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
SOLOMON, CORDWELL, BUENZ & ASSOCIATES, INC. EMPLOYEES' PROFIT SHARING AND SAVINGS PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1979

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

SOLOMON, CORDWELL, BUENZ & ASSOCIATES, INC.

625 N. MICHIGAN AVENUE STE. 800
CHICAGO, IL 60611

2b Employer Identification Number (EIN) 36-2643058

2c Sponsor's telephone number 312-896-1194

2d Business code (see instructions) 541310

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.	10/01/2012	MICHAEL V. WHITE
	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")
SOLOMON, CORDWELL, BUENZ & ASSOCIATES, INC.

625 N. MICHIGAN AVENUE STE. 800
CHICAGO, IL 60611

3b Administrator's EIN
36-2643058

3c Administrator's telephone number
312-896-1194

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**	217
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**	115
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	124
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	239
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	239
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	217
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16
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

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
SOLOMON, CORDWELL, BUENZ & ASSOCIATES, INC. EMPLOYEES' PROFIT SHARING AND SAVINGS PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SOLOMON, CORDWELL, BUENZ & ASSOCIATES, INC.

D Employer Identification Number (EIN)
36-2643058

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

CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

(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)

CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

(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?
64 52 60 62 25 49 72 37	RECORDKEEPER	175	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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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
SOLOMON, CORDWELL, BUENZ & ASSOCIATES, INC. EMPLOYEES' PROFIT SHARING AND SAVINGS PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SOLOMON, CORDWELL, BUENZ & ASSOCIATES, INC.

D Employer Identification Number (EIN)
36-2643058

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	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	663979	615877
(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)	81370	42630
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	11836153	11954488
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	12581502	12612995
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
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	12581502	12612995

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)	82702	
(B) Participants	2a(1)(B)	602111	
(C) Others (including rollovers)	2a(1)(C)	174023	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		858836
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	2016	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2016
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	234617	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		234617
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-436071
c Other income	2c		2500
d Total income. Add all **income** amounts in column (b) and enter total	2d		661898
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	564706	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		564706
f Corrective distributions (see instructions)	2f		24553
g Certain deemed distributions of participant loans (see instructions)	2g		40971
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	175	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		175
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		630405
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		31493
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: OSTROW REISIN BERK & ABRAMS (2) EIN: 36-2938874

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
SOLOMON, CORDWELL, BUENZ & ASSOCIATES, INC. EMPLOYEES' PROFIT SHARING AND SAVINGS PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SOLOMON, CORDWELL, BUENZ & ASSOCIATES, INC.

D Employer Identification Number (EIN)
36-2643058

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): 20-3691658

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):

SOLOMON, CORDWELL, BUENZ & ASSOCIATES, INC.

EMPLOYEES' PROFIT SHARING AND SAVINGS PLAN AND TRUST

YEARS ENDED DECEMBER 31, 2011 AND 2010

SOLOMON, CORDWELL, BUENZ & ASSOCIAT S, INC. EMPLOYEES' PROFIT SHARING AND SAVINGS PLAN AND TRUST

YEARS ENDED DECEMBER 31, 2011 AND 2010

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Independent Auditors' Report

Board of Administration
Solomon, Cordwell, Buenz & Associates, Inc.
Employees' Profit Sharing and Savings Plan and Trust
Chicago, Illinois

We were engaged to audit the statement of net assets available for plan benefits the Solomon, Cordwell, Buenz & Associates, Inc. Employees' Profit Sharing and Savings Plan a Trust (the Plan) as of December 31, 2011 and 2010 and the related statement of changes in net a s available for plan benefits for the years then ended and the supplemental schedule as of Dece r 31, 2011, as listed in the accompanying table of contents. These financial statements and supp ental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules an egulations for Reporting and Disclosure under the Employee Retirement Income Security Act 1974, the Plan Administrator instructed us not to perform and we did not perform, any auditin ocedures with respect to the information summarized in Note 7, which was certified by Capit ank and Trust Company (the Trustee), except for comparing such information with the related inf ation included in the financial statements and supplemental schedule. We have been infor d by the Plan Administrator that the Trustee holds the Plan's investment assets and exe es investment transactions. The Plan Administrator has obtained a certification from the Truste s of and for the years ended December 31, 2011 and 2010 that the information provided to the Plar lministrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are una to and do not, express an opinion on the accompanying financial statements and supplemental s dule taken as a whole. The supplemental schedule is presented for the purpose of additional an is and is not a required part of the financial statements but is required by the Department of L or's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Incon ecurity Act of 1974. The form and content of the information included in the financia atements and supplemental schedule, other than that derived from the information certified by Trustee, have been audited by us in accordance with auditing standards generally accepted in th nited States of America and, in our opinion, are presented in compliance with the Department of or's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Incon ecurity Act of 1974.

Ostrow Reisin Berk & Abrams, Ltd.

Chicago, Illinois
September 14, 2012

NBC Tower - Suite 1500 | 455 N. Cityfront Plaza Dr. | Chicago, IL 60611-5313 | P: 312.670.744 : 312.670.8301 | www.orba.com
INDEPENDENT AFFILIATE OF BKR INTERNATIONAL *Also licensed to practice by the State of Florida

SOLOMON, CORDWELL, BUENZ & ASSOC TES, INC. EMPLOYEES' PROFIT SHARING A D SAVINGS PLAN AND TRUST

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BEN TS

December 31,	2	2010
ASSETS		
Investments, at fair value:		
Mutual funds	$ 11 4,488	$ 11,836,152
Money market fund	5,877	663,979
Total investments, at fair value	12 0,365	12,500,131
Notes receivable from participants	2,630	81,370
Net assets available for plan benefits	$ 12 2,995	$ 12,581,501

See notes to financial statements.

SOLOMON, CORDWELL, BUENZ & ASSOC TES, INC.
EMPLOYEES' PROFIT SHARING A D
SAVINGS PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLA ENEFITS

Years ended December 31,	2	2010
Additions to (deductions from) net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ (3,570)	$ 1,036,145
Interest and dividend income	4,617	226,756
Interest on participant loans	2,016	3,152
Net investment income (loss)	(6,937)	1,266,053
Contributions:		
Employer	2,702	
Participant	2,111	486,875
Rollover	4,023	
Total contributions	8,836	486,875
Total additions	1,899	1,752,928
Deductions from net assets attributed to:		
Benefits and withdrawal payments	0,230	1,301,283
Administrative expenses	175	350
Total deductions	0,405	1,301,633
Increase in net assets available for plan benefits	1,494	451,295
Net assets available for plan benefits:		
Beginning of year	12 1,501	12,130,206
End of year	$ 12 2,995	$ 12,581,501

See notes to financial statements.

SOLOMON, CORDWELL, BUENZ & ASSOCIAT ɔ, INC. EMPLOYEES' PROFIT SHARING AND SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan

The following brief description of the Solomon, Cordwell, Buenz & Associates, :. Employees' Profit Sharing and Savings Plan and Trust (the Plan) provides only general informa ı. Participants should refer to the published summary Plan booklet for a more complete descrip ı of the Plan.

General:

The Plan became effective January 1, 1979. The Plan is a defined-contribution n covering all employees of Solomon, Cordwell, Buenz & Associates, Inc. (the Company). The C pany (the Plan Administrator) controls and manages the operation and administration of the Plan. pital Bank and Trust Company (CBTC) serves as the Trustee of the Plan. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan participation:

Any employee of the Company, who is at least 18 years old, shall become eligibl participate in the Plan on the first day of employment. Entry dates for employees are on the firs y of each Plan year and the first day of the seventh month of each Plan year.

Employee contributions:

Employees can contribute funds to the Plan equal to 100% of their total salaries. ıployees make automatic contributions through semi-monthly payroll deductions. Participants elect to make bonus contributions, consisting of any percentage, up to 100% of employer paid ca ɔonuses during the year. The maximum employee contribution based on statutory limitations i 16,500 for the years ended December 31, 2011 and 2010.

Employer contributions:

For active participants who are employees of the Company, the Company matc contributions made in an amount equal to $0.50 for every $1.00 contributed by the particip up to $2,400 contributed by the participant. The maximum employer contribution per parti ınt per year is $1,200. In March 2009, the Company suspended the discretionary match. The di: :tionary match was reinstated in July 2011.

1. Description of the Plan (continued)

Employer contributions: (continued)

Employer profit-sharing contributions are made on a discretionary basis each ar. Amounts deposited into participants' accounts depend on their salaries for the current yea Profit-sharing contributions are made at the end of the Company's fiscal year. However, fo e years ended December 31, 2011 and 2010, no employer discretionary profit-sharing contribu ı was made.

Participant accounts:

The Plan maintains a separate account for each participant. Participants lf-direct their contributions and their share of the Company's contribution among the investme ptions offered by the Plan. Employees can manage their individual accounts online. Earnings an et appreciation or depreciation of the Plan assets are allocated to each participant's account based actual earnings of participant-directed investments.

Vesting:

Participants are 100% vested in their employee deferral contributions and the Cor ny's matching contribution at all times.

Vesting in the Company's profit-sharing contributions and earnings thereon is bas ın participants' years of credited service. The vested portion is determined in accordance w the following schedule:

Years of service	Vested portic
Less than 2 years	0%
At least 2 but less than 3	20%
At least 3 but less than 4	40%
At least 4 but less than 5	60%
At least 5 but less than 6	80%
Six or more	100%

1. Description of the Plan (continued)

Participant loans:

Employees can take loans from their account balances at any time during the yea 'he loans must be at least $1,000 and can be up to 50% of account balances, with a maximum c 50,000. Loan terms consist of interest rates ranging from 4.25% to 6.25%, with a maximum le h of ten years. All loans are collateralized by their account balances.

Payment of benefits:

Benefit payments are made as soon as possible upon the participant's retireme death or other termination of employment. A participant whose vested account balance exceeds .000 may elect to postpone distribution of his account until his statutory required beginning dat

The Plan also allows in-service withdrawals from a participant's deferral contrit on account for hardship withdrawals or from all vested account balances upon attaining age 59 .

Forfeitures:

Upon termination of employment, any amounts not vested are forfeited. Forfeit s and earnings thereon may be used to reduce future Company matching contributions or to p administrative expenses of the Plan. At December 31, 2011 and 2010, forfeited nonvested acc s totaled $602 and $7,971, respectively. The amounts used from forfeited nonvested accounts t duce employer contributions were $11,767 and $26,704 for 2011 and 2010, respectively.

2. Summary of significant accounting policies

Basis of accounting:

The accompanying financial statements are prepared on the accrual basis of accc ing.

Valuation of investments and income recognition:

Shares of mutual funds and money market funds are valued at quoted market pı s. Investment transactions are recorded on a trade-date basis and investment income is presen on an accrual basis.

Administrative expenses:

Administrative costs, charges and expenses are paid by the Plan to the exten ɔt paid by the Company.

Notes receivable from participants:

As described in Note 1, the Plan allows for participants to borrow against the 'ested account balance and the loan is secured by the participant's account balance. Participant l s are valued at their unpaid principal balance plus any accrued but unpaid interest. Participan ans are repaid ratably through regular payroll deductions and loan defaults are treated as distribu ıs. The Plan is required to review the collectibility of the outstanding loan balances and record allowance for loans deemed to be uncollectible. As of December 31, 2011 and 2010, ı allowance for uncollectible loans was deemed necessary.

Use of estimates:

The preparation of financial statements in conformity with accounting principles ş erally accepted in the United States of America requires management to make estimates and assur ions that affect certain reported amounts of net assets available for plan benefits and changes ther Accordingly, actual results could differ from those estimates.

3. Investments

Investments held by the Plan that exceeded 5% of net assets available for pla benefits are as follows:

December 31,	2011	2010
American Funds American Balanced Fund	$ 2,209,368	$ 2,156,465
Invesco Structured Core Fund Investors Fund	$ 1,493,931	$ 1,731,940
American Funds Europacific Growth Fund	$ 1,400,659	$ 1,592,441
American Funds Capital Income Builder Fund	$ 1,408,979	$ 1,372,856
American Funds Bond Fund of America	$ 1,229,007	$ 1,166,049
American Funds Growth Fund of America	$ 1,107,349	$ 1,126,368
Invesco Van Kampen American Capital Value Fund	$ 633,304	$ 717,948
American Funds Money Market Fund		$ 663,979

All investments are held by CBTC under a trust agreement with the Plan at Dece ber 31, 2011.

For the years ended December 31, 2011 and 2010, the Plan's investments (includir ains and losses on investments bought, sold and held during the year) depreciated in value he amount of $433,570 and appreciated in value in the amount of $1,036,145, respectively. Inte t and dividend income was $236,633 and $229,908 for the years ended December 31, 2011 an 010, including interest on participant loans of $2,016 and $3,152, respectively.

4. Fair value measurements

Financial Accounting Standards Board Accounting Standards Codification 820 (.SB ASC 820) *Fair Value Measurements and Disclosures* establishes a framework for measurin iir value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation t niques used to measure fair value. The hierarchy gives the highest priority to unadjusted quote rices in active markets for identical assets or liabilities (Level 1 measurements) and the l est priority to unobservable inputs (Level 3 measurements). The three levels of the fair valu ierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to valuation methodology are unadjusted quoted prices assets or liabilities in active markets that the Plan has the abili	identical) access.
Level 2	Inputs to the valuation methodology include: • quoted prices for similar assets or liabilities in active mark • quoted prices for identical or similar assets or liabilities in • inputs other than quoted prices that are observable for the a • inputs that are derived principally from or corroborated by market data by correlation or other means. If the asset or liability has a specified (contractual) term, the L must be observable for substantially the full term of the asset c	ctive markets; t or liability; servable l 2 input ability.
Level 3	Inputs to the valuation methodology are unobservable and sigr fair value measurement.	ant to the

The asset's or liability's fair value measurement level within the fair value hierarc is based on the lowest level of any input that is significant to the fair value measurement. Val ion techniques used need to maximize the use of observable inputs and minimize the use of unc ervable inputs.

4. Fair value measurements (continued)

Following is a description of the valuation methodologies used for assets meas 1 at fair value. There have been no changes in the methodologies used at December 31, 2011 ar 2010.

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

The preceding methods described may produce a fair value calculation that may n e indicative of net realizable value or reflective of future fair values. Furthermore, although the F Administrator believes that the Plan's valuation methods are appropriate and consistent v other market participants, the use of different methodologies or assumptions to determine the fa value of certain financial instruments could result in a different fair value measurement at the re ing date.

The following table sets forth by level, within the fair value hierarchy, the Plan's a ts at fair value as of December 31, 2011 and 2010:

December 31,	2011	0
	Level 1	
Mutual funds:		
Balanced	$ 2,822,658	$ 2 6,255
Growth	1,719,819	1 2,366
Value	7,412,011	7 7,531
Money market fund	615,877	3,979
Total assets at fair value	$ 12,570,365	$ 12 0,131

5. Plan termination

Although it has not expressed any intent to do so, the Company has the right ler the Plan to discontinue its contributions at any time and to terminate the Plan at any tin subject to the provisions of ERISA. In the event of Plan termination, participants will becom 00% vested in their accounts.

6. Tax status

The Plan, a mass-submitter prototype plan, obtained its latest determination letı ɔn October 9, 2003, in which the Internal Revenue Service stated that the Plan, as then (gned, was in compliance with the applicable requirements of the Internal Revenue Code (the Co . The Plan has been amended since receiving the determination letter. However, the Plan Admi rator believes that the Plan is currently designed and being operated in compliance wit he applicable requirements of the Code. Therefore, the Plan was qualified and the related trust v tax-exempt as of the financial statement date.

7. Information certified by Trustee

The following is a summary of the information regarding the Plan, included in th lan's financial statements and supplemental schedule that was prepared by or derived from inform ɔn prepared by CBTC and furnished to the Plan Administrator. The Plan Administrator has obtai l certifications from CBTC that such information is complete and accurate.

	2011	2010
Statement of net assets available for plan benefits:		
Investments	$ 12,570,365	$ 12,500,131
Notes receivable from participants	$ 42,630	$ 81,370
Statement of changes in net assets available for plan benefits:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	$ (433,570	$ 1,036,145
Interest and dividend income	$ 234,617	$ 226,756
Interest on participant loans	$ 2,016	$ 3,152
All information included in Note 3		

8. Party-in-interest transactions

Certain Plan investments were shares of mutual funds managed by Capital Grou Companies, an affiliated company of CBTC. CBTC is the Trustee as defined by the Plan and herefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan fo he investment management services amounted to $175 and $350 for the years ended December 3 2011 and 2010, respectively.

9. Risks and uncertainties

The Plan invests in various investment securities. Investment securities are expos to various risks such as interest rate, market and credit risks. Due to the level of risk associ d with certain investment securities, it is at least reasonably possible that changes in the valu of investment securities will occur in the near term and that such changes could materially a t participants' account balances and the amounts reported in the statement of net assets available r plan benefits.

10. Subsequent events

The Plan Administrator has reviewed and evaluated subsequent events from Dece er 31, 2011, the financial statement date, through September 14, 2012, the date the financial atements were available to be issued. No events have occurred in this period that would required to be recognized and/or disclosed in these financial statements as required by g rally accepted accounting principles.

SOLOMON, CORDWELL, BUENZ & ASSOC ATES, INC. EMPLOYEES' PROFIT SHARING A D SAVINGS PLAN AND TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2011

EIN 36-2643058
Plan number 002

Form 5500 - Schedule H, Part IV 4(i) - Schedule of assets held for investment p oses

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value		(e) Current value
*	American Funds	American Funds Europacific Growth Fund		$ 1,400,659
*	American Funds	American Funds Growth Fund of America		1,107,349
*	American Funds	American Funds Smallcap World Fund		612,470
	Invesco	Invesco Structured Core Fund Investors Fun		1,493,931
	Invesco	Invesco Van Kampen American Capital Valı	und	633,304
	Legg Mason Partners	Legg Mason ClearBridge Small Cap Value A	ınd	37,018
	Victory Capital Management	Victory Special Value Fund A		355,467
*	American Funds	American Funds Washington Mutual Fund		437,422
	Davis Funds	Davis Real Estate Fund		82,827
*	American Funds	American Funds Capital Income Builder Fur		1,408,979
*	American Funds	American Funds American Balanced Fund		2,209,368
*	American Funds	American Funds Bond Fund of America		1,229,007
	Franklin Templeton	Templeton Global Bond Fund A		338,864
*	American Funds	American Funds Money Market Fund		615,877
*	American Funds	American Funds 2020 Target Date Fund		3,787
*	American Funds	American Funds 2025 Target Date Fund		147,235
*	American Funds	American Funds 2030 Target Date Fund		61,148
*	American Funds	American Funds 2035 Target Date Fund		64,563
*	American Funds	American Funds 2040 Target Date Fund		222,858
*	American Funds	American Funds 2045 Target Date Fund		23,213
*	American Funds	American Funds 2050 Target Date Fund		75,124
*	American Funds	American Funds 2055 Target Date Fund		9,895
*	Notes receivable from participants	Interest rates ranging from 4.25% to 6.25%		42,630
	Total			$ 12,612,995

*Represents a party-in-interest.

ASSETS HELD FOR INVESTMENT PURPOSES

Solomon, Cordwell, Buenz & Associates, Inc. Employees' Profit Sharing and Savings Plan and Trust
01-JAN-11 to 31-DEC-11

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1REREX			1,809,131.64	1,400,659.01
1RGAEX			1,240,527.04	1,107,349.33
1RSLEX			729,189.97	612,470.11
1SCNUX			1,874,914.52	1,493,930.97
1MSAVX			662,483.67	633,304.02
1SBVAX			33,189.39	37,018.41
1SSVSX			429,065.42	355,466.64
1RWMEX			428,257.11	437,421.99
1RPFRX			84,030.57	82,827.27
1RIREX			1,658,422.83	1,408,978.89
1RLBEX			2,245,052.74	2,209,367.75
1RBFEX			1,258,070.60	1,229,007.34
1TPINX			341,916.34	338,864.05
1RADXX			615,275.17	615,275.17
1RDCTX			3,907.00	3,787.10
1RDDTX			146,896.02	147,234.84
1RDETX			60,951.29	61,147.40
1RDFTX			62,012.81	64,562.79
1RDGTX			230,967.68	222,858.02
1RDHTX			22,373.24	23,212.88
1RDITX			74,855.84	75,124.18
1RDJTX			9,483.69	9,894.62
			14,020,974.58	**12,569,762.78**
PARTICIPANT LOANS	VARIOUS	4.250-9.250	42,630.39	42,630.39
FORFEITURES			602.10	602.10

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 362643058

ASSETS HELD FOR INVESTMENT PURPOSES

Solomon, Cordwell, Buenz & Associates, Inc. Employees' Profit Sharing and Savings Plan and Trust
01-JAN-11 to 31-DEC-11

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1REREX	American Funds EuroPacific Growth Fd R4
1RSLEX	American Funds SMALLCAP World Fund R4
1MSAVX	Invesco Van Kampen American Value A
1SSVSX	Victory Special Value Fund A
1RPFRX	Davis Real Estate A
1RLBEX	American Funds American Balanced Fund R4
1TPINX	Templeton Global Bond Fund - A
1RDCTX	American Funds 2020 Target Date Fund R4
1RDETX	American Funds 2030 Target Date Fund R4
1RDGTX	American Funds 2040 Target Date Fund R4
1RDITX	American Funds 2050 Target Date Fund R4
1RGAEX	American Funds Growth Fund of America R4
1SCNUX	INVESCO Structured Core Fund Investors
1SBVAX	LM CBA Small Cap Value A
1RWMEX	American Funds Washington Mutual Fund R4
1RIREX	American Funds Capital Income Builder R4
1RBFEX	American Funds Bond Fund of America R4
1RADXX	American Funds Money Market Fund R4
1RDDTX	American Funds 2025 Target Date Fund R4
1RDFTX	American Funds 2035 Target Date Fund R4
1RDHTX	American Funds 2045 Target Date Fund R4
1RDJTX	American Funds 2055 Target Date Fund R4

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year