5.25%	N/A
JPMorgan Small Cap Value Fund A	PSOAX	1.44%	1.26%	0.25%	0.250%	5.25%	N/A
PIMCO Total Return Fund A	PTTAX	0.85%	0.85%	0.20%	0.250%	3.75%	N/A

Prudential Jennison Mid Cap Gr Inc A	PEEAX	1.09%	1.09%	0.25%	0.300%	5.50%	N/A
Trading Restrictions: Holding period of 90 day(s) enforced on transfer IN transactions after 2 Transfer Out of $25,000.00 or more within a period of 90 day(s).							
Victory Diversified Stock Fund A	SRVEX	1.11%	1.11%	0.25%	N/A	5.75%	N/A

Notes:

- Sub transfer agency and 12b-1 or solicitation fees - **This fee along with any 12b-1 fees shown are included in the investment's annual operating expense (gross and net expense ratio above) and does not increase the cost of the investment.** Sub-transfer agency fees (which may be called shareholder service fees, revenue sharing or other terms) are paid by the investment to Service Provider for services that Service Provider provides to the investment, including processing the purchase and redemption of shares and participant-level recordkeeping. This compensation is payable to recognize the reduction in cost to the investments for work performed by Service Provider. The compensation paid by the investment is based on either a percentage of the average net asset value of shares invested in the investment, or a fee per each participant account that invests in the investment, as listed above.
- Unitized Stock Funds: For plans offering this as a plan investment, unitized stock funds combine the purchase of shares of stock with a small cash position (usually 5% or less) to make offering company stock as an investment option in retirement plans more practical. The cash position allows for a more efficient way to manage purchase into and redemptions out of the fund while reducing the need to sell shares of stock (and thereby reducing costs). The effect of the cash position on the unitized fund's performance will depend on the performance of the cash position relative to the performance of the stock.

Disclaimers

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Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name JOHN BOOS AND CO. 401(K) PLAN **EIN:** 36-4060778
Plan Sponsor's Name JOHN BOOS AND CO. **PN:** 003

(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
	American Funds	American Funds Bond of America A	0	215,133
	American Funds	American Funds EuroPacific Growth Fund A	0	470,793
	American Funds	American Funds Growth Fund of America A	0	758,287
	American Funds	American Funds Inv Company Of Ameri	0	748,513
	American Funds	American Funds Capital Income Bldr	0	444,808
	American Funds	American Funds SMALLCAP World Fund A	0	498,189
	American Funds	American Funds New Perspective Fund A	0	471,652

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	American Funds	American Funds Cap World Gr and InCA	0	347,521
	American Funds	American Funds Washington Mutual Inv A	0	175,668
	American Funds	American Funds U.S. Govt SecA	0	62,139
	American Funds	American Funds New World Fund A	0	192,371
	American Funds	American Funds Trgt Date Ret 2010A	0	14,574
	American Funds	American Funds Trgt Date Ret 2015A	0	297,777
	American Funds	American Funds Trgt Date Ret 2020A	0	330,861

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	American Funds	American Funds Trgt Date Ret 2025A	0	235,283
	American Funds	American Funds Trgt Date Ret 2030A	0	438,471
	American Funds	American Funds Trgt Date Ret 2035A	0	118,379
	American Funds	American Funds Trgt Date Ret 2040A	0	60,348
	American Funds	American Funds Trgt Date Ret 2045A	0	56,434
	American Funds	American Funds Trgt Date Ret 2050A	0	74,651
	Victory	Victory Diversified Stock Fund A	0	15,685

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	Prudential	Prudential Jennison Mid Cap Gr Inc A	0	23,416
	JPMorgan	JPMorgan Small Cap Value Fund A	0	43,573
	AllianceBernstein	AllianceBernstein Glbl Real Estate InvA	0	26,968
	PIMCO	PIMCO Total Return Fund A	0	60,455
	AllianceBernstein	AllianceBernstein Small/Mid Cap Val A	0	35,836
	BlackRock	BlackRock Small Cap Growth Eqty Port A	0	9,059
	American Funds	American Funds Money Market Fund A	0	671,544

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	American Funds	American Funds 2055 Trgt Date RetA	0	1,224
	Frontier Trust Company	Contribution Account	0	79