# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2011**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
MACRO-PRO, INC. 401K PLAN

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

**1c** Effective date of plan 05/01/1999

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

MACRO-PRO, INC.

PO BOX 90459
LONG BEACH, CA 90809-0459

**2b** Employer Identification Number (EIN)
33-0387596

**2c** Sponsor's telephone number
888-554-0900

**2d** Business code (see instructions)
541190

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 08/31/2012 | PATRICIA L WALDECK |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
MACRO-PRO, INC.

PO BOX 90459
LONG BEACH, CA 90809-0459

**3b** Administrator's EIN
33-0387596

**3c** Administrator's telephone number
888-554-0900

**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** | 128 |
| **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** | 113 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 10 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 123 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 123 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 118 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **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:
3D 2E 2G 2J 2K 2F

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

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

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection**

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

**A** Name of plan
MACRO-PRO, INC. 401K PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
MACRO-PRO, INC.

**D** Employer Identification Number (EIN)
33-0387596

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
THE GUARDIAN INS. & ANNUITY CO.,INC.

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 13-2656036 | 78778 | 602728 | 118 | 01/01/2011 | 12/31/2011 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 15580 | 0 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
MILLER, SCOTT C

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 15580 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 3935518 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶ ON FILE

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | 6b | |
| **c** | Premiums due but unpaid at the end of the year | 6c | |
| **d** | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | 0 |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | 0 |
| **d** | Total of balance and additions (add **b** and **c(6)**). | | | 7d | 0 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 0 |
| **f** | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 0 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

| | | | |
|---|---|---|---|
| **a** ☐ Health (other than dental or vision) | **b** ☐ Dental | **c** ☐ Vision | **d** ☐ Life insurance |
| **e** ☐ Temporary disability (accident and sickness) | **f** ☐ Long-term disability | **g** ☐ Supplemental unemployment | **h** ☐ Prescription drug |
| **i** ☐ Stop loss (large deductible) | **j** ☐ HMO contract | **k** ☐ PPO contract | **l** ☐ Indemnity contract |
| **m** ☐ Other (specify) ▶ | | | |

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | | | **10b** | |

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☒ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

MISSING ADDRESS FOR AGENT

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2011**<br>**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
MACRO-PRO, INC. 401K PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
MACRO-PRO, INC.

**D** Employer Identification Number (EIN)
33-0387596

## Part I Service Provider Information (see instructions)

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

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

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

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

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

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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)

PBS, INC.

1193 ROYVONNE SE, SUITE 22
SALEM, OR 97302

| (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? |
|---|---|---|---|---|---|---|
| 12 | TPA | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 10844 | Yes [ ] No [X] |

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

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | 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 [ ] |

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

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

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

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2011**

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

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

**A** Name of plan
MACRO-PRO, INC. 401K PLAN

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

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
MACRO-PRO, INC.

**D** Employer Identification Number (EIN)
33-0387596

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GUAR ADV SEP ACCT. L

**b** Name of sponsor of entity listed in (a): THE GUARDIAN LIFE INSURANCE CO.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions) |
|---|---|---|
| 13-2656036-321 | P | 3935518 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

# SCHEDULE 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
MACRO-PRO, INC. 401K PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
MACRO-PRO, INC.

**D** Employer Identification Number (EIN)
33-0387596

## 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 | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 2228 |
| **(2)** Participant contributions | 1b(2) | 0 | 3245 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 282281 | 293832 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 3780311 | 3935518 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 0 | 0 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 0 | 0 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 0 | 0 |
| **(2)** Employer real property | 1d(2) | 0 | 0 |
| **e** Buildings and other property used in plan operation | 1e | 0 | 0 |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 4062592 | 4234823 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 0 | 0 |
| **h** Operating payables | 1h | 0 | 0 |
| **i** Acquisition indebtedness | 1i | 0 | 0 |
| **j** Other liabilities | 1j | 0 | 0 |
| **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 | 4062592 | 4234823 |

## 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) | 179347 | |
| **(B)** Participants | 2a(1)(B) | 317911 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 23660 | |
| **(2)** Noncash contributions | 2a(2) | 0 | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 520918 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 19384 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 19384 |
| **(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) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(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) | | -279109 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 261193 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 66834 | |
| **(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) | | 66834 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 11284 |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| **(2)** Contract administrator fees | 2i(2) | | |
| **(3)** Investment advisory and management fees | 2i(3) | | |
| **(4)** Other | 2i(4) | 10844 | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 10844 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 88962 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 172231 |
| **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: YOSEF Y MANELA, CPA **(2)** EIN: 20-3942846

**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 | | 400000 |
| **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? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **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
MACRO-PRO, INC. 401K PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
MACRO-PRO, INC.

**D** Employer Identification Number (EIN)
33-0387596

## 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): 13-2656036

**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):

# MACRO PRO, INC.
# 401(k) PLAN

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## FINANCIAL STATEMENTS
## AND INDEPENDENT AUDITOR'S REPORT

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## AS OF YEAR ENDED
## DECEMBER 31, 2011

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**MANELA & CO.**
A PROFESSIONAL ACCOUNTANCY CORPORATION
**MEMBER, AICPA, CSCPA** 5455 WILSHIRE BLVD., 10TH FLOOR, SUITE 1002 **(323) 782-0818**
**STATE BAR OF CALIFORNIA** LOS ANGELES, CALIFORNIA 90036 **FAX (323) 782-0828**
**WWW.YMANELACPA.COM** **YOSEF@MANELACO.COM**

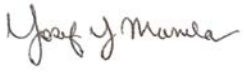
Members of the Defined Contribution Plan Committee
Of the Board of Directors
Of Macro Pro, Inc.
2400 Grand Avenue
Long Beach, CA 90815

To Whom It May Concern:

We were engaged to audit the accompanying statements of net assets available for benefits of Macro Pro, Inc. 401(k) Plan as of December 31, 2011, and related statement of changes in net assets available for benefits and supplemental schedule of assets for the year ended December 31, 2011. These financial statements and schedule are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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 2011 information on investments in note 4, which was certified by Guardian Insurance & Annuity Company, Inc., the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of the year ended December 31, 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information in the Plan's 2011 financial statement we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule as of or for the year ended December 31, 2011. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from information certified by the custodian, 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.



August 24, 2012

**MACRO PRO, INC.**
**401(k)**
**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**
**DECEMBER 31, 2011 AND 2010**

| **ASSETS** | **2011** | 2010 |
|---|---|---|
| Investment, at Fair Value | **$ 3,935,518** | $ 3,780,311 |
| Receivables | | |
| Participating employers' contributions | **2,228** | - |
| Participants' contributions | **3,245** | - |
| Participant loans | **293,832** | 282,281 |
| Total Receivables | **$ 299,305** | $ 282,281 |
| **Net Assets Available for Benefits** | **$ 4,234,823** | $ 4,062,592 |

The accompanying notes are an integral part
of these financial statements

**MACRO PRO, INC.**
**401(k)**
**STATEMENT OF CHANGES IN**
**NET ASSETS AVAILABLE FOR BENEFITS**
**DECEMBER 31, 2011**

**ADDITIONS TO NET ASSETS ATTRIBUTED TO:**

| | | |
|---|---|---|
| Investment Income | | |
| Net Decrease in Fair Value of Investment | $ | (279,109) |
| Interest | | 19,384 |
| Total Investment Income | $ | (259,725) |
| Contributions | | |
| Employer | $ | 179,347 |
| Employees | | 341,571 |
| Total Contributions | $ | 520,918 |
| Total Additions | $ | 261,193 |

**DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:**

| | | |
|---|---|---|
| Benefits paid and deemed distribution to participants | $ | 66,834 |
| Certain deemed distributions of participant loans | | 11,284 |
| Administrative Expenses | | 10,844 |
| Total Deductions | $ | 88,962 |
| **NET INCREASE** | $ | 172,231 |
| NET ASSETS AVAILABLE FOR BENEFITS | | |
| **Beginning of Year** | | **4,062,592** |
| **End of Year** | **$** | **4,234,823** |

The accompanying notes are an integral part
of these financial statements

**MACRO PRO, INC.**
**401(k)**
**NOTES TO FINANCIAL STATEMENTS**
**YEAR ENDED DECEMBER 31, 2011**

## 1 - DESCRIPTION OF PLAN

The following description of the Macro Pro, Inc. ("Company") 401(k) Plan ("Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

### General

The Plan is a qualified employer profit sharing plan, effective May 1, 1999, under provision of the Internal Revenue Code and covers all employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Individuals must be over 21 years old and completed one year of service (12 consecutive months with 1,000 or more hours of service) to participate in the Plan, entering the Plan on the following January 1, April 1, July 1, and October 1.

### Contributions

Each year, participants may contribute up to 100% of eligible compensation, limited to $16,500 for 2011. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions ($5,500 maximum for 2011). Their contributions are participant-directed into various investment options offered by the Plan through Guardian Insurance & Annuity Company, Inc. Voluntary non-deductible contributions are not permitted. Additionally, the Plan accepts rollover contributions from other qualified plans.

The Company may contribute, at its sole discretion, amounts to an Employer Non-Elective Contribution and Matching Contribution. However, the Company may issue a Safe Harbor Notice under Section 1.63 notifying participants that a Safe Harbor Non-Elective Contribution, Matching Contribution or Alternative Contribution will be made for a plan year. For 2011, the Company did issue such notice and contributed to a Safe Harbor Match an amount equal to the sum of the following: (a) 100% of the participant's elective deferral that did not exceed 3% of the eligible compensation; plus (b) 50% of the participant's elective deferral that exceed 3% but did not exceed 5% of eligible compensation. The maximum match that can be made under this formula is 4% of eligible compensation. For the 2011, the maximum annual addition that may be contributed or allocated to a participant's account could not exceed $49,000.

### Participant Accounts

A separate account is maintained for each participant. Company contributions and employee contributions (through payroll withholding) are credited to the participant's separate account. All accounts are maintained in the name of the trustee for each respective participant's benefit. Each participant directs their own investments and is allocated the relative investment activity results.

## 1 - DESCRIPTION OF PLAN (continued)

Vesting

Participants are 100% vested in their employee contributions. For the employer contributions, participants vest 20% for each year in the plan after the second year unless a safe-harbor notice is issues, at which point vesting is 100%. Upon retirement, death or disability, account balances become 100% vested. Any remaining non-vested balances are forfeited. Forfeitures will be applied to reduce employer contributions in the or next succeeding plan year. Unallocated forfeitures shall share in the allocation of trust fund investment earnings or losses. There were no forfeitures for the year ending December 31, 2011.

Payment of Benefits

On termination of service, retirement, death or disability of a participant, the participant will receive the payment of all benefits in the form of a lump sum distribution, if the total benefits are less than $5,000. For distributions in excess of $5,000, the participant is entitled, with the consent of the administrator, to elect an optional form of distribution of monthly, quarterly, semi-annual or annual cash installments up to a period of 10 years. Payment of benefit is made no later than administratively practical following the close of the Plan year in which the event causing the distribution occurs, unless the participant elects to the contrary.

Administrative Cost

The Company pays the administrative costs associated with the Plan.

## 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Valuation of Investments

Quoted market prices are used to value investments. Participant loans are valued at cost which approximates fair value.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

## 3- PARTICIPANT LOANS

Participants may request that the Plan make a loan to them out of the funds of their account. The maximum amount of loans outstanding may not exceed the lesser of 50% of the amount in the participant's account or $50,000. A participant may not request a loan for less than $1,000. Loan terms range from one to five years. The loans are secured by the balance in the participant's account and bear interest at the currently prevailing rate charged by representative local commercial banks. Interest rates range from 5.19% to 6.84%. Principal and interest are paid ratably through payroll deductions.

## 4- INVESTMENTS

The Plan's investments are held by the trustees for each participant with one custodian, Guardian Insurance & Annuity Company, Inc. The Following table presents the fair values of investments.

| | December 31, 2011 | December 31, 2010 |
|---|---|---|
| Investment at Fair Value as Determined by Quoted Market Price: | | |
| Guardian Insurance & Annuity Company, Inc. | | |
| Pooled separate accounts | $ 3,935,518 | $ 3,780,311 |
| Total investments at fair value | $ 3,935,518 | $ 3,780,311 |

During 2011, the Plan's investments (including investments bought, sold, and held during the year) decreased in value by $279,109 as follows:

| | Year Ended December 31, 2011 |
|---|---|
| Investments at fair value as determined by Quoted Market Price: | |
| Guardian Insurance & Annuity Company, Inc. | |
| Pooled separate accounts | $ (279,109) |
| Net appreciation in fair value | $ (279,109) |

## 4- INVESTMENTS (continued)

The following presents the fair values of the Plan's investments that represents 5% or more of the Plan's net assets as certified by the asset custodian.

| | December 31, | | | |
|---|---|---|---|---|
| | 2011 | | 2010 | |
| Description | Units | Value | Units | Value |
| Dreyfus Appreciation Fund | | $ | 16,211.6133 | $ 202,710 |
| Fidelity High Income Fund | | | 9,778.5564 | 244,432 |
| Janus Adviser Overseas Fund | 22,427.8375 | 274,948 | 24,843.6295 | 455,873 |
| SSGA S&P 500 Index Fund | 24,866.7223 | 308,533 | 22,618.4286 | 277,413 |
| SSGA Bond Market Index Fund | | | 14,879.6933 | 194,386 |
| SSGA Short Term Investment Fund | 43,227.4251 | 471,770 | | |
| T. Rowe Price Growth Stock Fund | 27,545.3073 | 297,558 | 15,183.5395 | 211,377 |
| Participant Loans | | 293,832 | | 282,281 |

## 5- PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Participants are 100% vested in their accounts at all times.

## 6- TAX STATUS

The trust established under the Plan to hold the Plan's net assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code, and accordingly, the trust's net investment income is exempt from income taxes. The Sponsor has obtained a favorable tax determination letter from the Internal Revenue Service and the Sponsor believes that the Plan, as amended, continues to qualify and to operate as design.

## 7- RISK 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.

# MACRO PRO, INC. 401(k)
# EIN 33-0387596, Plan 001
# SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
# (HELD AT END OF YEAR)
# DECEMBER 31, 2011

| (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 |
|---|---|---|---|---|
| | Guardian Insurance & Annity | AllianceBernstein Int'l Value | $ 30.46 | $ 30.64 |
| | Guardian Insurance & Annity | Am Cen Strat Alloc: Agg Invstr | 39,422.22 | 46,723.12 |
| | Guardian Insurance & Annity | Am Cen Strat Alloc: Con Invstr | 9,614.84 | 10,583.73 |
| | Guardian Insurance & Annity | Am Cen Strat Alloc: Mod Invstr | 1,399.55 | 1,540.79 |
| | Guardian Insurance & Annity | Amer Cent Inflation Adj Bond | 91,897.50 | 105,552.80 |
| | Guardian Insurance & Annity | Amer Cent Prime Money Market | 83,423.21 | 83,396.42 |
| | Guardian Insurance & Annity | American Century Equity Income | 18,933.95 | 22,529.01 |
| | Guardian Insurance & Annity | American Century Real Estate | 21,302.81 | 33,342.01 |
| | Guardian Insurance & Annity | American Century Div Bond | 41,711.60 | 42,246.16 |
| | Guardian Insurance & Annity | Benefit Stadion Conserv ETF | 50,468.32 | 50,057.69 |
| | Guardian Insurance & Annity | Benefit Stadion Growth ETF | 149,393.99 | 140,953.84 |
| | Guardian Insurance & Annity | Benefit Stadion Moderate ETF | 33,679.24 | 33,192.20 |
| | Guardian Insurance & Annity | BlackRock Basic Value | 26,299.63 | 23,817.86 |
| | Guardian Insurance & Annity | BlackRock Equity Dividend Fund | 540.26 | 559.26 |
| | Guardian Insurance & Annity | BlackRock Global Allocation | 33,393.32 | 33,596.65 |
| | Guardian Insurance & Annity | Columbia Dividend Income | 54.01 | 54.28 |
| | Guardian Insurance & Annity | Columbia International Value | 11,860.96 | 9,897.08 |
| | Guardian Insurance & Annity | Columbia Marsico Growth Fund | 11,055.90 | 12,125.69 |
| | Guardian Insurance & Annity | Columbia Mid Cap Growth Fund | 30.49 | 30.20 |
| | Guardian Insurance & Annity | Contribution Reserve | - | 0.10 |
| | Guardian Insurance & Annity | Davis NY Venture Fund | 31,663.34 | 28,832.76 |
| | Guardian Insurance & Annity | Delaware VIP Diversified Inc | 1,355.53 | 1,405.44 |
| | Guardian Insurance & Annity | Delaware VIP Emerging Markets | 66,225.09 | 73,711.18 |
| | Guardian Insurance & Annity | Dreyfus Active Midcap Fund | 36,946.79 | 32,359.45 |
| | Guardian Insurance & Annity | Dreyfus Appreciation Fund | 144,610.80 | 172,421.32 |
| | Guardian Insurance & Annity | Dreyfus Technology Growth Fund | 7,612.69 | 8,909.50 |
| | Guardian Insurance & Annity | Fidelity High Income Advantage | 113,660.51 | 150,714.21 |
| | Guardian Insurance & Annity | Fidelity Mid Cap Fund | 61,974.68 | 68,965.87 |
| | Guardian Insurance & Annity | Fidelity Small Cap Fund | 32,742.54 | 28,064.55 |
| | Guardian Insurance & Annity | Fidelity Value Strategies Fund | 23,818.61 | 22,662.66 |
| | Guardian Insurance & Annity | Franklin Growth Fund | 5,837.22 | 5,668.26 |
| | Guardian Insurance & Annity | Goldman Sachs Mid Cap Value | 67,301.59 | 69,605.00 |
| | Guardian Insurance & Annity | Goldman Sachs Short-Dur Gov't | 77,234.03 | 78,266.20 |
| | Guardian Insurance & Annity | Goldman Sachs Small Cap Value | 2,609.67 | 2,840.08 |

# MACRO PRO, INC. 401(k)
# EIN 33-0387596, Plan 001
# SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
# (HELD AT END OF YEAR)
# DECEMBER 31, 2011

| (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 |
|---|---|---|---|---|
| | Guardian Insurance & Annity | Janus Balanced Fund | 91,996.48 | 112,812.30 |
| | Guardian Insurance & Annity | Janus Forty Fund | 57,822.57 | 56,204.03 |
| | Guardian Insurance & Annity | Janus Overseas Fund | 344,238.65 | 274,948.24 |
| | Guardian Insurance & Annity | Lord Abbett Classic Stock | 34.56 | 34.74 |
| | Guardian Insurance & Annity | JPMorgan Mid Cap Growth Fund | 28,904.11 | 29,720.22 |
| | Guardian Insurance & Annity | JPMorgan Small Cap Equity Fund | 57,109.91 | 60,285.88 |
| | Guardian Insurance & Annity | MFS Utilities Fund | 87,769.43 | 116,180.08 |
| | Guardian Insurance & Annity | Perkins MidCap Value Fund | 46,716.21 | 54,143.76 |
| | Guardian Insurance & Annity | PIMCO Short-Term Fund | 22,559.55 | 22,627.09 |
| | Guardian Insurance & Annity | PIMCO Total Return Fund | 43,358.22 | 43,712.82 |
| | Guardian Insurance & Annity | RS Emerging Markets Fund | 66,260.81 | 68,180.86 |
| | Guardian Insurance & Annity | RS Investment Quality Bond | 49,304.93 | 59,374.85 |
| | Guardian Insurance & Annity | RS Large Cap Alpha Fund | 30,462.79 | 34,540.10 |
| | Guardian Insurance & Annity | RS Small Cap Equity Fund | 95,919.41 | 105,526.21 |
| | Guardian Insurance & Annity | SSgA Int'l Index SL Fund | 68,648.38 | 63,703.60 |
| | Guardian Insurance & Annity | SSgA Russell SC Index SL Fund | 33,777.02 | 40,654.50 |
| | Guardian Insurance & Annity | SSgA S&P 500 Index SL Fund | 280,784.26 | 308,533.21 |
| | Guardian Insurance & Annity | SSgA S&P MC Index SL Fund | 60,078.40 | 60,970.22 |
| | Guardian Insurance & Annity | SSgA Short Term Investmnt Fund | 474,706.16 | 471,769.51 |
| | Guardian Insurance & Annity | SSgA U.S. Bond Index SL Fund | 105,401.93 | 121,367.86 |
| | Guardian Insurance & Annity | T. Rowe Price Equity Income | 134,140.76 | 124,191.83 |
| | Guardian Insurance & Annity | T. Rowe Price Growth Stock | 321,881.47 | 297,558.46 |
| | Guardian Insurance & Annity | T.Rowe Price Retirement Income | 569.97 | 563.85 |
| | Guardian Insurance & Annity | T.Rowe Price Retirement 2010 | 1,726.65 | 1,698.88 |
| | Guardian Insurance & Annity | T.Rowe Price Retirement 2040 | 1,004.91 | 941.53 |
| | Guardian Insurance & Annity | Templeton Foreign | 13,210.91 | 10,617.54 |
| | | **Pooled Separate Accounts** | **$ 3,816,494** | **$ 3,935,518** |
| | Participant Loans | 5.19% - 6.84% | | $ 293,832 |

# MACRO PRO, INC. 401(k)
# EIN 33-0387596, Plan 001
# SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
# (HELD AT END OF YEAR)
# DECEMBER 31, 2011

| (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 |
|---|---|---|---|---|
| | Guardian Insurance & Annity | AllianceBernstein Int'l Value | $ 30.46 | $ 30.64 |
| | Guardian Insurance & Annity | Am Cen Strat Alloc: Agg Invstr | 39,422.22 | 46,723.12 |
| | Guardian Insurance & Annity | Am Cen Strat Alloc: Con Invstr | 9,614.84 | 10,583.73 |
| | Guardian Insurance & Annity | Am Cen Strat Alloc: Mod Invstr | 1,399.55 | 1,540.79 |
| | Guardian Insurance & Annity | Amer Cent Inflation Adj Bond | 91,897.50 | 105,552.80 |
| | Guardian Insurance & Annity | Amer Cent Prime Money Market | 83,423.21 | 83,396.42 |
| | Guardian Insurance & Annity | American Century Equity Income | 18,933.95 | 22,529.01 |
| | Guardian Insurance & Annity | American Century Real Estate | 21,302.81 | 33,342.01 |
| | Guardian Insurance & Annity | American Century Div Bond | 41,711.60 | 42,246.16 |
| | Guardian Insurance & Annity | Benefit Stadion Conserv ETF | 50,468.32 | 50,057.69 |
| | Guardian Insurance & Annity | Benefit Stadion Growth ETF | 149,393.99 | 140,953.84 |
| | Guardian Insurance & Annity | Benefit Stadion Moderate ETF | 33,679.24 | 33,192.20 |
| | Guardian Insurance & Annity | BlackRock Basic Value | 26,299.63 | 23,817.86 |
| | Guardian Insurance & Annity | BlackRock Equity Dividend Fund | 540.26 | 559.26 |
| | Guardian Insurance & Annity | BlackRock Global Allocation | 33,393.32 | 33,596.65 |
| | Guardian Insurance & Annity | Columbia Dividend Income | 54.01 | 54.28 |
| | Guardian Insurance & Annity | Columbia International Value | 11,860.96 | 9,897.08 |
| | Guardian Insurance & Annity | Columbia Marsico Growth Fund | 11,055.90 | 12,125.69 |
| | Guardian Insurance & Annity | Columbia Mid Cap Growth Fund | 30.49 | 30.20 |
| | Guardian Insurance & Annity | Contribution Reserve | - | 0.10 |
| | Guardian Insurance & Annity | Davis NY Venture Fund | 31,663.34 | 28,832.76 |
| | Guardian Insurance & Annity | Delaware VIP Diversified Inc | 1,355.53 | 1,405.44 |
| | Guardian Insurance & Annity | Delaware VIP Emerging Markets | 66,225.09 | 73,711.18 |
| | Guardian Insurance & Annity | Dreyfus Active Midcap Fund | 36,946.79 | 32,359.45 |
| | Guardian Insurance & Annity | Dreyfus Appreciation Fund | 144,610.80 | 172,421.32 |
| | Guardian Insurance & Annity | Dreyfus Technology Growth Fund | 7,612.69 | 8,909.50 |
| | Guardian Insurance & Annity | Fidelity High Income Advantage | 113,660.51 | 150,714.21 |
| | Guardian Insurance & Annity | Fidelity Mid Cap Fund | 61,974.68 | 68,965.87 |
| | Guardian Insurance & Annity | Fidelity Small Cap Fund | 32,742.54 | 28,064.55 |
| | Guardian Insurance & Annity | Fidelity Value Strategies Fund | 23,818.61 | 22,662.66 |
| | Guardian Insurance & Annity | Franklin Growth Fund | 5,837.22 | 5,668.26 |
| | Guardian Insurance & Annity | Goldman Sachs Mid Cap Value | 67,301.59 | 69,605.00 |
| | Guardian Insurance & Annity | Goldman Sachs Short-Dur Gov't | 77,234.03 | 78,266.20 |
| | Guardian Insurance & Annity | Goldman Sachs Small Cap Value | 2,609.67 | 2,840.08 |

# MACRO PRO, INC. 401(k)
# EIN 33-0387596, Plan 001
# SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
# (HELD AT END OF YEAR)
# DECEMBER 31, 2011

| (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 |
|---|---|---|---|---|
| | Guardian Insurance & Annity | Janus Balanced Fund | 91,996.48 | 112,812.30 |
| | Guardian Insurance & Annity | Janus Forty Fund | 57,822.57 | 56,204.03 |
| | Guardian Insurance & Annity | Janus Overseas Fund | 344,238.65 | 274,948.24 |
| | Guardian Insurance & Annity | Lord Abbett Classic Stock | 34.56 | 34.74 |
| | Guardian Insurance & Annity | JPMorgan Mid Cap Growth Fund | 28,904.11 | 29,720.22 |
| | Guardian Insurance & Annity | JPMorgan Small Cap Equity Fund | 57,109.91 | 60,285.88 |
| | Guardian Insurance & Annity | MFS Utilities Fund | 87,769.43 | 116,180.08 |
| | Guardian Insurance & Annity | Perkins MidCap Value Fund | 46,716.21 | 54,143.76 |
| | Guardian Insurance & Annity | PIMCO Short-Term Fund | 22,559.55 | 22,627.09 |
| | Guardian Insurance & Annity | PIMCO Total Return Fund | 43,358.22 | 43,712.82 |
| | Guardian Insurance & Annity | RS Emerging Markets Fund | 66,260.81 | 68,180.86 |
| | Guardian Insurance & Annity | RS Investment Quality Bond | 49,304.93 | 59,374.85 |
| | Guardian Insurance & Annity | RS Large Cap Alpha Fund | 30,462.79 | 34,540.10 |
| | Guardian Insurance & Annity | RS Small Cap Equity Fund | 95,919.41 | 105,526.21 |
| | Guardian Insurance & Annity | SSgA Int'l Index SL Fund | 68,648.38 | 63,703.60 |
| | Guardian Insurance & Annity | SSgA Russell SC Index SL Fund | 33,777.02 | 40,654.50 |
| | Guardian Insurance & Annity | SSgA S&P 500 Index SL Fund | 280,784.26 | 308,533.21 |
| | Guardian Insurance & Annity | SSgA S&P MC Index SL Fund | 60,078.40 | 60,970.22 |
| | Guardian Insurance & Annity | SSgA Short Term Investmnt Fund | 474,706.16 | 471,769.51 |
| | Guardian Insurance & Annity | SSgA U.S. Bond Index SL Fund | 105,401.93 | 121,367.86 |
| | Guardian Insurance & Annity | T. Rowe Price Equity Income | 134,140.76 | 124,191.83 |
| | Guardian Insurance & Annity | T. Rowe Price Growth Stock | 321,881.47 | 297,558.46 |
| | Guardian Insurance & Annity | T.Rowe Price Retirement Income | 569.97 | 563.85 |
| | Guardian Insurance & Annity | T.Rowe Price Retirement 2010 | 1,726.65 | 1,698.88 |
| | Guardian Insurance & Annity | T.Rowe Price Retirement 2040 | 1,004.91 | 941.53 |
| | Guardian Insurance & Annity | Templeton Foreign | 13,210.91 | 10,617.54 |
| | | **Pooled Separate Accounts** | **$ 3,816,494** | **$ 3,935,518** |
| | Participant Loans | 5.19% - 6.84% | | $ 293,832 |