

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 <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan HENRY TROEMNER LLC CASH OR DEFERRED PROFIT SHARING PLAN AND TRUST	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td>001</td> </tr> <tr> <td>1c Effective date of plan</td> <td>01/01/2001</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan	01/01/2001		
1b Three-digit plan number (PN) ►	001						
1c Effective date of plan	01/01/2001						
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) HENRY TROEMNER, LLC 201 WOLF DRIVE, P.O. BOX 87 THOROFARE, NJ 08086	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td>52-2154005</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td>856-686-1600</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>332900</td> </tr> </table>	2b Employer Identification Number (EIN)	52-2154005	2c Sponsor's telephone number	856-686-1600	2d Business code (see instructions)	332900
2b Employer Identification Number (EIN)	52-2154005						
2c Sponsor's telephone number	856-686-1600						
2d Business code (see instructions)	332900						

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	ALLYSON LYNCH
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HENRY TROEMNER, LLC 201 WOLF DRIVE, P.O. BOX 87 THOROFARE, NJ 08086	3b Administrator's EIN 52-2154005 3c Administrator's telephone number 856-686-1600
--	---

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	142
---	----------	-----

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	109
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	31
d Subtotal. Add lines 6a , 6b , and 6c	6d	140
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	141
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	114
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:

2E 2G 2J 2K 3D 2S 2R

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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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)** ☒ **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)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☐ **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

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

A Name of plan <u>HENRY TROEMNER LLC CASH OR DEFERRED PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HENRY TROEMNER, LLC</u>	D Employer Identification Number (EIN) <u>52-2154005</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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)

PNC BANK, N.A.

25-1211909

(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?
25 59 60 63	TRUSTEE	639	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN BEACON SMALL CAP VALUE FUN 4151 AMON CARTER BLVD., MD 2450 FORT WORTH, TX 76155	25 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY STRATEGIC ALLOCATI P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY STRATEGIC ALLOCATI P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63	

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
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS - EUROPACIFIC GROWTH 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	5 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS - GROWTH FUND OF AME 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	5 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS - INVESTMENT COMPANY 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	5 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63	

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
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS - SMALLCAP WORLD A 333 SOUTH HOPE STREET LOS ANGELES, CA 90071		5 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	59 60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FEDERATED U.S. GOVT BOND FUND SS FEDERATED INVESTORS TOWER PITTSBURGH, PA 15222		25 BASIS POINTS ANNUALLY-59 10 BASIS POINTS ANNUALLY-60
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO GLOBAL HEALTH CARE FUND A 1555 PEACHTREE STREET, N.E. ATLANTA, GA 30309		5 BASIS POINTS ANNUALLY-59 25 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

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
PNC BANK, N.A.	59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO TECHNOLOGY FUND A	1555 PEACHTREE STREET, N.E. ATLANTA, GA 30309	5 BASIS POINTS ANNUALLY-59 25 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
PNC BANK, N.A.	59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO VAN KAMPEN VALUE OPPORTUNIT	1555 PEACHTREE STREET, N.E. ATLANTA, GA 30309	5 BASIS POINTS ANNUALLY-59 25 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS FUND S	151 DETROIT STREET DENVER, CO 80206	25 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

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
PNC BANK, N.A.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS GLOBAL TECHNOLOGY FUND T 151 DETROIT STREET DENVER, CO 80206	25 BASIS POINTS ANNUALLY-60	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS GROWTH AND INCOME FUND S 151 DETROIT STREET DENVER, CO 80206	25 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	59 63	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS RESEARCH BOND FUND A 500 BOYLSTON STREET BOSTON, MA 02116	10 BASIS POINTS ANNUALLY-59 15 BASIS POINTS ANNUALLY-63	

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
PNC BANK, N.A.	59 63	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS VALUE FUND A	500 BOYLSTON STREET BOSTON, MA 02116	20 BASIS POINTS ANNUALLY-59 25 BASIS POINTS ANNUALLY-63
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
PNC BANK, N.A.	59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PNC INVESTMENT CONTRACT FUND X	620 LIBERTY AVENUE PITTSBURGH, PA 15222	75 BASIS POINTS ANNUALLY-59
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE VALUE PLUS FUND SVC	745 5TH AVENUE, 24TH FLOOR NEW YORK, NY 10151	10 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

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
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE RETIREMENT 2010 FUND 100 EAST PRATT STREET BALTIMORE, MD 21202	15 BASIS POINTS ANNUALLY-60 50 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE RETIREMENT 2020 FUND 100 EAST PRATT STREET BALTIMORE, MD 21202	15 BASIS POINTS ANNUALLY-60 50 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE RETIREMENT 2030 FUND 100 EAST PRATT STREET BALTIMORE, MD 21202	15 BASIS POINTS ANNUALLY-60 50 BASIS POINTS ANNUALLY-63

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
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE RETIREMENT 2040 FUND 100 EAST PRATT STREET BALTIMORE, MD 21202	15 BASIS POINTS ANNUALLY-60 50 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE RETIREMENT 2050 FUND 100 EAST PRATT STREET BALTIMORE, MD 21202	15 BASIS POINTS ANNUALLY-60 50 BASIS POINTS ANNUALLY-63

(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:

<div>SCHEDULE D (Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2011</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011					
A Name of plan HENRY TROEMNER LLC CASH OR DEFERRED PROFIT SHARING PLAN AND TRUST				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HENRY TROEMNER, LLC				D Employer Identification Number (EIN) 52-2154005	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: PNC INVESTMENT CONTRACT FUND					
b Name of sponsor of entity listed in (a): PNC BANK N.A.					
c EIN-PN 25-1197336-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 738889	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>HENRY TROEMNER LLC CASH OR DEFERRED PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HENRY TROEMNER, LLC</u>	D Employer Identification Number (EIN) <u>52-2154005</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	8668	
	(2) Participant contributions	1b(2)	21517	
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	73412	93925
	(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)	8370	7538
	(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)	117593	105872
	(9) Value of interest in common/collective trusts.....	1c(9)	760692	738889
	(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)	3044110	3229594
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	4034362	4175818

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4034362	4175818
---	-----------	---------	---------

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)	94336	
(B) Participants	2a(1)(B)	253234	
(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)		347570
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11	
(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)	5177	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5188
(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)	60511	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		60511
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	556300	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	553190	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3110

		(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)		11428
(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)		-79349
c Other income.....	2c		-812
d Total income. Add all income amounts in column (b) and enter total.....	2d		347646

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	205551	
(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)		205551
f Corrective distributions (see instructions)	2f		
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	639	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		639
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		206190

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		141456
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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BEE, BERGVALL AND COMPANY, P.C.

(2) EIN: 23-2749044

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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 <u>HENRY TROEMNER LLC CASH OR DEFERRED PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HENRY TROEMNER, LLC</u>	D Employer Identification Number (EIN) <u>52-2154005</u>

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	<u>0</u>
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): <u>25-1211909</u>		
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 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): _____

**HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST**

FINANCIAL STATEMENTS

DECEMBER 31, 2011

(See Independent Auditors' Report)

TABLE OF CONTENTS

Independent Auditors' Report	2
Statements of Assets Available for Plan Benefits	3
Statement of Changes in Net Assets Available for Plan Benefits	4
Notes to Financial Statements	5-11
Supplemental Schedules	13



936 Easton Road, PO Box 754, Warrington, PA 18976
163 S. Broad Street, Lansdale, PA 19446
(215) 343-2727 • Fax (215) 343-8080

INDEPENDENT AUDITORS' REPORT

We were engaged to audit the financial statements of the Henry Troemner LLC Cash or Deferred Profit Sharing Plan and Trust (the Plan) as of December 31, 2011 and 2010 and for the year ended December 31, 2011, and the supplemental schedules as of December 31, 2011 as listed in the accompanying index. 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 4 of the financial statements which was certified by PNC Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan's Administrator has obtained certification from PNC Bank as of December 31, 2011 and 2010 and for the year ended December 31, 2011 that the information provided to the Plan Administrator by trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to and do not express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in cursive script that reads 'Bee, Bergvall & Co.'.

Bee, Bergvall and Company, P.C.
Certified Public Accountants

October 9, 2012

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Statements of Assets Available for Plan Benefits

December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Assets		
Investments, at fair value	\$ 4,069,946	\$ 3,891,520
Receivables		
Employees' contribution	-	21,517
Employer's contribution	-	8,668
Total Receivables	<u>-</u>	<u>30,185</u>
Participant Loans	<u>105,872</u>	<u>112,657</u>
Assets Available for Plan Benefits	<u>\$ 4,175,818</u>	<u>\$ 4,034,362</u>

See independent auditors' report and
accompanying notes to the financial statements

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Statement of Changes in Net Assets Available for Plan Benefits

For the Year Ended December 31, 2011

	<u>2011</u>
Additions to Net Assets Attributed to:	
Investment Income	
Net appreciation in fair value of investments	\$ (65,624)
Interest and dividends	<u>65,699</u>
Total Investment Income	<u>75</u>
Contributions	
Employees	253,235
Employer	<u>94,336</u>
Total Contributions	<u>347,571</u>
Total Additions	<u>347,646</u>
Deductions from Net Assets Attributed to:	
Transaction fees	639
Benefits paid to participants	<u>205,551</u>
Total Deductions	<u>206,190</u>
Net Increase	141,456
Net Assets Available for Plan Benefits	
Beginning of the year	<u>4,034,362</u>
End of year	<u><u>\$ 4,175,818</u></u>

See independent auditors' report and
accompanying notes to the financial statements

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 1. Description of the Plan

The following description of the Henry Troemner LLC Cash or Deferred Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution retirement plan with an employer matching contribution covering all employees with one year of service, except those employees covered by a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: The eligible employees may defer from 1% to 15% elective deferral by payroll deduction. The employee is also permitted to make personal after-tax contributions to the Plan. The employer matching contributions are 50% of employee deferrals to a maximum of 6% of compensation. The Employer may also contribute a discretionary amount to be allocated to each participant in proportion to his or her compensation for the calendar year. For the year ended December 31, 2011 the employer's matching contribution was \$94,336.

Participant Accounts: Each participant's account is credited with the participant's elective deferrals, the participant's voluntary contributions; the employer's matching contribution, and allocations of (a) the employer's discretionary contribution, if any, and (b) the Plan earnings net of expenses. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Employees are fully vested in all benefits and accounts can not be forfeited for any reason.

Investments: Participants direct the investment of their contributions into various investment opportunities offered by the Plan. Participants may change their investment options at any time.

Payment of Benefits: On termination of service due to death, disability, or retirement, or in the event of a hardship, a participant may elect to receive a distribution in a single lump sum payment equal to the value of the participant's vested interest or installment payments. As of December 31, 2011, there were no participants who elected to withdraw and had not been paid.

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 1. Description of the Plan (Continued)

Participant Loans: Participant loans are permitted under the Plan. Loans must be approved by the Plan administrator and are subject to a strict set of rules established by law. Loan transactions are treated as a transfer between the investment fund and the Participant Loan fund. These loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

Forfeited Accounts: Forfeitures resulting from the non-vested portions of the employer contributions for a terminated participant's account can be used to reduce future Company contributions.

NOTE 2. Summary of Accounting Policies

Basis of Accounting: The financial statements of the Plan are prepared on the accrual method of accounting.

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

Investment Valuation and Income Recognition: The Plan's investments are stated at fair market value as determined by the Plan's Trustee. Purchases and sales of securities are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: Administrative expenses of the Plan, including audit fees, are paid by the Plan Sponsor. For 2011, the Plan sponsor paid \$14,046 in expenses related to the Plan.

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 3. Tax Status

The Internal Revenue has determined and informed the Trustee that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and no provision for income taxes has been included in the Plan's financial statements.

NOTE 4. Information Certified by the Plan Trustee (Unaudited)

The following is a summary of the unaudited information regarding the Plan as of December 31, 2011 and 2010 and for the year ended December 31, 2011 included in the Plan's financial statements and supplemental schedules that was derived from information prepared by PNC Bank, the trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained certification from the trustee that such information is complete and accurate.

	<u>2011</u>	<u>2010</u>
Statements of Assets Available for Plan Benefits:		
Investments	\$ 4,069,946	\$ 3,891,520
Participant loans	105,872	112,657
Statements of Changes in Net Assets Available for Plan Benefits:		
Net appreciation in fair value of investm	(64,811)	
Interest and dividends	65,699	

Supplemental Schedules: All investment balances
and information included in the schedules.

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 4. Information Certified by the Trustee (Continued)

The following presents investments that represent five percent or more of the Plan's net assets.

	<u>2011</u>	<u>2010</u>
PNC Investment Contract Fund	\$ 738,890	\$ 7,656,273
Investment Co of America	213,910	220,768
Am Cent Moderate Fd Advisor	411,474	358,400
Am Beacon Sm Cap Value	433,976	423,417
Growth Fund of America	***	195,485
Federated US Govt Bond Fund	***	191,699
Vanguard 500 Index	682,444	598,800
*** Investment less than 5%		

NOTE 5. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, each participant would become 100% vested in his or her account balance.

NOTE 6. Related Party Transactions

The Plan invests in shares of mutual funds managed by an affiliate of PNC Advisors. PNC Advisors acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as a party-in-interest transaction which is exempt from the prohibited transaction rules of ERISA.

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 7. Risks and Uncertainties

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

NOTE 8. Fair Value Measurements

The Plan adopted Financial Accounting Standards Board Statement of Financial Accounting Standard (SFAS) No. 157, *Fair Value Measurement*, effective January 1, 2008. SFAS No. 157 establishes a framework for measuring fair value and expands disclosures about fair value. FASA No. 157 establishes a fair value hierarchy which requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value. A financial instrument's level within the fair value hierarchy is based on the lowest level of inputs significant to the fair value measurement. The adoption of SFAS No. 157 did not have a material impact on the Plan's financial statements, although it did result in expanded disclosures.

The three levels of the fair value hierarchy under SFAS No. 157 are described below:

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

Level II - Inputs to the valuation methodology are observable inputs other than Level I prices, such as quoted prices for similar assets or liabilities in active markets; quoted prices in markets that are not active for identical or similar assets or liabilities; or other inputs that are observable or can be corroborated by observable market data. If the assets or liability has a specified (contractual) term, the Level II input must be observable for substantially all of the full term of the asset or liability.

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 8. Fair Value Measurements (Continued)

Level III - Inputs to the valuation methodology are unobservable inputs that are supported by little or no market activity and significant to the fair value of the asset or liabilities that are developed using the reporting entities' estimates and assumptions, which reflect those that market participants would use.

The following is a description of the valuation methodologies used for assets measured at fair value:

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

Participant loans: Valued at amortized cost, which approximates fair value.

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

	Quoted Prices in an active Market (Level I)	Significant other observable inputs (Level II)	Significant unobservable inputs (Level III)
<u>December 31, 2011</u>			
Assets			
Mutual Funds	\$ 4,069,946	\$ -	\$ -
Participant loans	-	-	105,872
Totals assets at fair value	<u>\$ 4,069,946</u>	<u>-</u>	<u>\$ 105,872</u>
<u>December 31, 2010</u>			
Assets			
Mutual Funds	\$ 3,891,520	\$ -	\$ -
Participant loans	-	-	112,657
Totals assets at fair value	<u>\$ 3,891,520</u>	<u>-</u>	<u>\$ 112,657</u>

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 8. Fair Value Measurements (Continued)

The following table sets forth a summary of changes in the fair value of the Plan's Level III assets for the year ended December 31, 2011:

	Participant <u>Loans</u>
Balance, beginning of year	\$ 112,657
Loan repayments	(44,593)
New loans	<u>37,808</u>
	<u>\$ 105,872</u>

NOTE 9. Subsequent Events

The Plan has evaluated events and transactions for potential recognition or disclosure in the financial statements through October 9, 2012, which is the date the statements were available for release. No subsequent events have been recognized or disclosed.

SUPPLEMENTAL SCHEDULES

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Schedule of Assets (Held At Year-End)

EIN 52-2154005 Plan # 1

Form 5500 Schedule H Item 4(i)

(a)	(b)	(c)	(d)	(e)
		Description of Investment, Including maturity date, rate of interest, collateral, par or		
	<u>Identity of Issue</u>	<u>Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
*	PNC Investment Contract Fund		\$ 642,650	\$ 738,890
	Investment Co of America		228,790	213,910
	Vanguard 500 Index		630,559	682,444
	Vanguard Index Mid Cap Stock		45,908	49,506
	Vanguard Total Bond Index		12,854	13,209
	MFS Value		22,455	24,183
	BlackRock Index Equity Cl A		-	-
	Am Cent Conserv Fd Advisor		185,234	183,946
	Am Cent Moderate Fd Advisor		424,935	411,474
	Am Beacon Sm Cap Value		434,179	433,976
	Federated US Govt Bond Fund		215,641	204,087
	Growth Fund of America		163,701	164,314
	EuroPacific Growth Fund		190,711	170,973
	Janus Growth & Income		60,250	70,647
	Janus Fund Class		56,574	71,130
	Investco Global Health Care		80,928	80,845
	Janus Global Tech Fund		3,941	3,690
	MFS Research Bond		172,697	183,463
	Investco VanKampen Value		52,123	48,584
	Investco Technology Fund		48,221	57,074
	Federated Mid-Cap Index		-	-
	Royce Value Plus Svs Fund		14,370	14,390
	SDBA		101,463	101,463
	SmallCap World		15,063	14,318
	T Rowe Ret 2010		4,293	4,538
	T Rowe Ret-2020		83,393	84,288
	T Rowe Ret-2030		18,755	20,966
	T Rowe Ret-2040		22,121	23,577
	T Rowe Ret-2050		40	61
1	Loan Fund		-	105,872
	Total Assets Held for Investment Purposes		<u>\$ 3,931,849</u>	<u>\$ 4,175,818</u>

The above information has been certified by PNC, the trustee, as complete and accurate to the best of their knowledge.

*Represents a party-in-interest

1 Interest is set to prevailing market rate at time of issuance. Interest rate on loans outstanding is calculated at prime plus 1%. The prime rate at December 31, 2011 was 3.25%.



CERTIFICATION FOR ENCLOSURE WITH FORM 5500

April 2012

Re: *PNC Investment Contract Fund*
Audited Financials 2011

Dear Plan Sponsor:

As a part of our ongoing commitment to you enclosed you will find the annual audited financial statement for the PNC Investment Contract Fund for 2011. Our records indicate your plan held a position in the fund as of December 31, 2011.

We certify that pursuant to Department of Labor Regulations §2520.103-9(c) the Fund Trustee will file with the Department of Labor on or before the filing due date a Form 5500 for the 2011 calendar year for the collective trust listed below. This filing will include an annual Statement of Assets and Liabilities for the following PNC Bank Collective Investment Trust Funds held by Employee Benefits plans:

FUND	TRUST NO.	FUND EIN
PNC EBT Investment Contract Fund	1028398	25-1197336

As always, if you have any questions or need any additional information, please do not hesitate to contact us at 800-762-0061.

I, Sherri L. Painter, Vice President, certify the accuracy and completeness of the information provided in this certification and in the above-described Statement of Assets and Liabilities.

Sincerely,

Sherri L. Painter
Vice President
Manager, Client Services & Compliance

Cc: Enclosure

The PNC Financial Services Group, Inc. ("PNC") uses the service marks "PNC Wealth Management", "PNC Institutional Investments" and "Hawthorn PNC Family Wealth" to provide investment and wealth management, fiduciary services, non-discretionary defined contribution plan services and investment options, FDIC-insured banking products and services and lending of funds through its subsidiary, PNC Bank, National Association, which is a **Member FDIC**, and uses the service marks "PNC Wealth Management" and "Hawthorn PNC Family Wealth" to provide certain fiduciary and agency services through its subsidiary, PNC Delaware Trust Company. PNC does not provide legal, tax or accounting advice. PNC does not provide investment advice to Vested Interest plan sponsors or participants.

Investments: Not FDIC Insured. No Bank Guarantee. May Lose Value.

©2012 The PNC Financial Services Group, Inc. All rights reserved.

A member of The PNC Financial Services Group
Two PNC Plaza 620 Liberty Avenue Pittsburgh Pennsylvania 15222
www.pnc.com

**HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST**

FINANCIAL STATEMENTS

DECEMBER 31, 2011

(See Independent Auditors' Report)

TABLE OF CONTENTS

Independent Auditors' Report	2
Statements of Assets Available for Plan Benefits	3
Statement of Changes in Net Assets Available for Plan Benefits	4
Notes to Financial Statements	5-11
Supplemental Schedules	13



936 Easton Road, PO Box 754, Warrington, PA 18976
163 S. Broad Street, Lansdale, PA 19446
(215) 343-2727 • Fax (215) 343-8080

INDEPENDENT AUDITORS' REPORT

We were engaged to audit the financial statements of the Henry Troemner LLC Cash or Deferred Profit Sharing Plan and Trust (the Plan) as of December 31, 2011 and 2010 and for the year ended December 31, 2011, and the supplemental schedules as of December 31, 2011 as listed in the accompanying index. 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 4 of the financial statements which was certified by PNC Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan's Administrator has obtained certification from PNC Bank as of December 31, 2011 and 2010 and for the year ended December 31, 2011 that the information provided to the Plan Administrator by trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to and do not express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in cursive script that reads 'Bee, Bergvall & Co.'.

Bee, Bergvall and Company, P.C.
Certified Public Accountants

October 9, 2012

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Statements of Assets Available for Plan Benefits

December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Assets		
Investments, at fair value	\$ 4,069,946	\$ 3,891,520
Receivables		
Employees' contribution	-	21,517
Employer's contribution	-	8,668
Total Receivables	<u>-</u>	<u>30,185</u>
Participant Loans	<u>105,872</u>	<u>112,657</u>
Assets Available for Plan Benefits	<u><u>\$ 4,175,818</u></u>	<u><u>\$ 4,034,362</u></u>

See independent auditors' report and
accompanying notes to the financial statements

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Statement of Changes in Net Assets Available for Plan Benefits

For the Year Ended December 31, 2011

	<u>2011</u>
Additions to Net Assets Attributed to:	
Investment Income	
Net appreciation in fair value of investments	\$ (65,624)
Interest and dividends	<u>65,699</u>
Total Investment Income	<u>75</u>
Contributions	
Employees	253,235
Employer	<u>94,336</u>
Total Contributions	<u>347,571</u>
Total Additions	<u>347,646</u>
Deductions from Net Assets Attributed to:	
Transaction fees	639
Benefits paid to participants	<u>205,551</u>
Total Deductions	<u>206,190</u>
Net Increase	141,456
Net Assets Available for Plan Benefits	
Beginning of the year	<u>4,034,362</u>
End of year	<u><u>\$ 4,175,818</u></u>

See independent auditors' report and
accompanying notes to the financial statements

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 1. Description of the Plan

The following description of the Henry Troemner LLC Cash or Deferred Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution retirement plan with an employer matching contribution covering all employees with one year of service, except those employees covered by a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: The eligible employees may defer from 1% to 15% elective deferral by payroll deduction. The employee is also permitted to make personal after-tax contributions to the Plan. The employer matching contributions are 50% of employee deferrals to a maximum of 6% of compensation. The Employer may also contribute a discretionary amount to be allocated to each participant in proportion to his or her compensation for the calendar year. For the year ended December 31, 2011 the employer's matching contribution was \$94,336.

Participant Accounts: Each participant's account is credited with the participant's elective deferrals, the participant's voluntary contributions; the employer's matching contribution, and allocations of (a) the employer's discretionary contribution, if any, and (b) the Plan earnings net of expenses. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Employees are fully vested in all benefits and accounts can not be forfeited for any reason.

Investments: Participants direct the investment of their contributions into various investment opportunities offered by the Plan. Participants may change their investment options at any time.

Payment of Benefits: On termination of service due to death, disability, or retirement, or in the event of a hardship, a participant may elect to receive a distribution in a single lump sum payment equal to the value of the participant's vested interest or installment payments. As of December 31, 2011, there were no participants who elected to withdraw and had not been paid.

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 1. Description of the Plan (Continued)

Participant Loans: Participant loans are permitted under the Plan. Loans must be approved by the Plan administrator and are subject to a strict set of rules established by law. Loan transactions are treated as a transfer between the investment fund and the Participant Loan fund. These loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

Forfeited Accounts: Forfeitures resulting from the non-vested portions of the employer contributions for a terminated participant's account can be used to reduce future Company contributions.

NOTE 2. Summary of Accounting Policies

Basis of Accounting: The financial statements of the Plan are prepared on the accrual method of accounting.

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

Investment Valuation and Income Recognition: The Plan's investments are stated at fair market value as determined by the Plan's Trustee. Purchases and sales of securities are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: Administrative expenses of the Plan, including audit fees, are paid by the Plan Sponsor. For 2011, the Plan sponsor paid \$14,046 in expenses related to the Plan.

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 3. Tax Status

The Internal Revenue has determined and informed the Trustee that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and no provision for income taxes has been included in the Plan's financial statements.

NOTE 4. Information Certified by the Plan Trustee (Unaudited)

The following is a summary of the unaudited information regarding the Plan as of December 31, 2011 and 2010 and for the year ended December 31, 2011 included in the Plan's financial statements and supplemental schedules that was derived from information prepared by PNC Bank, the trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained certification from the trustee that such information is complete and accurate.

	<u>2011</u>	<u>2010</u>
Statements of Assets Available for Plan Benefits:		
Investments	\$ 4,069,946	\$ 3,891,520
Participant loans	105,872	112,657
Statements of Changes in Net Assets Available for Plan Benefits:		
Net appreciation in fair value of investm	(64,811)	
Interest and dividends	65,699	

Supplemental Schedules: All investment balances
and information included in the schedules.

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 4. Information Certified by the Trustee (Continued)

The following presents investments that represent five percent or more of the Plan's net assets.

	<u>2011</u>	<u>2010</u>
PNC Investment Contract Fund	\$ 738,890	\$ 7,656,273
Investment Co of America	213,910	220,768
Am Cent Moderate Fd Advisor	411,474	358,400
Am Beacon Sm Cap Value	433,976	423,417
Growth Fund of America	***	195,485
Federated US Govt Bond Fund	***	191,699
Vanguard 500 Index	682,444	598,800
*** Investment less than 5%		

NOTE 5. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, each participant would become 100% vested in his or her account balance.

NOTE 6. Related Party Transactions

The Plan invests in shares of mutual funds managed by an affiliate of PNC Advisors. PNC Advisors acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as a party-in-interest transaction which is exempt from the prohibited transaction rules of ERISA.

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 7. Risks and Uncertainties

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

NOTE 8. Fair Value Measurements

The Plan adopted Financial Accounting Standards Board Statement of Financial Accounting Standard (SFAS) No. 157, *Fair Value Measurement*, effective January 1, 2008. SFAS No. 157 establishes a framework for measuring fair value and expands disclosures about fair value. FASA No. 157 establishes a fair value hierarchy which requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value. A financial instrument's level within the fair value hierarchy is based on the lowest level of inputs significant to the fair value measurement. The adoption of SFAS No. 157 did not have a material impact on the Plan's financial statements, although it did result in expanded disclosures.

The three levels of the fair value hierarchy under SFAS No. 157 are described below:

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

Level II - Inputs to the valuation methodology are observable inputs other than Level I prices, such as quoted prices for similar assets or liabilities in active markets; quoted prices in markets that are not active for identical or similar assets or liabilities; or other inputs that are observable or can be corroborated by observable market data. If the assets or liability has a specified (contractual) term, the Level II input must be observable for substantially all of the full term of the asset or liability.

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 8. Fair Value Measurements (Continued)

Level III - Inputs to the valuation methodology are unobservable inputs that are supported by little or no market activity and significant to the fair value of the asset or liabilities that are developed using the reporting entities' estimates and assumptions, which reflect those that market participants would use.

The following is a description of the valuation methodologies used for assets measured at fair value:

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

Participant loans: Valued at amortized cost, which approximates fair value.

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

	Quoted Prices in an active Market (Level I)	Significant other observable inputs (Level II)	Significant unobservable inputs (Level III)
<u>December 31, 2011</u>			
Assets			
Mutual Funds	\$ 4,069,946	\$ -	\$ -
Participant loans	-	-	105,872
Totals assets at fair value	<u>\$ 4,069,946</u>	<u>-</u>	<u>\$ 105,872</u>
<u>December 31, 2010</u>			
Assets			
Mutual Funds	\$ 3,891,520	\$ -	\$ -
Participant loans	-	-	112,657
Totals assets at fair value	<u>\$ 3,891,520</u>	<u>-</u>	<u>\$ 112,657</u>

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 8. Fair Value Measurements (Continued)

The following table sets forth a summary of changes in the fair value of the Plan's Level III assets for the year ended December 31, 2011:

	Participant <u>Loans</u>
Balance, beginning of year	\$ 112,657
Loan repayments	(44,593)
New loans	<u>37,808</u>
	<u>\$ 105,872</u>

NOTE 9. Subsequent Events

The Plan has evaluated events and transactions for potential recognition or disclosure in the financial statements through October 9, 2012, which is the date the statements were available for release. No subsequent events have been recognized or disclosed.

SUPPLEMENTAL SCHEDULES

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Schedule of Assets (Held At Year-End)

EIN 52-2154005 Plan # 1

Form 5500 Schedule H Item 4(i)

(a)	(b)	(c)	(d)	(e)
		Description of Investment, Including maturity date, rate of interest, collateral, par or		
	<u>Identity of Issue</u>	<u>Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
*	PNC Investment Contract Fund		\$ 642,650	\$ 738,890
	Investment Co of America		228,790	213,910
	Vanguard 500 Index		630,559	682,444
	Vanguard Index Mid Cap Stock		45,908	49,506
	Vanguard Total Bond Index		12,854	13,209
	MFS Value		22,455	24,183
	BlackRock Index Equity Cl A		-	-
	Am Cent Conserv Fd Advisor		185,234	183,946
	Am Cent Moderate Fd Advisor		424,935	411,474
	Am Beacon Sm Cap Value		434,179	433,976
	Federated US Govt Bond Fund		215,641	204,087
	Growth Fund of America		163,701	164,314
	EuroPacific Growth Fund		190,711	170,973
	Janus Growth & Income		60,250	70,647
	Janus Fund Class		56,574	71,130
	Investco Global Health Care		80,928	80,845
	Janus Global Tech Fund		3,941	3,690
	MFS Research Bond		172,697	183,463
	Investco VanKampen Value		52,123	48,584
	Investco Technology Fund		48,221	57,074
	Federated Mid-Cap Index		-	-
	Royce Value Plus Svs Fund		14,370	14,390
	SDBA		101,463	101,463
	SmallCap World		15,063	14,318
	T Rowe Ret 2010		4,293	4,538
	T Rowe Ret-2020		83,393	84,288
	T Rowe Ret-2030		18,755	20,966
	T Rowe Ret-2040		22,121	23,577
	T Rowe Ret-2050		40	61
1	Loan Fund		-	105,872
	Total Assets Held for Investment Purposes		<u>\$ 3,931,849</u>	<u>\$ 4,175,818</u>

The above information has been certified by PNC, the trustee, as complete and accurate to the best of their knowledge.

*Represents a party-in-interest

1 Interest is set to prevailing market rate at time of issuance. Interest rate on loans outstanding is calculated at prime plus 1%. The prime rate at December 31, 2011 was 3.25%.

**HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST**

FINANCIAL STATEMENTS

DECEMBER 31, 2011

(See Independent Auditors' Report)

TABLE OF CONTENTS

Independent Auditors' Report	2
Statements of Assets Available for Plan Benefits	3
Statement of Changes in Net Assets Available for Plan Benefits	4
Notes to Financial Statements	5-11
Supplemental Schedules	13



936 Easton Road, PO Box 754, Warrington, PA 18976
163 S. Broad Street, Lansdale, PA 19446
(215) 343-2727 • Fax (215) 343-8080

INDEPENDENT AUDITORS' REPORT

We were engaged to audit the financial statements of the Henry Troemner LLC Cash or Deferred Profit Sharing Plan and Trust (the Plan) as of December 31, 2011 and 2010 and for the year ended December 31, 2011, and the supplemental schedules as of December 31, 2011 as listed in the accompanying index. 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 4 of the financial statements which was certified by PNC Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan's Administrator has obtained certification from PNC Bank as of December 31, 2011 and 2010 and for the year ended December 31, 2011 that the information provided to the Plan Administrator by trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to and do not express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in cursive script that reads 'Bee Bergvall & Co.'.

Bee, Bergvall and Company, P.C.
Certified Public Accountants

October 9, 2012

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Statements of Assets Available for Plan Benefits

December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Assets		
Investments, at fair value	\$ 4,069,946	\$ 3,891,520
Receivables		
Employees' contribution	-	21,517
Employer's contribution	-	8,668
Total Receivables	<u>-</u>	<u>30,185</u>
Participant Loans	<u>105,872</u>	<u>112,657</u>
Assets Available for Plan Benefits	<u><u>\$ 4,175,818</u></u>	<u><u>\$ 4,034,362</u></u>

See independent auditors' report and
accompanying notes to the financial statements

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Statement of Changes in Net Assets Available for Plan Benefits

For the Year Ended December 31, 2011

	<u>2011</u>
Additions to Net Assets Attributed to:	
Investment Income	
Net appreciation in fair value of investments	\$ (65,624)
Interest and dividends	<u>65,699</u>
Total Investment Income	<u>75</u>
Contributions	
Employees	253,235
Employer	<u>94,336</u>
Total Contributions	<u>347,571</u>
Total Additions	<u>347,646</u>
Deductions from Net Assets Attributed to:	
Transaction fees	639
Benefits paid to participants	<u>205,551</u>
Total Deductions	<u>206,190</u>
Net Increase	141,456
Net Assets Available for Plan Benefits	
Beginning of the year	<u>4,034,362</u>
End of year	<u><u>\$ 4,175,818</u></u>

See independent auditors' report and
accompanying notes to the financial statements

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 1. Description of the Plan

The following description of the Henry Troemner LLC Cash or Deferred Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution retirement plan with an employer matching contribution covering all employees with one year of service, except those employees covered by a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: The eligible employees may defer from 1% to 15% elective deferral by payroll deduction. The employee is also permitted to make personal after-tax contributions to the Plan. The employer matching contributions are 50% of employee deferrals to a maximum of 6% of compensation. The Employer may also contribute a discretionary amount to be allocated to each participant in proportion to his or her compensation for the calendar year. For the year ended December 31, 2011 the employer's matching contribution was \$94,336.

Participant Accounts: Each participant's account is credited with the participant's elective deferrals, the participant's voluntary contributions; the employer's matching contribution, and allocations of (a) the employer's discretionary contribution, if any, and (b) the Plan earnings net of expenses. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Employees are fully vested in all benefits and accounts can not be forfeited for any reason.

Investments: Participants direct the investment of their contributions into various investment opportunities offered by the Plan. Participants may change their investment options at any time.

Payment of Benefits: On termination of service due to death, disability, or retirement, or in the event of a hardship, a participant may elect to receive a distribution in a single lump sum payment equal to the value of the participant's vested interest or installment payments. As of December 31, 2011, there were no participants who elected to withdraw and had not been paid.

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 1. Description of the Plan (Continued)

Participant Loans: Participant loans are permitted under the Plan. Loans must be approved by the Plan administrator and are subject to a strict set of rules established by law. Loan transactions are treated as a transfer between the investment fund and the Participant Loan fund. These loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

Forfeited Accounts: Forfeitures resulting from the non-vested portions of the employer contributions for a terminated participant's account can be used to reduce future Company contributions.

NOTE 2. Summary of Accounting Policies

Basis of Accounting: The financial statements of the Plan are prepared on the accrual method of accounting.

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

Investment Valuation and Income Recognition: The Plan's investments are stated at fair market value as determined by the Plan's Trustee. Purchases and sales of securities are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: Administrative expenses of the Plan, including audit fees, are paid by the Plan Sponsor. For 2011, the Plan sponsor paid \$14,046 in expenses related to the Plan.

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 3. Tax Status

The Internal Revenue has determined and informed the Trustee that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and no provision for income taxes has been included in the Plan's financial statements.

NOTE 4. Information Certified by the Plan Trustee (Unaudited)

The following is a summary of the unaudited information regarding the Plan as of December 31, 2011 and 2010 and for the year ended December 31, 2011 included in the Plan's financial statements and supplemental schedules that was derived from information prepared by PNC Bank, the trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained certification from the trustee that such information is complete and accurate.

	<u>2011</u>	<u>2010</u>
Statements of Assets Available for Plan Benefits:		
Investments	\$ 4,069,946	\$ 3,891,520
Participant loans	105,872	112,657
Statements of Changes in Net Assets Available for Plan Benefits:		
Net appreciation in fair value of investm	(64,811)	
Interest and dividends	65,699	

Supplemental Schedules: All investment balances
and information included in the schedules.

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 4. Information Certified by the Trustee (Continued)

The following presents investments that represent five percent or more of the Plan's net assets.

	<u>2011</u>	<u>2010</u>
PNC Investment Contract Fund	\$ 738,890	\$ 7,656,273
Investment Co of America	213,910	220,768
Am Cent Moderate Fd Advisor	411,474	358,400
Am Beacon Sm Cap Value	433,976	423,417
Growth Fund of America	***	195,485
Federated US Govt Bond Fund	***	191,699
Vanguard 500 Index	682,444	598,800
*** Investment less than 5%		

NOTE 5. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, each participant would become 100% vested in his or her account balance.

NOTE 6. Related Party Transactions

The Plan invests in shares of mutual funds managed by an affiliate of PNC Advisors. PNC Advisors acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as a party-in-interest transaction which is exempt from the prohibited transaction rules of ERISA.

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 7. Risks and Uncertainties

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

NOTE 8. Fair Value Measurements

The Plan adopted Financial Accounting Standards Board Statement of Financial Accounting Standard (SFAS) No. 157, *Fair Value Measurement*, effective January 1, 2008. SFAS No. 157 establishes a framework for measuring fair value and expands disclosures about fair value. FASA No. 157 establishes a fair value hierarchy which requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value. A financial instrument's level within the fair value hierarchy is based on the lowest level of inputs significant to the fair value measurement. The adoption of SFAS No. 157 did not have a material impact on the Plan's financial statements, although it did result in expanded disclosures.

The three levels of the fair value hierarchy under SFAS No. 157 are described below:

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

Level II - Inputs to the valuation methodology are observable inputs other than Level I prices, such as quoted prices for similar assets or liabilities in active markets; quoted prices in markets that are not active for identical or similar assets or liabilities; or other inputs that are observable or can be corroborated by observable market data. If the assets or liability has a specified (contractual) term, the Level II input must be observable for substantially all of the full term of the asset or liability.

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 8. Fair Value Measurements (Continued)

Level III - Inputs to the valuation methodology are unobservable inputs that are supported by little or no market activity and significant to the fair value of the asset or liabilities that are developed using the reporting entities' estimates and assumptions, which reflect those that market participants would use.

The following is a description of the valuation methodologies used for assets measured at fair value:

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

Participant loans: Valued at amortized cost, which approximates fair value.

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

	Quoted Prices in an active Market (Level I)	Significant other observable inputs (Level II)	Significant unobservable inputs (Level III)
<u>December 31, 2011</u>			
Assets			
Mutual Funds	\$ 4,069,946	\$ -	\$ -
Participant loans	<u>-</u>	<u>-</u>	<u>105,872</u>
Totals assets at fair value	<u>\$ 4,069,946</u>	<u>-</u>	<u>\$ 105,872</u>
<u>December 31, 2010</u>			
Assets			
Mutual Funds	\$ 3,891,520	\$ -	\$ -
Participant loans	<u>-</u>	<u>-</u>	<u>112,657</u>
Totals assets at fair value	<u>\$ 3,891,520</u>	<u>-</u>	<u>\$ 112,657</u>

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2011

(See Independent Auditors' Report)

NOTE 8. Fair Value Measurements (Continued)

The following table sets forth a summary of changes in the fair value of the Plan's Level III assets for the year ended December 31, 2011:

	Participant <u>Loans</u>
Balance, beginning of year	\$ 112,657
Loan repayments	(44,593)
New loans	<u>37,808</u>
	<u>\$ 105,872</u>

NOTE 9. Subsequent Events

The Plan has evaluated events and transactions for potential recognition or disclosure in the financial statements through October 9, 2012, which is the date the statements were available for release. No subsequent events have been recognized or disclosed.

SUPPLEMENTAL SCHEDULES

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Schedule of Assets (Held At Year-End)

EIN 52-2154005 Plan # 1

Form 5500 Schedule H Item 4(i)

(a)	(b)	(c)	(d)	(e)
		Description of Investment, Including maturity date, rate of interest, collateral, par or		
	<u>Identity of Issue</u>	<u>Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
*	PNC Investment Contract Fund		\$ 642,650	\$ 738,890
	Investment Co of America		228,790	213,910
	Vanguard 500 Index		630,559	682,444
	Vanguard Index Mid Cap Stock		45,908	49,506
	Vanguard Total Bond Index		12,854	13,209
	MFS Value		22,455	24,183
	BlackRock Index Equity Cl A		-	-
	Am Cent Conserv Fd Advisor		185,234	183,946
	Am Cent Moderate Fd Advisor		424,935	411,474
	Am Beacon Sm Cap Value		434,179	433,976
	Federated US Govt Bond Fund		215,641	204,087
	Growth Fund of America		163,701	164,314
	EuroPacific Growth Fund		190,711	170,973
	Janus Growth & Income		60,250	70,647
	Janus Fund Class		56,574	71,130
	Investco Global Health Care		80,928	80,845
	Janus Global Tech Fund		3,941	3,690
	MFS Research Bond		172,697	183,463
	Investco VanKampen Value		52,123	48,584
	Investco Technology Fund		48,221	57,074
	Federated Mid-Cap Index		-	-
	Royce Value Plus Svs Fund		14,370	14,390
	SDBA		101,463	101,463
	SmallCap World		15,063	14,318
	T Rowe Ret 2010		4,293	4,538
	T Rowe Ret-2020		83,393	84,288
	T Rowe Ret-2030		18,755	20,966
	T Rowe Ret-2040		22,121	23,577
	T Rowe Ret-2050		40	61
1	Loan Fund		-	105,872
	Total Assets Held for Investment Purposes		<u>\$ 3,931,849</u>	<u>\$ 4,175,818</u>

The above information has been certified by PNC, the trustee, as complete and accurate to the best of their knowledge.

*Represents a party-in-interest

1 Interest is set to prevailing market rate at time of issuance. Interest rate on loans outstanding is calculated at prime plus 1%. The prime rate at December 31, 2011 was 3.25%.