# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2011**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

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

**1a** Name of plan
BW SUPPLIES, LLC 401(K) PROFIT SHARING PLAN

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

**1c** Effective date of plan 06/01/1997

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

BW SUPPLIES, LLC

5900 BLACKWELDER STREET
CULVER CITY, CA 90232

**2b** Employer Identification Number (EIN) 11-3681654

**2c** Sponsor's telephone number 310-651-9866

**2d** Business code (see instructions) 812990

**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. | 10/12/2012 | JOY SCHNEIDER |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
BW SUPPLIES, LLC

5900 BLACKWELDER STREET
CULVER CITY, CA 90232

**3b** Administrator's EIN
11-3681654

**3c** Administrator's telephone number
310-651-9866

**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** | 1103 |
| **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** | 946 |
| **b** | Retired or separated participants receiving benefits | **6b** | |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 126 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 1072 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 1072 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 361 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 26 |
| **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

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

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

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

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

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection**

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

**A** Name of plan
BW SUPPLIES, LLC 401(K) PROFIT SHARING PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
BW SUPPLIES, LLC

**D** Employer Identification Number (EIN)
11-3681654

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

**1** Coverage Information:

**(a)** Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 01-0233346 | 65838 | 54018 | 365 | 01/01/2011 | 12/31/2011 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 10014 | 11498 |

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

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
LINCOLN FINANCIAL SECURITIES
1 GRANITE PLACE
CONCORD, NH 03301-0000

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 9497 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
QBI, LLC
21021 VENTURA BOULEVARD
SUITE 100
WOODLAND HILLS, CA 91364

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| | 11498 | TPA FORUM COMPENSATION | 5 |

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

MUTUAL FUNDS

P.O. BOX 600
BUFFALO, NY 14201-0600

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 517 | | | 6 |

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 116604 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 3831649 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 108153 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 11447 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 1528 | | |
| | (4) Transferred from separate account | 7c(4) | 214 | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 13189 |
| d | Total of balance and additions (add **b** and **c(6)**). | | | 7d | 121342 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 26 | | |
| | (2) Administration charge made by carrier | 7e(2) | 480 | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ MARKET VALUE ADJUSTMENT | 7e(4) | 4232 | | |
| | (5) Total deductions | | | 7e(5) | 4738 |
| f | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 116604 |

## Part III Welfare Benefit Contract Information

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

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

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

**m** ☐ Other (specify) ▶

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

Specify nature of costs ▶

## Part IV Provision of Information

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

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

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

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

**A** Name of plan
BW SUPPLIES, LLC 401(K) PROFIT SHARING PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
BW SUPPLIES, LLC

**D** Employer Identification Number (EIN)
11-3681654

## Part I Service Provider Information (see instructions)

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

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

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

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

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

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

JOHN HANCOCK LIFE INSURANCE CO.

01-0233346

| (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? |
|---|---|---|---|---|---|---|
| 15 | RECORDKEEPER | 1240 | 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 |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

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

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

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2011**

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

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

**A** Name of plan
BW SUPPLIES, LLC 401(K) PROFIT SHARING PLAN

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

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
BW SUPPLIES, LLC

**D** Employer Identification Number (EIN)
11-3681654

**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: RETIREMENT LIVING AT 2045

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions) 10252 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2040

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions) 16561 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2035

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 56917 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2030

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 1339 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2025

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 1565 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2020

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 14504 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2015

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions) 3653 |
|---|---|---|

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LIVESTYLE AGGRESSIVE | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 321281 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE GROWTH | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 663218 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 655274 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 117132 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE CONSERVATIVE | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 310966 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR GOLD FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 14250 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST SECURITIES FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 22081 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: NATURAL RESOURCES FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 12719 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1004 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE OPPORTUNITY | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1015 |

| | | |
|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: INTL SMALL CAP FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 466 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL OPPS FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3444 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MKT | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72674 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: ENERGY | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88377 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTERNATIONAL VALUE FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 230 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89665 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30768 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA VALUE & RESTRUCTURING | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24947 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE SCI & TECH | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119602 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: DFA US SMALL CAP FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 889 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH INDEX

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 899 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4154 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP WORLD FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 844 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2251 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2631 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15605 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21410 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK INTERNATIONAL GROWTH

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 895 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1657 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INV SMALL CAP GROWTH

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18172 |
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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 12201 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL MID GROWTH | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 63808 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LEGG MASON CLEAR BR AGG GROWTH | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1909 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE HEALTH SCI | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3261 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP OPPORTUNITIES FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2627 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA MID CAP VALUE | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 914 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4020 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 74560 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN BALANCE SHEET | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 38230 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 22827 |

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|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15928 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL ALL CAP CORE FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38341 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4351 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL WORLD GROWTH AND INCOME | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 872 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88601 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON WORLD | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9953 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: DOMINI SOCIAL EQUITY | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5779 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: ALL CAP VALUE FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3222 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JPM MIDCAP VALUE FUND | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1437 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL INVESTORS | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 923 |

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|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 6038 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 10245 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 25499 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRA FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 54924 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5049 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL LARGE CAP VALUE | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 8758 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 23117 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE EQUITY INC | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 49172 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 48969 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL BEACON | | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO | | | |
| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 57654 |

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

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5085 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2085 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10460 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4722 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 218 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26660 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7765 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN HIGH INCOME FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 888 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 188 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 520 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5966 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL WORLD BOND FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 844 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE SPECTRUM INC

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6286 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3352 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: THE BOND FUND OF AMERICA

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5385 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40484 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55042 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1342 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1761 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM FEDERAL FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6207 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO

| **c** EIN-PN 01-0233346-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 231252 |
|---|---|---|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection**

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

**A** Name of plan
BW SUPPLIES, LLC 401(K) PROFIT SHARING PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
BW SUPPLIES, LLC

**D** Employer Identification Number (EIN)
11-3681654

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 1249 | 6316 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 253306 | 288330 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 4251716 | 3831649 |
| **(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) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 108153 | 116604 |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 4614424 | 4242899 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 4614424 | 4242899 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | | |
| | **(B)** Participants | 2a(1)(B) | 277357 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 40832 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 318189 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 16019 | |
| | **(F)** Other | 2b(1)(F) | 6317 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 22336 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |

| | | (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) | | |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -129195 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 211330 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 541271 | |
| (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) | | 541271 |
| f Corrective distributions (see instructions) | 2f | | 3290 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 2147 |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | 4240 | |
| (2) Contract administrator fees | 2i(2) | 26446 | |
| (3) Investment advisory and management fees | 2i(3) | 517 | |
| (4) Other | 2i(4) | 4944 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 36147 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 582855 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -371525 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

**(1)** Name: FRITH-SMITH & ARCHIBALD, LLP **(2)** EIN: 95-4714778

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) **4a** | X | | 348994 |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) **4b** | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) **4c** | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) **4d** | | X | |
| **e** | Was this plan covered by a fidelity bond? **4e** | X | | 1000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? **4f** | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? **4g** | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? **4h** | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) **4i** | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) **4j** | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? **4k** | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? **4l** | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) **4m** | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. **4n** | | | |

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

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

OMB No. 1210-0110

**2011**

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

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

**A** Name of plan
BW SUPPLIES, LLC 401(K) PROFIT SHARING PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
BW SUPPLIES, LLC

**D** Employer Identification Number (EIN)
11-3681654

## 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**

**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): 01-0233346

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# BW SUPPLIES, LLC
# 401(k) PROFIT SHARING PLAN

# AUDITED FINANCIAL STATEMENTS
# WITH
# INDEPENDENT AUDITOR'S REPORT

# DECEMBER 31, 2011 and 2010

FRITH-SMITH & ARCHIBALD, LLP CERTIFIED PUBLIC ACCOUNTANTS

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# INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants of
The BW Supplies, LLC 401(k) Profit Sharing Plan

We were engaged to audit the financial statements of the BW Supplies, LLC 401(k) Profit Sharing Plan as of December 31, 2011 and 2010, and for the year ended December 31, 2011, and the supplemental schedules as of and for the year ended December 31, 2011. These financial statements and 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, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

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

Frith-Smith & Archibald, LLP

Woodland Hills, California
October 9, 2012

# BW Supplies, LLC
# 401(k) Profit Sharing Plan
# Statement of Net Assets Available for Benefits
# December 31,

| | 2011 | 2010 |
|---|---|---|
| **ASSETS:** | | |
| Participant-directed investments, at fair value: | $ 3,948,253 | $ 4,359,869 |
| Cash account | 6,316 | 1,249 |
| Receivables: | | |
| Notes receivable from participants | 288,330 | 253,306 |
| Interest receivable - lost earnings | 644 | 4,367 |
| Total receivables | 288,974 | 257,673 |
| **Total assets** | 4,243,543 | 4,618,791 |
| **LIABILITIES:** | | |
| Excess contributions payable | 1,691 | 3,290 |
| **NET ASSETS AVAILABLE FOR PLAN BENEFITS** | $ 4,241,852 | $ 4,615,501 |

See independent auditor's report and accompanying notes.

# BW Supplies, LLC
# 401(k) Profit Sharing Plan
# Statement of Changes in Net Assets Available for Plan Benefits
# Year Ended December 31, 2011

| | | |
|---|---|---|
| **ADDITIONS** | | |
| Additions to net assets attributed to: | | |
| Investment income | | |
| Net depreciation in fair value of investments | $ | (127,667) |
| Interest income | | 1,066 |
| Total investment income | | (126,601) |
| Contributions: | | |
| Participants | | 277,357 |
| Rollovers | | 40,832 |
| Total contributions | | 318,189 |
| Participant loan interest | | 16,019 |
| **Total additions** | | 207,607 |
| **DEDUCTIONS** | | |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants | | 545,109 |
| Administrative expenses | | 36,147 |
| **Total deductions** | | 581,256 |
| **Net decrease** | | (373,649) |
| **NET ASSETS AVAILABLE FOR PLAN BENEFITS** | | |
| Beginning of year | | 4,615,501 |
| End of year | $ | 4,241,852 |

See independent auditor's report and accompanying notes.

# BW Supplies, LLC
# 401(k) Profit Sharing Plan
# Notes to Financial Statements
# December 31, 2011 and 2010

## 1. DESCRIPTION OF PLAN

The BW Supplies, LLC 401(k) Profit Sharing Plan (the Plan) was formed on June 1, 1997. The following description of the Plan is for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

**General** - The Plan is a defined contribution plan covering all employees of BW Supplies, LLC, and employees of Burke Williams and its subsidiaries except for certain members of a collective bargaining unit and non-resident aliens. Employees who have completed six consecutive months of service and attained age 18 or older are eligible. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Employee and Employer Contributions** - Each year, participants may contribute from 1% to 100% of their pre-tax annual compensation up to the amount that is limited by the Internal Revenue Service. The IRS limit for 2011 is $16,500 and the catch up contribution limit for age 50 or older is $5,500. The Company may make matching and discretionary contributions on behalf of each eligible participant at a certain percentage or a dollar amount determined by the Company each year. There were no company matching contributions made during the year.

**Participant Accounts** - Each participant account is credited with the participant's contributions and allocations of the Company's contribution and plan earnings, and charged with an allocation of administrative 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** - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the employer's contribution portion of the participants' accounts and actual earnings in the Plan is based on the following schedule:

| Years of service completed | Vesting Percentage |
|---|---|
| Less than 2 | 0% |
| 2 but less than 3 | 20% |
| 3 but less than 4 | 40% |
| 4 but less than 5 | 60% |
| 5 but less than 6 | 80% |
| 6 or more | 100% |

Participants become fully vested, regardless of the vesting table, upon reaching the normal retirement age of 65, and also upon death or disability prior to termination of employment.

**Withdrawals** – Participants may withdraw funds in the event of termination of their employment, retirement, death, or permanent disability. Participants may also receive a distribution from the Plan prior to their termination of employment and they can withdraw from the Plan in the event of financial hardship if they satisfy certain conditions. Generally, participants may request a pre-retirement withdrawal or a hardship distribution from their fully vested accounts in the Plan. The amount of hardship distribution cannot exceed the amount needed to meet the immediate financial hardship. In addition, the distribution will be limited to the amount of a participant's contributions. Participants may be entitled to receive a pre-retirement distribution if he or she has reached age 59½. There were three hardship distributions during the year.

**Notes Receivable from Participants -** The Plan has adopted a loan program to provide loans to plan participants. Loans are available to all participants on a reasonable, equivalent basis. They also bear reasonable rates of interest and are adequately secured. The maximum amount of which a loan may be made is the lesser of $50,000 or 50% of vested interest of the participant in the Plan. The maximum amount of $50,000 will be reduced by a participant's highest outstanding loan balance in the previous twelve months even if amounts have been repaid. The minimum amount of any loan is $1,000. All loans are required to be repaid within 5 years of the date of the loan. However, if a loan is for the purchase of a principal residence, a longer repayment period may be permitted.

**Payment of Benefits** - On termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments over a ten-year period. For termination of service for other reasons, a participant will receive the value of the vested interest in his or her account greater than $5,000 as a lump-sum distribution as soon as administratively feasible.

In the event of a mandatory non-consensual cash-out distribution greater than $1,000, if the participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or to receive the distribution directly, then the plan administrator will pay the distribution in a direct rollover to an individual retirement plan designated by the plan administrator. A vested interest in his or her account less than $1,000 will be cashed out as soon as administratively feasible.

**Tax Status** - The Internal Revenue Service has determined and informed the Company by a letter that the Plan and the related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdiction; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examination for years prior to 2009.

**Plan Termination** - Although the Company has not expressed any intention to do so, the employer has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of any termination of the Plan, or upon complete or partial discontinuance of contributions, the accounts of each participant shall become fully vested and non-forfeitable.

**Forfeited Accounts** – Forfeited non-vested amounts may be used to reduce administrative expenses of the Plan, then any remaining forfeitures shall be applied to reduce employer contributions. As of December 31, 2011 and 2010 the ending balances were $6,316 and $1,249 respectively. For the year ended December 31, 2011, forfeitures in the amount of $4,944 were used to reduce the plan administration fees, which were charged to the employer outside the Plan.

**Administrative Expenses** – Investment expenses and transaction fees such as withdrawal fees and annual loan maintenance fees are paid by the Plan, which are netted against investment earnings. During the year, total administrative expenses paid by the Plan were $31,203.

Annual administration fees and compliance fees for $4,944 were also paid by the Plan. The amount was paid out of the Company's forfeiture account. See the forfeiture accounts footnote on top of this page.

Loan origination fees are charged to the participants who are receiving the loan payments and are netted against the loan payments made to the participants.

**Investment Options** – The assets of the Plan, both employee and employer, are allocated to the various funds at the direction of the participants. The following investment options are available for the investment of participants' elective and employer matching and discretionary contributions: Mutual funds and Insurance contracts.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** - The financial statements of the Plan are prepared on the accrual basis of accounting.

**Investment Valuation and Income Recognition** - The Plan's investments are stated at fair value. Securities traded on the national securities exchange are valued at the last reported sales price on the last business day of the plan year. Investments traded in the over-the-counter market and listed securities for which no sale was reported in on that date are valued at the average of the last reported bid and asked prices. The Custodian reports interest, dividends, and the related fees and charges in the net appreciation or depreciation in fair value of investments. Purchases and sales of securities are recorded on a trade-date basis.

The Plan has insurance contracts with John Hancock Life Insurance Company, the Custodian, and they are not fully benefit-responsive investment contracts. The Custodian maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The Custodian is contractually obligated to pay the principal and specified interest rate that is guaranteed to the Plan.

**Notes Receivable from participants** – Notes receivable from participants are measured at their unpaid principle balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as distributions based upon the terms of the Plan documents.

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

**Payment of Benefits** – Benefits are recorded when paid.

## 3. RELATED-PARTY TRANSACTIONS

Certain plan investments are invested in shares of mutual funds and in insurance annuity contracts managed by the Custodian. Therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the plan for the investment management services amounted to $31,203.

## 4. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (UNAUDITED)

At December 31, 2011 and 2010, the Plan's investments were held by the Custodian. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the Custodian as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The fair value of investments at December 31, 2011 and 2010, as reported by the Custodian is summarized as follows:

| | As of December 31, | |
|---|---|---|
| | 2011 | 2010 |
| Mutual funds: | | |
| Large growth fund | $ 2,394,925 | $ 2,643,030 |
| Large value fund | 699,376 | 764,360 |
| Equity income fund | 231,282 | 328,295 |
| Mid growth fund | 207,539 | 216,254 |
| Mid value fund | 119,992 | 120,368 |
| Bond fund | 133,605 | 102,346 |
| Small growth fund | 21,725 | 51,849 |
| Small value fund | 23,205 | 25,214 |
| Insurance contracts | 116,604 | 108,153 |
| | $ 3,948,253 | $ 4,359,869 |

During 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $158,870, net of administrative expenses $31,203.

| | For the year ended December 31, 2011 |
|---|---|
| Appreciation (depreciation) in fair value of investments: | |
| Large growth fund | $ (133,842) |
| Large value fund | (6,774) |
| Equity income fund | (99) |
| Mid growth fund | (10,006) |
| Mid value fund | (4,537) |
| Bond fund | (2,530) |
| Small growth fund | (1,010) |
| Small value fund | (1,120) |
| Insurance contracts | 1,048 |
| | (158,870) |
| Administrative expenses | 31,203 |
| Net depreciation in fair value of investments | $ (127,667) |

## 5. INVESTMENTS

The following represents investments at December 31, 2011 and 2010 that represent 5 percent or more of the Plan's net assets.

| | December 31, 2011 | December 31, 2010 |
|---|---|---|
| Lifestyle Growth | $ 664,731 | $ 778,105 |
| Lifestyle Balanced | 657,035 | 704,337 |
| Lifestyle Aggressive | 321,711 | 362,936 |
| Lifestyle Conservative | 312,044 | 333,640 |
| Money Market Fund | 231,282 | 328,295 |

## 6. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

| | |
|---|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include<br>• quoted prices for similar assets or liabilities in active markets;<br>• quoted prices for identical or similar assets or liabilities in inactive markets;<br>• inputs other than quoted prices that are observable for the asset or liability;<br>• inputs that are derived principally from or correlation or other means.<br>If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

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

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

Mutual funds: These investments are valued at the net asset value (NAV) of shares held by the Plan at year end.

Insurance contracts (guaranteed accounts): Fair value of this investment contract, prior to contract termination, equals the contract value. Contract value is determined using a discounted cash flow valuation methodology where the interest rate for this portfolio investment contract is reset at least as frequently as annually.

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

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

| | Assets at Fair Value as of December 31, 2011 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds: | | | | |
| Large growth fund | $ 2,394,925 | | | $ 2,394,925 |
| Large value fund | 699,376 | | | 699,376 |
| Equity income fund | 231,282 | | | 231,282 |
| Mid growth fund | 207,539 | | | 207,539 |
| Mid value fund | 119,992 | | | 119,992 |
| Bond fund | 133,605 | | | 133,605 |
| Small growth fund | 21,725 | | | 21,725 |
| Small value fund | 23,205 | | | 23,205 |
| Insurance contracts | | | $116,604 | 116,604 |
| | $ 3,831,649 | | $116,604 | $ 3,948,253 |

| | Assets at Fair Value as of December 31, 2010 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds: | | | | |
| Large growth fund | $ 2,643,030 | | | $ 2,643,030 |
| Large value fund | 764,360 | | | 764,360 |
| Equity income fund | 328,295 | | | 328,295 |
| Mid growth fund | 216,254 | | | 216,254 |
| Mid value fund | 120,368 | | | 120,368 |
| Bond fund | 102,346 | | | 102,346 |
| Small growth fund | 51,849 | | | 51,849 |
| Small value fund | 25,214 | | | 25,214 |
| Insurance contracts | | | $108,153 | 108,153 |
| | $ 4,251,716 | | $108,153 | $ 4,359,869 |

**Level 3 Gains and Losses**

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended December 31, 2011.

| | |
|---|---|
| Balance, beginning of year | $108,153 |
| Realized gains(losses) | 1,528 |
| Unrealized gains(losses) relating to instruments still held at the reporting date | |
| Purchase, sales, insurances, and settlements (net) | 6,923 |
| Balance, end of year | $116,604 |

The Plan has insurance contracts and they are not fully benefit-responsive investment contracts. The Custodian maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The Custodian is contractually obligated to pay the principal and specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but not less than 0%. Such interest rates are reviewed on a quarterly basis for resetting. The crediting rate of the contract will track current market yields on a trailing basis.

## 7. RISKS AND UNCERTAINTIES

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

## 8. REFUNDS OF EXCESS CONTRIBUTIONS

At December 31, 2011 and 2010, payables of $1,691 and $4,367, respectively, are recorded for amounts refundable by the Plan to participants for contributions made in excess of amounts allowed by the Internal Revenue Service.

## 9. PROHIBITED TRANSACTIONS

As required by ERISA section 2510-102, the plan sponsor is required to segregate and remit employee contributions and loan repayments to the Plan as soon as practicable, but not more than 5 business days following the date the payroll checks were issued. Employee contributions and loan repayments for all 26 pay periods were not transferred to the Plan in a timely manner. The Custodian included the employee contribution portion of the last pay period of 2011, which was transferred to the Plan on January 6, 2012, in the investment assets as of December 31, 2011; therefore this amount is not reported as receivable but reported as the assets held at year end in the financial statements. Since participant loans are self-transactions, loans receivable are reduced by the loan repayments resulting in no changes in net assets. Therefore, the 2011 loan repayments which were received by the Plan on January 6, 2012 are not accrued as receivable as of December 31, 2011.

The lost earnings for the 2011 late deposits for $644 were remitted to the Plan in October, 2012.

## 10. SUBSEQUENT EVENTS

For the year-ended December 31, 2011, the Plan has evaluated subsequent events for potential recognition and disclosure through October 5, 2012, the date the financial statements were available to be issued.

## 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

| | As of December 31, 2011 | |
|---|---|---|
| Net assets available for plan benefits per the financial statements | $ | 4,241,852 |
| Interest receivable from participants | | (644) |
| Excess contributions payable at 12/31/11 | | 1,691 |
| Net assets available for plan benefits per the form 5500 | $ | 4,242,899 |

| | For the Year Ended December 31, 2011 | |
|---|---|---|
| Net decrease per financial statements | $ | (373,649) |
| Interest receivable from participants at 12/31/10 | | 4,367 |
| Interest receivable from participants at 12/31/11 | | (644) |
| Excess contributions payable at 12/31/10 | | (3,290) |
| Excess contributions payable at 12/31/11 | | 1,691 |
| Net decrease per Form 5500 | $ | (371,525) |

# SUPPLEMENTARY INFORMATION

# BW Supplies, LLC
# 401(k) Profit Sharing Plan
# Supplemental Notes to Financial Statements
# December 31, 2011

## 1. Form 5500 Schedule H, Part IV, line 4i – Schedule of assets held at end of year

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c ) Description of investment including maturity date, rate of interest, collateral, par or maturity date | (d) Cost | (e) Current Value at 12/31/11 |
|---|---|---|---|---|
| * | John Hancock Life Insurance Co. | Lifestyle Growth | ** | $ 664,731 |
| * | John Hancock Life Insurance Co. | Lifestyle Balanced | ** | 657,035 |
| * | John Hancock Life Insurance Co. | Lifestyle Aggressive | ** | 321,711 |
| * | John Hancock Life Insurance Co. | Lifestyle Conservative | ** | 312,044 |
| * | John Hancock Life Insurance Co. | Money Market Fund | ** | 231,282 |
| * | John Hancock Life Insurance Co. | Science & Technology Fund | ** | 119,828 |
| * | John Hancock Life Insurance Co. | Lifestyle Moderate | ** | 117,691 |
| * | John Hancock Life Insurance Co. | 3 Year compounding (insurance) | ** | 96,698 |
| * | John Hancock Life Insurance Co. | International Value Fund | ** | 90,009 |
| * | John Hancock Life Insurance Co. | Capital Appreciation Fund | ** | 88,668 |
| * | John Hancock Life Insurance Co. | Energy | ** | 88,442 |
| * | John Hancock Life Insurance Co. | Blue Chip Growth Fund | ** | 74,845 |
| | Oppenheimer | Oppenheimer Developing Market Fund | ** | 72,702 |
| | Franklin Funds | Franklin Small-Mid Growth | ** | 63,921 |
| | Beacon | Mutual Beacon | ** | 57,759 |
| * | John Hancock Life Insurance Co. | Retirement Living at 2035 | ** | 56,968 |
| | Pimco | PIMCO Total Return | ** | 55,122 |
| | Fidelity | Fidelity Contra Fund | ** | 54,932 |
| | T. Rowe Price | T. Rowe Price Equity Inc | ** | 49,291 |
| * | John Hancock Life Insurance Co. | 500 Index Fund | ** | 49,056 |
| * | John Hancock Life Insurance Co. | Core Bond Fund | ** | 40,497 |
| * | John Hancock Life Insurance Co. | Optimized All Cap Fund | ** | 38,458 |
| | Franklin Funds | Franklin Balance Sheet | ** | 38,329 |
| * | John Hancock Life Insurance Co. | Mid Cap Stock Fund | ** | 30,903 |
| * | John Hancock Life Insurance Co. | Mutual Global Discovery | ** | 26,719 |
| | American Funds | The Growth Fund of America | ** | 25,656 |
| | Columbia | Columbia Value & Restructuring | ** | 25,039 |
| | Davis Funds | NY Venture | ** | 23,126 |
| * | John Hancock Life Insurance Co. | Mid Cap Index Fund | ** | 22,844 |
| * | John Hancock Life Insurance Co. | Real Estate Securities Fund | ** | 22,128 |
| | American Century | American Century Heritage | ** | 21,543 |
| * | John Hancock Life Insurance Co. | Inv Small Cap Growth | ** | 18,179 |
| * | John Hancock Life Insurance Co. | Retirement Living at 2040 | ** | 16,561 |
| * | John Hancock Life Insurance Co. | 5 Year compounding (insurance) | ** | 16,002 |
| * | John Hancock Life Insurance Co. | Global | ** | 15,974 |
| * | John Hancock Life Insurance Co. | Small Cap Index Fund | ** | 15,605 |
| * | John Hancock Life Insurance Co. | Retirement Living at 2020 | ** | 14,654 |
| | Fidelity | Fidelity Advisor Gold Fund | ** | 14,250 |

# BW Supplies, LLC
# 401(k) Profit Sharing Plan
# Supplemental Notes to Financial Statements
# December 31, 2011

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c ) Description of investment including maturity date, rate of interest, collateral, par or maturity date | (d) Cost | (e) Current Value at 12/31/11 |
|---|---|---|---|---|
| * | John Hancock Life Insurance Co. | Natural Resources Fund | ** | 12,719 |
| * | John Hancock Life Insurance Co. | EuroPacific Growth Fund | ** | 12,234 |
| | American Funds | American Balanced Fund | ** | 10,480 |
| * | John Hancock Life Insurance Co. | Retirement Living at 2045 | ** | 10,340 |
| * | John Hancock Life Insurance Co. | Total Stock Market Index Fund | ** | 10,294 |
| | Templeton | Templeton World | ** | 9,971 |
| * | John Hancock Life Insurance Co. | Optimized Value Fund | ** | 8,769 |
| | Legg Mason | LM Western Asset Global High Yield | ** | 7,765 |
| | T. Rowe Price | T. Rowe Price Spectrum Inc. | ** | 6,315 |
| * | John Hancock Life Insurance Co. | Short-Term Federal | ** | 6,242 |
| * | John Hancock Life Insurance Co. | MFS utilities | ** | 6,049 |
| * | John Hancock Life Insurance Co. | Real Return Bond Fund | ** | 5,985 |
| | Domini | Domini Social Equity | ** | 5,796 |
| | American Funds | The Bond Fund of America | ** | 5,407 |
| | Washington Mutual | Washington Mutual Investors | ** | 5,096 |
| * | John Hancock Life Insurance Co. | Large Cap Fund | ** | 5,076 |
| | BlackRock | BlackRock Global Allocation | ** | 4,748 |
| * | John Hancock Life Insurance Co. | Mid Value Fund | ** | 4,351 |
| * | John Hancock Life Insurance Co. | International Equity Index Fund | ** | 4,154 |
| * | John Hancock Life Insurance Co. | Small Cap Value Fund | ** | 4,032 |
| * | John Hancock Life Insurance Co. | 10 Year compounding (insurance) | ** | 3,904 |
| * | John Hancock Life Insurance Co. | Retirement Living at 2015 | ** | 3,680 |
| | Oppenheimer | Oppenheimer International Bond | ** | 3,444 |
| * | John Hancock Life Insurance Co. | Strategic income opp fund | ** | 3,367 |
| | T. Rowe Price | T. Rowe Price Health Sci | ** | 3,288 |
| * | John Hancock Life Insurance Co. | All Cap Value Fund | ** | 3,230 |
| | Davis Funds | Davis Financial | ** | 2,646 |
| * | John Hancock Life Insurance Co. | Small Cap Opportunities Fund | ** | 2,640 |
| | T. Rowe Price | T. Rowe Price Sci & Tech | ** | 2,258 |
| | American Funds | Investment Company of America | ** | 2,092 |
| | Legg Mason | Legg Mason ClearBr Agg Growth | ** | 1,909 |
| * | John Hancock Life Insurance Co. | US Govt Secs | ** | 1,769 |
| * | John Hancock Life Insurance Co. | Explorer | ** | 1,664 |
| * | John Hancock Life Insurance Co. | Retirement Living at 2025 | ** | 1,565 |
| | JMP Funds | JMP MidCap Value fund | ** | 1,437 |
| * | John Hancock Life Insurance Co. | Total Bond Market Fund | ** | 1,342 |
| * | John Hancock Life Insurance Co. | Retirement Living at 2030 | ** | 1,339 |
| | The Royce Funds | Royce Opportunity | ** | 1,015 |

# BW Supplies, LLC
# 401(k) Profit Sharing Plan
# Supplemental Notes to Financial Statements
# December 31, 2011

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c ) Description of investment including maturity date, rate of interest, collateral, par or maturity date | (d) Cost | (e) Current Value at 12/31/11 |
|---|---|---|---|---|
| | DFA Funds | DFA Emerging Markets Value | ** | 1,004 |
| | RiverSource | RiverSource Mid Cap Value | ** | 934 |
| * | John Hancock Life Insurance Co. | Fundamental Investors | ** | 927 |
| * | John Hancock Life Insurance Co. | Small Cap Growth Index | ** | 906 |
| * | John Hancock Life Insurance Co. | John Hancock International Growth | ** | 895 |
| | American Funds | AF AM H IN | ** | 892 |
| | DFA Funds | DFA U.S. Small Cap Fund | ** | 889 |
| * | John Hancock Life Insurance Co. | Capital World Growth & Income | ** | 876 |
| | American Funds | AF Cap WB | ** | 847 |
| * | John Hancock Life Insurance Co. | Smallcap World Fund | ** | 847 |
| | Pimco | PIMCO Global Bond | ** | 520 |
| * | John Hancock Life Insurance Co. | International Small Cap Fund | ** | 466 |
| | DFA Funds | DFA International Value | ** | 230 |
| | Pimco | PIMCO All Asset | ** | 218 |
| * | John Hancock Life Insurance Co. | Global Bond Fund | ** | 188 |
| | | | | **3,948,253** |
| | Cash account | | | 6,316 |
| | Notes receivable from participants | | | 288,330 |
| | Interest receivable | | | 644 |
| | Excess contributions payable | | | (1,691) |
| | Net assets available for plan benefits | | | $4,241,852 |

* Party-in-interest.
** Indicates a participant-directed fund. The cost disclosure is not required.

# BW Supplies, LLC
# 401(k) Profit Sharing Plan
# Supplemental Notes to Financial Statements
# December 31, 2011

**2. Form 5500, Schedule H, line 4a**
**Schedule of Delinquent Participant Contributions and Loan Repayments**

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| Check here if late participant loan repayments are included: √ | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| 2010 Contributions & loan repayments<br>$328,252 | | $328,252 | | |
| 2010 Lost earnings<br>$4,367 | | $4,367 | | |
| 2011 Contributions<br>$277,357 | $8,932 | $268,425 | | |
| 2011 Loan repayments<br>$71,637 | $2,943 | $68,694 | | |
| 2011 Lost earnings<br>$644 | $644 | | | |

# Schedule H, line 4i
# Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2011 and ending 12/31/2011

Name of plan
**BW Supplies, LLC 401(k) Profit Sharing Plan**

Employer Identification Number
**11-3681654**

Three-digit plan number ► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | John Hancock USA | Legg Mason ClearBr Agg Growth | | 1,909 |
| * | John Hancock USA | T Rowe Price Health Sci | | 3,261 |
| * | John Hancock USA | Small Cap Opportunities Fund | | 2,627 |
| * | John Hancock USA | Columbia Mid Cap Value Fund | | 914 |
| * | John Hancock USA | Small Cap Value Fund | | 4,020 |
| * | John Hancock USA | Blue Chip Growth Fund | | 74,560 |
| * | John Hancock USA | Franklin Balance Sheet | | 38,230 |
| * | John Hancock USA | Mid Cap Index Fund | | 22,827 |
| * | John Hancock USA | Oppenheimer Global | | 15,928 |
| * | John Hancock USA | Fundamental All Cap Core Fund | | 38,341 |
| * | John Hancock USA | Mid Value Fund | | 4,351 |
| * | John Hancock USA | Capital World Growth & Income | | 872 |
| * | John Hancock USA | Capital Appreciation Fund | | 88,601 |
| * | John Hancock USA | Templeton World Fund | | 9,953 |
| * | JOhn Hancock USA | Domini Social Equity Fund | | 5,779 |
| * | John Hancock USA | All Cap Value Fund | | 3,222 |
| * | John Hancock USA | JPM MidCap Value Fund | | 1,437 |
| * | John Hancock USA | Fundamental Investors Fund | | 923 |
| * | JOhn Hancock USA | MFS Utilities Fund | | 6,038 |
| * | John Hancock USA | Total Stock Market Index Fund | | 10,245 |
| * | John Hancock USA | The Growth Fund of America | | 25,499 |
| * | John Hancock USA | Fidelity ContraFund | | 54,924 |
| * | John Hancock USA | Large Cap Fund | | 5,049 |
| * | John Hancock USA | Fundamental Large Cap Value | | 8,758 |
| * | John Hancock USA | Davis New York Venture | | 23,117 |
| * | John Hancock USA | T Rowe Price Equity Inc | | 49,172 |
| * | John Hancock USA | 500 Index Fund | | 48,969 |
| * | John Hancock USA | JH Mutual Beacon | | 57,654 |
| * | John Hancock USA | Washington Mutual Investors | | 5,085 |
| * | John Hancock USA | Investment Company of America | | 2,085 |
| * | John Hancock USA | American Balanced Fund | | 10,461 |
| * | John Hancock USA | Blackrock Global Allocation | | 4,722 |
| * | John Hancock USA | PIMCO All Asset | | 218 |
| * | John Hancock USA | Mutual Global Discovery | | 26,660 |
| * | John hancock USA | High Yield Fund | | 7,765 |
| * | John Hancock USA | American High Income Fund | | 888 |
| * | John Hancock USA | Global Bond Fund | | 188 |
| * | John Hancock USA | PIMCO Global Bond | | 520 |
| * | John Hancock USA | PIMCO Real Return | | 5,966 |

# Schedule H, line 4i
# Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2011 and ending 12/31/2011

Name of plan
**BW Supplies, LLC 401(k) Profit Sharing Plan**

Employer Identification Number
**11-3681654**

Three-digit plan number ► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | John Hancock USA | Capital World Bond Fund | | 844 |
| * | John Hancock USA | JH T. Rowe Price Spectrum Inc. | | 6,286 |
| * | John Hancock USA | Strategic Income Opp Fund | | 3,352 |
| * | John Hancock USA | The Bond Fund of America | | 5,385 |
| * | John Hancock USA | Core Bond Fund | | 40,484 |
| * | John Hancock USA | PIMCO Total Return Fund | | 55,042 |
| * | John Hancock USA | Total Bond Market Fund | | 1,342 |
| * | JOhn Hancock USA | US Government Securities | | 1,761 |
| * | John Hancock USA | Short Term Federal Fund | | 6,207 |
| * | John Hancock USA | Money Market Fund | | 231,252 |
| * | John Hancock USA | Participant Loans | | 288,330 |
| * | John Hancock USA | Guaranteed Account | | 116,604 |

# Schedule H, line 4i
# Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2011 and ending 12/31/2011

Name of plan
**BW Supplies, LLC 401(k) Profit Sharing Plan**

Employer Identification Number
11-3681654

Three-digit plan number ► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | John Hancock USA | JH Lifecycle 2045 | | 10,252 |
| * | John Hancock USA | JH Lifecycle 2040 | | 16,561 |
| * | John Hancock USA | Jh Lifecycle 2035 | | 56,917 |
| * | John Hancock USA | JH Lifecycle 2030 | | 1,339 |
| * | John Hancock USA | JH Lifestyle 2025 | | 1,565 |
| * | John Hancock USA | JH Lifestyle 2020 | | 14,504 |
| * | John Hancock USA | JH Lifestyle 2015 | | 3,653 |
| * | John Hancock USA | Jh Lifestyle Aggressive | | 321,281 |
| * | John Hancock USA | JH Lifestyle Growth | | 663,218 |
| * | John Hancock USA | JH Lifestyle Balanced | | 655,274 |
| * | John Hancock USA | JH Lifestyle Moderate | | 117,132 |
| * | John Hancock USA | JH Lifestyle Conservative | | 310,966 |
| * | John Hancock USA | JH Fideltity Advisor Gold Fund | | 14,250 |
| * | John Hancock USA | JH Real Estate Securities Fund | | 22,081 |
| * | John Hancock USA | JH Natural Resources Fund | | 12,719 |
| * | John Hancock USA | JH DFA Emerging Markets Fund | | 1,004 |
| * | John Hancock USA | JH Royce Opportunity Fund | | 1,015 |
| * | John Hancock USA | JH International Small Cap Fun | | 466 |
| * | John Hancock USA | JH International Opps Fund | | 3,444 |
| * | John Hancock USA | Oppenheimer Developing Mkt | | 72,674 |
| * | John Hancock USA | JH Energy Fund | | 88,377 |
| * | John Hancock USA | DFA International Value Fund | | 230 |
| * | John Hancock USA | International Value Fund | | 89,665 |
| * | John Hancock USA | Mid Cap Stock Fund | | 30,768 |
| * | John Hancock USA | Columbia Value & Restructuring | | 24,947 |
| * | John Hancock USA | T Rowe Price Sci & Tech | | 119,602 |
| * | John Hancock USA | DFA US Small Cap Fund | | 889 |
| * | John Hancock USA | Small Cap Growth Index | | 899 |
| * | John Hancock USA | International Equity Index Fun | | 4,154 |
| * | John Hancock USA | Smallcap World Fund | | 844 |
| * | John Hancock USA | Science & Technology Fund | | 2,251 |
| * | John Hancock USA | Financial Services Fund | | 2,631 |
| * | John Hancock USA | Small Cap Index Fund | | 15,605 |
| * | John Hancock USA | American Century Heritage Fund | | 21,410 |
| * | John Hancock USA | JH International Growth Fund | | 895 |
| * | John Hancock USA | Explorer Fund | | 1,657 |
| * | John Hancock USA | Inv Small Cap Growth Fund | | 18,172 |
| * | John Hancock USA | Europacific Growth Fund | | 12,201 |
| * | John Hancock USA | Franklin Small-Mid Growth Fund | | 63,808 |