# 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
SHARPSHOOTER SPECTRUM VENTURE, LLC 401(K) PLAN

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

**1c** Effective date of plan 11/01/1988

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

SHARPSHOOTER SPECTRUM VENTURE, LLC

C/O RPS PLAN ADMINISTRATORS

7100 E. BELLEVIEW AVE, SUITE 300
GREENWOOD VILLAGE, CO 80111

**2b** Employer Identification Number (EIN) 84-1393180

**2c** Sponsor's telephone number 800-742-7742

**2d** Business code (see instructions) 541920

**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. | 10/10/2012 | RICHARD ROY |
| | **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")
SHARPSHOOTER SPECTRUM VENTURE, LLC

11901 W. 48TH AVENUE, 2ND FLOOR
WHEATRIDGE, CO 80033

**3b** Administrator's EIN
84-1393180

**3c** Administrator's telephone number
303-962-2338

**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** | 376 |
| **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** | 253 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 23 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 276 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 276 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 57 |
| **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 2F 2G 2J 2K

**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)** | | 0 | **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<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
SHARPSHOOTER SPECTRUM VENTURE, LLC 401(K) PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
SHARPSHOOTER SPECTRUM VENTURE, LLC

**D** Employer Identification Number (EIN)
84-1393180

## 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

NATIONWIDE
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

**(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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

| (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? |
|---|---|---|---|---|---|---|
| 19 | N/A | 11577 | Yes [X] No [ ] | Yes [ ] No [X] | 6574 | Yes [ ] No [X] |

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

RPS PLAN ADMINISTRATORS

7100 E. BELLEVIEW AVENUE
SUITE 300
GREENWOOD VILLAGE, CO 80111

84-1096179

| (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? |
|---|---|---|---|---|---|---|
| 13 | N/A | 9155 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | 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 [ ] |

**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 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
SHARPSHOOTER SPECTRUM VENTURE, LLC 401(K) PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
SHARPSHOOTER SPECTRUM VENTURE, LLC

**D** Employer Identification Number (EIN)
84-1393180

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 39684 | 31045 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 1427596 | 1478915 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 1467280 | 1509960 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 1467280 | 1509960 |

## 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) | | |
| | **(B)** Participants | 2a(1)(B) | 178879 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 178879 |
| **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) | 1160 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 1160 |
| | **(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) | | -32141 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 147898 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 59311 | |
| (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) | | 59311 |
| f Corrective distributions (see instructions) | 2f | | 25175 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 9155 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 11577 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 20732 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 105218 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 42680 |
| 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: EIDE BAILLY LLP (2) EIN: 45-0250958

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 | | 44936 |
| **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 | | 175000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | **4j** | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2011**

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

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

**A** Name of plan
SHARPSHOOTER SPECTRUM VENTURE, LLC 401(K) PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
SHARPSHOOTER SPECTRUM VENTURE, LLC

**D** Employer Identification Number (EIN)
84-1393180

## 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): 13-1592130

**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):

Financial Statements
December 31, 2011 and 2010

# Sharpshooter Spectrum Venture, LLC 401(k) Plan

# Sharpshooter Spectrum Venture, LLC 401(k) Plan

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December 31, 2011 and 2010


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CPAs & BUSINESS ADVISORS

**Independent Auditor's Report**

To the Plan Administrator
Sharpshooter Spectrum Venture, LLC 401(k) Plan
Wheat Ridge, Colorado

We were engaged to audit the accompanying statements of net assets available for benefits of Sharpshooter Spectrum Venture, LLC 401(k) Plan (the "Plan") as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental schedules (1) Schedule H, Line 4i- Schedule of Assets Held At End of Year as of December 31, 2011, and (2) Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Nationwide Life Insurance Company, the asset 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 asset custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the asset custodian as of December 31, 2011 and 2010 and for the year ended December 31, 2011, that the information provided to the Plan administrator by the asset custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rule and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the asset 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Eide Bailly LLP

Greenwood Village, Colorado
October 8, 2012

# Sharpshooter Spectrum Venture, LLC 401(k) Plan

Statements of Net Assets Available for Benefits

December 31, 2011 and 2010

| | 2011 | 2010 |
|---|---|---|
| Assets | | |
| Investments, at fair value | $ 1,478,915 | $ 1,427,596 |
| Notes receivable from participants | 31,045 | 39,684 |
| Employee contributions receivable | - | - |
| Total assets | 1,509,960 | 1,467,280 |
| Liabilities | | |
| Excess contributions payable | 21,672 | 22,352 |
| Net Assets Available for Benefits | $ 1,488,288 | $ 1,444,928 |

# Sharpshooter Spectrum Venture, LLC 401(k) Plan

## Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2011

| | |
|---|---|
| Additions | |
| Investment (loss) | |
| Net (depreciation) in fair value of investments | $ (32,141) |
| Total investment (loss) | (32,141) |
| Interest income on notes receivable from participants | 1,160 |
| Contributions | |
| Participants | 179,559 |
| Total contributions | 179,559 |
| Total additions | 148,578 |
| Deductions | |
| Benefits paid to participants | 59,311 |
| Corrective distributions | 25,175 |
| Administrative fees | 20,732 |
| Total deductions | 105,218 |
| Net Increase | 43,360 |
| Net Assets Available for Benefits | |
| Beginning of year | 1,444,928 |
| End of year | $ 1,488,288 |

## Note 1 - Description of the Plan

The following brief description of the Sharpshooter Spectrum Venture, LLC 401(k) Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan covering qualified employees of Sharpshooter Spectrum Venture, LLC (Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### Eligibility

Employees are eligible to participate in the Plan if they have completed 1,000 hours of service within the 6 months' time period following his/her date of hire and are 21 years of age.

### Entry Date

Employees may enter the Plan on the first day of each payroll period coinciding with or following the date they satisfy the Plan's eligibility requirements.

### Contributions

Each year, participants may contribute on a pre-tax basis up to 100% of their pretax annual compensation, as defined in the Plan. Contributions are subject to certain Internal Revenue Code (IRC) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Company may elect at any time to make matching contributions and non-elective deferrals to the Plan. The Company made no discretionary matching contributions during the year ended December 31, 2011. Participants may also contribute amounts representing distributions from other qualified plans.

### Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's matching contributions, and allocations of the Company's discretionary contribution and plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant's earnings or account balances, as defined by the Plan Document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Investment Options**

Upon enrollment into the Plan, a participant may direct employee and employer contributions in any of the funds offered by the Plan. Participants may change their investment options daily.

**Vesting**

Participants are vested immediately in their contributions, rollover contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service.

Vesting is based on years of credited services as set forth in the following table:

| Participant's Years of Service | Non-Forfeitable Percentage |
|---|---|
| Less than two | 0% |
| Two | 20% |
| Three | 40% |
| Four | 60% |
| Five | 80% |
| Six or more | 100% |

A participant's vesting percentage in the Company's matching contributions, if any, shall be 100% if any of the following conditions are met:

1. The participant has died.
2. The participant reaches normal retirement age (age 65).
3. The participant has become totally and permanently disabled as defined by the Plan.
4. Plan termination

**Forfeitures**

At December 31, 2011 and 2010, forfeited non-vested accounts totaled $5 and $17, respectively.

**Notes Receivable from Participants**

Participants may borrow from their fund accounts, a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance or $50,000, or $50,000 reduced by the highest outstanding loan balance from the preceding 12 months. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates at the time funds are borrowed. Interest rates range from 3.25% to 8.25%. Principal and interest is paid through payroll deductions over a period not to exceed five years, unless the loan qualifies as a home loan, in which case the term will be 30 years. A participant may have no more than one outstanding loan at any one time

**Payment of Benefits**

Participants may elect to receive either a lump-sum amount equal to the value of their vested interest or annual installments as defined in the Plan document upon retirement, termination, death or disability. A terminated employee with a balance of less than $1,000 may be automatically paid out by the Plan upon termination. Any terminated participants with a balance between $1,000 and $5,000 can still be automatically paid out if their balance is rolled into a qualified Individual Retirement Account. Distributions may be made at the participant's election prior to termination upon attainment of age 59 ½ or hardship as defined in the Plan Document.

.

**Death Benefits**

The designated beneficiary is entitled to a death benefit distribution equal to the participant's vested account balance.

**Other**

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

## Note 2 - Significant Accounting Policies

**Basis of Accounting**

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

**Use of Estimates**

The preparation of the financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

**Investment Valuation and Income Recognition**

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

**Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivables are reclassified as distributions based upon the terms of the Plan document.

**Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

**Administrative Fees**

Certain administrative expenses of the Plan are paid by the Plan's sponsor as provided in the Plan document.

**Reclassifications**
Certain amounts from the prior year financial statements have been reclassified for comparative purposes to conform to the presentation in the current year financial statements.

## Note 3 - Investments

The Plan's investments that represented 5% or more of the Plan's net assets available for benefits as of December 31, 2011 and 2010 are as follows:

| | 2011 | 2010 |
|---|---|---|
| Van Kampen Equity & Income Fund A | $ 175,793 | $ 174,406 |
| PIMCO Total Return Fund A | 149,648 | 133,957 |
| Neuberger Berman Genesis Trust | 107,255 | 102,796 |
| Selected American Shares Income Fund | 97,232 | 100,558 |
| Harbor Capital Appreciation Fund | 89,226 | 94,377 |
| Harbor International Fund | 88,694 | 104,596 |
| Nationwide Money Market Fund Inst | 83,253 | * |

* Investment balance less than 5% of the Plan's net assets for the applicable year.

During the year ended December 31, 2011, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $32,141.

The classification of investment earnings reported above and in the statement of changes in net assets may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

## Note 4 - Fair Value Measurements

Topic ASC 820, *"Fair Value Measurements and Disclosures"*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the authoritative guidance are described below:

Level 1- Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2- Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3- Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for the investments measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

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

Money market funds - Valued at the net asset value (NAV) of shares held by the Plan at year end.

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

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

| | 2011 | | | |
|---|---|---|---|---|
| | (Level 1) | (Level 2) | (Level 3) | Total |
| Mutual funds | | | | |
| Large cap | $ - | $ 329,095 | $ - | $ 329,095 |
| Bonds | - | 263,386 | - | 263,386 |
| Balanced | - | 226,948 | - | 226,948 |
| International stocks | - | 190,569 | - | 190,569 |
| Mid cap | - | 181,824 | - | 181,824 |
| Specialty | - | 108,120 | - | 108,120 |
| Small cap | - | 95,720 | - | 95,720 |
| Total mutual funds | - | 1,395,662 | - | 1,395,662 |
| Money market fund | - | 83,253 | - | 83,253 |
| Total Investments at Fair Value | $ - | $ 1,478,915 | $ - | $ 1,478,915 |

| | 2010 | | | |
|---|---|---|---|---|
| | (Level 1) | (Level 2) | (Level 3) | Total |
| Mutual funds | | | | |
| Large cap | $ - | $ 302,557 | $ - | $ 302,557 |
| Bonds | - | 248,208 | - | 248,208 |
| Balanced | - | 211,779 | - | 211,779 |
| International stocks | - | 203,444 | - | 203,444 |
| Mid cap | - | 184,199 | - | 184,199 |
| Specialty | - | 118,014 | - | 118,014 |
| Small cap | - | 112,768 | - | 112,768 |
| Total mutual funds | - | 1,380,969 | - | - |
| Money market fund | - | 46,627 | - | 46,627 |
| Total Investments at Fair Value | $ - | $ 1,427,596 | $ - | $ 1,427,596 |

**Changes in Fair Value Levels**

The availability of observable market data is monitored to assess the appropriate classifications of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2011, there were no transfers in or out of levels 1, 2, or 3.

## Note 5 - Information Certified by the Asset Custodian

The Plan Administrator has elected the method of compliance permitted by Section 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. Accordingly, as permitted under such election, no independent auditing procedures were performed with respect to the information certified by Nationwide Life Insurance Company (Asset Custodian).

The Asset Custodian has certified its statement of accounts as of December 31, 2011 and 2010 and for the year ended December 31, 2011. The statement of accounts includes beginning and ending balances of investments held, notes receivable from participants, and detail of all transactions during the period, including investment earnings and interest income on notes receivable from participants.

## Note 6 - Tax Status

The Plan uses a prototype plan document sponsored by Retirement Planning Services Inc. Retirement Planning Services Inc. received an opinion letter from the IRS dated, March 31, 2008, which states that the prototype document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

## Note 7 - Related Party and Party-In-Interest Transactions

Certain Plan investments are shares of mutual funds and a money market fund managed by Nationwide Life Insurance Company. Nationwide Life Insurance Company is the Asset Custodian, as defined by the Plan, and therefore, these transactions qualify as exempt party-in-interest transactions.

Fees totaling $20,732 paid by the Plan were for investment management and record keeping services. Remaining investment management services were included as a reduction of the return earned on each fund.

## Note 8 - Risks and Uncertainties

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

## Note 9 - Excess Contributions Payable

Contributions from participants are net of payments made to certain participants to return excess contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. The amount of the excess contributions was $22,352 and $21,672 for the years ended December 31, 2011 and 2010. These amounts are reflected as excess contributions payable in the statements of net assets available for benefits.

## Note 10 - Reconciliation of Financial Statements to 2010 Form 5500

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

| | 2011 | 2010 |
|---|---|---|
| Net Assets Available for Benefits per the Financial Statements | $ 1,488,288 | $ 1,444,928 |
| Add excess contributions payable - December 31, 2011 | 21,672 | 22,352 |
| Net Assets Available for Benefits per the Form 5500 | $ 23,683 | $ 24,362 |

The following is a reconciliation of contributions per the financial statements to Form 5500:

| | 2011 |
|---|---|
| Total Participant Contributions per the Financial Statements | $ 179,559 |
| Add excess contributions payable - December 31, 2011 | 21,672 |
| Deduct excess contributions payable - December 31, 2010 | (22,352) |
| Total Participant Contributions per the Form 5500 | $ 178,879 |

## Note 11 - Subsequent Events

The Plan sponsor has evaluated subsequent events through October 8, 2012, the date which the financial statements were available to be issued.

Effective January 20, 2012, the Plan changed its trustee and custodian from Nationwide to John Hancock**.**

Supplemental Schedules
December 31, 2011

# Sharpshooter Spectrum Venture, LLC 401(k) Plan

| (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 |
|---|---|---|---|---|
| | Invesco VK Equity Income Fund A | Mutual Fund | N/A | $ 175,793 |
| | PIMCO Total Return Fund A | Mutual Fund | N/A | 149,648 |
| | Neuberger Berman Genesis Trust | Mutual Fund | N/A | 107,255 |
| | Selected American Shares Income Fund | Mutual Fund | N/A | 97,232 |
| | Harbor Capital Appreciation Fund | Mutual Fund | N/A | 89,226 |
| | Harbor International Fund | Mutual Fund | N/A | 88,694 |
| * | Nationwide Money Market Fund Inst | Money Market Fund | N/A | 83,253 |
| | Loomis Bond Admin Fund | Mutual Fund | N/A | 67,812 |
| | Oppenheimer Value Fund A | Mutual Fund | N/A | 64,818 |
| | JP Morgan Mid Cap Value Fund A | Mutual Fund | N/A | 62,964 |
| | Baron Growth Fund | Mutual Fund | N/A | 62,812 |
| | Oppenheimer International Bond Fund A | Mutual Fund | N/A | 60,328 |
| | Franklin MSF Mutual Global Discover Fund A | Mutual Fund | N/A | 51,537 |
| | American Funds Growth Fund of America Fund R3 | Mutual Fund | N/A | 32,021 |
| | Wells Fargo Advantage Government Sec Inv Fund | Mutual Fund | N/A | 27,348 |
| | Wells Fargo Advantage Small Cap Value Fund A | Mutual Fund | N/A | 26,148 |
| | Oakmark Global Fund | Mutual Fund | N/A | 19,137 |
| * | Nationwide S&P 500 Index Fund Svc | Mutual Fund | N/A | 18,861 |
| * | Nationwide Investor Destination Mod Svc | Mutual Fund | N/A | 17,967 |
| | Ivy Asset Strategy Fund Y | Mutual Fund | N/A | 16,219 |
| | Invesco Global Core Equity Fund A | Mutual Fund | N/A | 15,903 |
| | Fidelity New Insights Fund A | Mutual Fund | N/A | 14,620 |
| | Ivy Global Natural Resources Fund Y | Mutual Fund | N/A | 13,545 |
| | Neuber Real Estate Sec Inst Fund | Mutual Fund | N/A | 9,553 |
| | T Rowe Price Mid Cap Growth Fund R | Mutual Fund | N/A | 9,538 |
| | PIMCO Commodity Real Return Strategy Fund Inst | Mutual Fund | N/A | 7,076 |
| | Ivy Science and Technology Fund Y | Mutual Fund | N/A | 6,899 |
| | Victory Port Diversified Stock Fund A | Mutual Fund | N/A | 6,837 |
| | PIMCO Commodity Real Return Strategy Fund A | Mutual Fund | N/A | 6,727 |
| | Prudential Jennison Natural Resource Fund | Mutual Fund | N/A | 6,647 |
| | Janus Overseas S Fund | Mutual Fund | N/A | 5,985 |
| | Harbor Institutional Fund Inst | Mutual Fund | N/A | 5,793 |
| | Invesco VK Comstock Fund A | Mutual Fund | N/A | 5,480 |
| | Vaneck International Inv Gold Fund A | Mutual Fund | N/A | 4,940 |
| | Prudential Short Term Corporate Bond Fund A | Mutual Fund | N/A | 4,775 |
| * | Nationwide Investor Destination Moderate Aggressive Fund | Mutual Fund | N/A | 4,706 |
| * | Nationwide Investor Destination Moderate Conservative Fund | Mutual Fund | N/A | 4,519 |
| | Allianz NFJ Small Cap Value Fund A | Mutual Fund | N/A | 4,214 |
| | Dreyfus Premium Greater China Fund | Mutual Fund | N/A | 3,675 |
| | American Century Small Cap Value Fund A | Mutual Fund | N/A | 2,546 |
| | Invesco Euro Growth Fund A | Mutual Fund | N/A | 2,533 |
| * | Nationwide Investor Destination Aggressive Fund | Mutual Fund | N/A | 2,189 |
| | American Funds Capital World Growth Fund of America R3 | Mutual Fund | N/A | 2,141 |
| | Invesco Midcap Core Equity Fund A | Mutual Fund | N/A | 2,067 |
| * | Nationwide Investor Destination 2050 Fund A | Mutual Fund | N/A | 1,592 |
| * | Nationwide Investor Destination 2040 Fund A | Mutual Fund | N/A | 1,387 |
| | American Funds Small Cap World Fund R5 | Mutual Fund | N/A | 1,315 |
| * | Nationwide Investor Destination 2030 Fund A | Mutual Fund | N/A | 1,289 |
| * | Nationwide Investor Destination Conservative Fund | Mutual Fund | N/A | 898 |
| * | Nationwide Investor Destination 2035 Fund A | Mutual Fund | N/A | 338 |
| | Franklin Templeton Foreign Fund A | Mutual Fund | N/A | 64 |
| * | Nationwide Investor Destination 2015 Fund A | Mutual Fund | N/A | 51 |
| | | | | 1,478,915 |
| * | Various participants | Participant loans (maturing 2012-2020 at interest rates of 3.25% - 8.25% maturing through 2015 | $ - | 31,045 |
| | | | | $ 1,509,960 |

* A party-in-interest as defined by ERISA
N/A- Not applicable for participant- directed plan.

| Participant Contributions Transferred Late to Plan | Late Participant Loan Repayments are Included (Yes/No) | Total that Constitute Nonexempt Prohibited Transactions: Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|---|
| $ 44,936 | Yes | $ 44,936 | $ - | $ - | $ - |

| (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 |
|---|---|---|---|---|
| | Invesco VK Equity Income Fund A | Mutual Fund | N/A | $ 175,793 |
| | PIMCO Total Return Fund A | Mutual Fund | N/A | 149,648 |
| | Neuberger Berman Genesis Trust | Mutual Fund | N/A | 107,255 |
| | Selected American Shares Income Fund | Mutual Fund | N/A | 97,232 |
| | Harbor Capital Appreciation Fund | Mutual Fund | N/A | 89,226 |
| | Harbor International Fund | Mutual Fund | N/A | 88,694 |
| * | Nationwide Money Market Fund Inst | Money Market Fund | N/A | 83,253 |
| | Loomis Bond Admin Fund | Mutual Fund | N/A | 67,812 |
| | Oppenheimer Value Fund A | Mutual Fund | N/A | 64,818 |
| | JP Morgan Mid Cap Value Fund A | Mutual Fund | N/A | 62,964 |
| | Baron Growth Fund | Mutual Fund | N/A | 62,812 |
| | Oppenheimer International Bond Fund A | Mutual Fund | N/A | 60,328 |
| | Franklin MSF Mutual Global Discover Fund A | Mutual Fund | N/A | 51,537 |
| | American Funds Growth Fund of America Fund R3 | Mutual Fund | N/A | 32,021 |
| | Wells Fargo Advantage Government Sec Inv Fund | Mutual Fund | N/A | 27,348 |
| | Wells Fargo Advantage Small Cap Value Fund A | Mutual Fund | N/A | 26,148 |
| | Oakmark Global Fund | Mutual Fund | N/A | 19,137 |
| * | Nationwide S&P 500 Index Fund Svc | Mutual Fund | N/A | 18,861 |
| * | Nationwide Investor Destination Mod Svc | Mutual Fund | N/A | 17,967 |
| | Ivy Asset Strategy Fund Y | Mutual Fund | N/A | 16,219 |
| | Invesco Global Core Equity Fund A | Mutual Fund | N/A | 15,903 |
| | Fidelity New Insights Fund A | Mutual Fund | N/A | 14,620 |
| | Ivy Global Natural Resources Fund Y | Mutual Fund | N/A | 13,545 |
| | Neuber Real Estate Sec Inst Fund | Mutual Fund | N/A | 9,553 |
| | T Rowe Price Mid Cap Growth Fund R | Mutual Fund | N/A | 9,538 |
| | PIMCO Commodity Real Return Strategy Fund Inst | Mutual Fund | N/A | 7,076 |
| | Ivy Science and Technology Fund Y | Mutual Fund | N/A | 6,899 |
| | Victory Port Diversified Stock Fund A | Mutual Fund | N/A | 6,837 |
| | PIMCO Commodity Real Return Strategy Fund A | Mutual Fund | N/A | 6,727 |
| | Prudential Jennison Natural Resource Fund | Mutual Fund | N/A | 6,647 |
| | Janus Overseas S Fund | Mutual Fund | N/A | 5,985 |
| | Harbor Institutional Fund Inst | Mutual Fund | N/A | 5,793 |
| | Invesco VK Comstock Fund A | Mutual Fund | N/A | 5,480 |
| | Vaneck International Inv Gold Fund A | Mutual Fund | N/A | 4,940 |
| | Prudential Short Term Corporate Bond Fund A | Mutual Fund | N/A | 4,775 |
| * | Nationwide Investor Destination Moderate Aggressive Fund | Mutual Fund | N/A | 4,706 |
| * | Nationwide Investor Destination Moderate Conservative Fund | Mutual Fund | N/A | 4,519 |
| | Allianz NFJ Small Cap Value Fund A | Mutual Fund | N/A | 4,214 |
| | Dreyfus Premium Greater China Fund | Mutual Fund | N/A | 3,675 |
| | American Century Small Cap Value Fund A | Mutual Fund | N/A | 2,546 |
| | Invesco Euro Growth Fund A | Mutual Fund | N/A | 2,533 |
| * | Nationwide Investor Destination Aggressive Fund | Mutual Fund | N/A | 2,189 |
| | American Funds Capital World Growth Fund of America R3 | Mutual Fund | N/A | 2,141 |
| | Invesco Midcap Core Equity Fund A | Mutual Fund | N/A | 2,067 |
| * | Nationwide Investor Destination 2050 Fund A | Mutual Fund | N/A | 1,592 |
| * | Nationwide Investor Destination 2040 Fund A | Mutual Fund | N/A | 1,387 |
| | American Funds Small Cap World Fund R5 | Mutual Fund | N/A | 1,315 |
| * | Nationwide Investor Destination 2030 Fund A | Mutual Fund | N/A | 1,289 |
| * | Nationwide Investor Destination Conservative Fund | Mutual Fund | N/A | 898 |
| * | Nationwide Investor Destination 2035 Fund A | Mutual Fund | N/A | 338 |
| | Franklin Templeton Foreign Fund A | Mutual Fund | N/A | 64 |
| * | Nationwide Investor Destination 2015 Fund A | Mutual Fund | N/A | 51 |
| | | | | 1,478,915 |
| * | Various participants | Participant loans (maturing 2012-2020 at interest rates of 3.25% - 8.25% maturing through 2015 | $ - | 31,045 |
| | | | | $ 1,509,960 |

* A party-in-interest as defined by ERISA
N/A- Not applicable for participant- directed plan.

SHARPSHOOTER SPECTRUM VENTURE, LLC
SHARPSHOOTER SPECTRUM VENTURE, LLC 401(K) PLAN
EIN #84-1393180
Line 4i of Schedule H - Schedule of Assets Held for Investment Purposes
Plan Year Ending 12/31/2011


| (a) | (b) Identity | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Allianz NFJ Smallcap Value Fund A | Mutual Fund | | 4,214 |
| | American Century Smallcap Value Fund A | Mutual Fund | | 2,546 |
| | American Funds Capital World Growth Income Fund R3 | Mutual Fund | | 2,141 |
| | American Funds Growth Fund of America R3 | Mutual Fund | | 32,021 |
| | American Funds Smallcap World Fund R5 | Mutual Fund | | 1,315 |
| | Baron Growth Fund | Mutual Fund | | 62,812 |
| | Davis Select American Shares S | Mutual Fund | | 97,232 |
| | Dreyfus Greater China Fund A | Mutual Fund | | 3,675 |
| | Franklin Templeton Foreign Fund A | Mutual Fund | | 64 |
| | Harbor Capital Appreciation Fund | Mutual Fund | | 89,226 |
| | Harbor International Fund Inst | Mutual Fund | | 5,793 |
| | Harbor International Inv Fund | Mutual Fund | | 88,694 |
| | Invesco Euro Growth Fund A | Mutual Fund | | 2,533 |
| | Invesco Global Core Equity Fund A | Mutual Fund | | 15,903 |
| | Invesco VK Comstock Fund A | Mutual Fund | | 5,480 |
| | Janus Overseas Fund S | Mutual Fund | | 5,985 |
| | JP Morgan Midcap Value Fund A | Mutual Fund | | 62,964 |
| | Neuberger Berman Genesis Trust | Mutual Fund | | 107,255 |
| | Neuberger Berman Real Estate Trust | Mutual Fund | | 9,553 |
| * | NW Investor Destination 2030 Fund A | Mutual Fund | | 1,289 |
| * | NW Investor Destination 2035 Fund A | Mutual Fund | | 338 |
| * | NW Investor Destination 2040 Fund A | Mutual Fund | | 1,387 |
| * | NW Investor Destination 2050 Fund A | Mutual Fund | | 1,592 |
| * | NW Investor Destination Aggressive Fund Svc | Mutual Fund | | 2,189 |
| * | NW S&P 500 Index Fund Svc | Mutual Fund | | 18,861 |
| | Oakmark Global Fund II | Mutual Fund | | 19,137 |
| | Oppenheimer Value Fund A | Mutual Fund | | 64,818 |
| | PIMCO Comodity Real Return Strategy Fund A | Mutual Fund | | 6,727 |
| | PIMCO Comodity Real Return Strategy Fund Inst | Mutual Fund | | 7,076 |
| | Prudential Jennison Natural Resources Fund A | Mutual Fund | | 6,647 |
| | T. Rowe Price Mdcap Growth Fund R | Mutual Fund | | 9,538 |
| | Vaneck International Inv Gold Fund A | Mutual Fund | | 4,940 |
| | Victory Diversified Stock Fund A | Mutual Fund | | 6,837 |
| | Wells Fargo Smallcap Value Fund A | Mutual Fund | | 26,148 |
| | Ivy Global Natural Resources Fund Y | Mutual Fund | | 13,545 |
| | Ivy Science and Technology Fund Y | Mutual Fund | | 6,899 |
| | Fidelity New Insights Fund A | Mutual Fund | | 14,620 |
| | Invesco Midcap Core Equity Fund A | Mutual Fund | | 2,067 |
| * | NW Investor Destination Moderate Aggressive Fund Svc | Mutual Fund | | 4,706 |
| | Franklin MSF Mutual Global Discover Fund A | Mutual Fund | | 51,537 |
| | Invesco VK Equity Income Fund A | Mutual Fund | | 175,793 |
| | Loomis Bond Admin Fund | Mutual Fund | | 67,812 |
| * | NW Investor Destination 2015 Fund A | Mutual Fund | | 51 |
| * | NW Investor Destination Moderate Fund Svc | Mutual Fund | | 17,967 |
| | Oppenheimer International Bond Fund A | Mutual Fund | | 60,328 |

SHARPSHOOTER SPECTRUM VENTURE, LLC
SHARPSHOOTER SPECTRUM VENTURE, LLC 401(K) PLAN
EIN #84-1393180
Line 4i of Schedule H - Schedule of Assets Held for Investment Purposes
Plan Year Ending 12/31/2011


| (a) | (b) Identity | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Ivy Asset Strategy Fund Y | Mutual Fund | | 16,219 |
| * | NW Investor Destination Moderate Conservative Fund Svc | Mutual Fund | | 4,519 |
| * | NW Investor Destination Conservative Fund Svc | Mutual Fund | | 898 |
| | PIMCO Total Return Fund A | Mutual Fund | | 149,648 |
| | Prudential Short term Corporate Bond Fund A | Mutual Fund | | 4,775 |
| | Wells Fargo Gov't Securities Inv Fund | Mutual Fund | | 27,348 |
| * | NW Money Market Fund Inst | Mutual Fund | | 83,253 |
| | Participant Loans<br>with all Interest Rates at 3.25% | Participant Loans | | 31,045 |
| | | | | 1,509,960 |