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
BFKN PERSONAL RETIREMENT PLAN A

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1992

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

BARACK FERRAZZANO KIRSCHBAUM & NAGELBERG LLP

200 WEST MADISON STREET, SUITE 3900
CHICAGO, IL 60606-3465

2b Employer Identification Number (EIN)
36-3330098

2c Sponsor's telephone number
312-984-3100

2d Business code (see instructions)
541110

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	ROBERTA SALAS
	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")
BARACK FERRAZZANO KIRSCHBAUM & NAGELBERG LLP

200 WEST MADISON STREET, SUITE 3900
CHICAGO, IL 60606-3465

3b Administrator's EIN
36-3330098

3c Administrator's telephone number
312-984-3100

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**	159
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**	185
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	209
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	209
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	165
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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:
2A 2E 2F 2G 2J 2R 2T 3B 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
BFKN PERSONAL RETIREMENT PLAN A

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BARACK FERRAZZANO KIRSCHBAUM & NAGELBERG LLP

D Employer Identification Number (EIN)
36-3330098

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)

CITY NATIONAL BANK

95-1780067

(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 16 19 21 25 27 28 33 36 37 38 51 52 55 59 60	TRUSTEE & RKRDKPR	58770	Yes [X] No [ ]	Yes [X] No [ ]	3793	Yes [X] No [ ]

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
62 63 64 65 71			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MENDEL MONEY MANAGEMENT , INC.

36-3635576

(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?
26	INVESTMENT ADVISOR	5876	Yes [ ] No [X]	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)

FIRST CLEARING CORP

41-0449620

(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?
33	BROKER	5848	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NATIONAL FINANCIAL SERVICES LLC

04-3523567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 33 57 59 62 63 71	SUB-CONTRACTOR OF CNB	3	Yes [ ] No [X]	Yes [ ] No [X]	1793	Yes [X] No [ ]

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

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

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
CITY NATIONAL BANK	62	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CITY NATIONAL BANK 95-1780067	INTEREST ON EXCESS BALANCES (I.E. FLOAT) HELD AT FED RESERVE BANKS ESTIMATED TO BE FED FUNDS TARGET RATE (0% TO 0.25%) REQUIRED TO BE PAID ON FUNDS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	62	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	MAY EARN INTEREST (FLOAT) FROM THE USE OF PENDING AMOUNTS SUCH AS ITEMS PENDING SETTLEMENT. FLOAT EARNS WILL BE REALIZED AT RATES APPROX THE FEDERAL FUNDS TARGET RATES.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
US BANK	62	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
US BANK 41-0255900	US BANK MAY RETAIN INCOME ON THE "FLOAT" AS COMP FOR CUSTODY SERVICES. THE FLOAT RATE IS GENERALLY NO MORE THAN THE FEDERAL FUNDS TARGET RATES OF INTEREST.

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
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY 4400 MAIN ST ATTN LISA THOMPSON, 1ST FLOOR KANSAS CITY, MO 64111	.350% ON CUSIP 02507F506 AND 02507F886

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BARON ASSET 767 5TH AVENUE ATTN ARCHINA D'AGOSTINO, 49TH FLOOR NEW YORK, NY 10153	.400% ON CUSIP 068278100

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA ONE FINANCIAL CENTER ATTN ANDREW M. WRIGHT, 14TH FLOOR BOSTON, MA 02111	.400% ON CUSIP 197199813

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
NATIONAL FINANCIAL SERVICES LLC	72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DOUBLELINE FUNDS 333 SOUTH GRAND AVENUE ATTN JOE SULLIVAN, SUITE 1800 LOS ANGELES, CA 90071	$12.00 ON CUSIP 258620301

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FAIRHOLME 51 JFK PARKWAY SHORT HILLS, NJ 07078	$8.00 ON CUSIP 304871106

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FPA 11400 WEST OLYMPIC BOULEVARD FPA CRESCENT FUND C/O FIRST PACIFIC LOS ANGELES, CA 90064	$6.00 ON CUSIP 30254T759

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
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GOLDMAN SACHS 71 SOUTH WACKER DRIVE ATTN TA FINANCE, SUITE 500 CHICAGO, IL 60606	.500% ON CUSIP 38141W877

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HEARTLAND 789 NORTH WATER STREET ATTN PAUL BESTE MILWAUKEE, WI 53202	.400% ON CUSIP 422352807

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HODGES 2905 MAPLE AVENUE ATTN CAMILLE HAYS DALLAS, TX 75201	.400% ON CUSIP 742935109

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
NATIONAL FINANCIAL SERVICES LLC	72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO 11 GREENWAY PLAZA ATTN SUB-ACCOUNTING GROUP, ELSIE VE HOUSTON, TX 77046	$10.00 ON CUSIP 00141M770

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS NO LOAD 151 DETROIT STREET ATTN KRISTEN RENDER DENVER, CO 80206	.350% ON CUSIP 471023309, 471023598 AND 471023606

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OLD MUTUAL 4643 SOUTH ULSTER ATTN KELLY STEWART, 6TH FLOOR DENVER, CO 80237	.400% ON CUSIP 68002Q313

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
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO 1345 AVENUE OF THE AMERICAS ATTN ALLIANZ GLOBAL INVESTORS, KERR NEW YORK, NY 10105	.375% ON CUSIP 693391674

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T ROWE PRICE 4515 PAINTERS MILL RD ATTN ERIC DEZELL OWINGS MILLS, MD 21117	.030% ON CUSIP 741478101, 779547108 AND 77957L203

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TWEEDY BROWNE 350 PARK AVENUE ATTN JANE CIAR, 9TH FLOOR NEW YORK, NY 10022	$14.00 ON CUSIP 901165209

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
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WASATCH 150 SOCIAL HALL AVENUE ATTN DAVE CORBETT, SUITE 400 SALT LAKE CIT, UT 84111	.400% ON CUSIP 936772409

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WEITZ 1125 SOUTH 103RD STREET SUITE 200 OMAHA, NE 68124	$16.00 ON CUSIP 94904P302

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WELLS FARGO 525 MARKET STREET ATTN WELLS FARGO FUNDS MGMT, ANIL M SAN FRANCISCO, CA 94105	$12.00 ON CUSIP 94984B397

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
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WILLIAM BLAIR 222 WEST ADAMS STREET ATTN MUTUAL FUNDS OPERATIONS, 12TH CHICAGO, IL 60606	.400% ON CUSIP 093001402

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
BFKN PERSONAL RETIREMENT PLAN A

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BARACK FERRAZZANO KIRSCHBAUM & NAGELBERG LLP

D Employer Identification Number (EIN)
36-3330098

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	-8030	3863
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1423332	416001
(2) Participant contributions	1b(2)	225	13130
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3875279	5073248
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	25183	131669
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	113590	279952
(B) Common	1c(4)(B)	2711800	3226752
(5) Partnership/joint venture interests	1c(5)	105930	161036
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	494484	580879
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	24540019	25937942
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	33281812	35824472
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	33281812	35824472

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)	415176	
(B) Participants	2a(1)(B)	1032557	
(C) Others (including rollovers)	2a(1)(C)	1460476	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2908209
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2287	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	-864	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	22633	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		24056
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	13015	
(B) Common stock	2b(2)(B)	57652	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	570085	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		640752
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3582353	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3582047	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		306

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	-160430	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-160430
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1162031
c	Other income	2c		30048
d	Total income. Add all **income** amounts in column (b) and enter total	2d		2280910
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	398039	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		398039
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		0
h	Interest expense	2h		0
i	Administrative expenses: (1) Professional fees	2i(1)	57409	
	(2) Contract administrator fees	2i(2)	0	
	(3) Investment advisory and management fees	2i(3)	10095	
	(4) Other	2i(4)	393	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		67897
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		465936
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		1814974
l	Transfers of assets:			
	(1) To this plan	2l(1)		727798
	(2) From this plan	2l(2)		112

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: BIK & CO, LLP **(2)** EIN: 36-3244618

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

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

Part IV Compliance Questions

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

During the plan year:

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

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)
BFKN ASSOCIATE 401(K) PLAN	36-3330098	007

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
BFKN PERSONAL RETIREMENT PLAN A

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BARACK FERRAZZANO KIRSCHBAUM & NAGELBERG LLP

D Employer Identification Number (EIN)
36-3330098

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 95-1780067

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):

BFKN PERSONAL RETIREMENT PLAN A

FINANCIAL STATEMENTS

DECEMBER 31, 2011

BIK & CO, LLP

CERTIFIED PUBLIC ACCOUNTANTS
BUSINESS ADVISORS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
BFKN PERSONAL RETIREMENT PLAN A

We were engaged to audit the accompanying statements of net assets available for benefits of the BFKN PERSONAL RETIREMENT PLAN A (formerly the BFKN Retirement Savings Plan) as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year then ended, and the accompanying Supplemental Schedule H, Line 4(i) — Schedule of Assets (Held at End of Year) as of December 31, 2011. These financial statements and supplement schedule 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 3, which was certified by City National Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

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

BIK & CO, LLP

BIK & CO, LLP
October 11, 2012

625 N. North Court, Suite 200 · Palatine, Illinois 60067-8148
Voice: (847) 358-1170 · Facsimile: (847) 358-2526

300 Center Drive, Suite 100 · Vernon Hills, Illinois 60061-1525
Voice: (847)362-4310 · Facsimile: (847)362-5016

BFKN PERSONAL RETIREMENT PLAN A

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2011 AND 2010

	December 31, 2011	December 31, 2010
Assets		
Investments, at fair value	$ 34,814,462	$ 31,363,770
Receivables		
Employer contributions	416,001	1,423,332
Participant contributions	13,130	225
Notes receivable from participants	580,879	494,484
Total receivables	1,010,010	1,918,041
Net assets available for benefits	$ 35,824,472	$ 33,281,811

The accompanying notes to the financial statements are an integral part of these statements.

BFKN PERSONAL RETIREMENT PLAN A

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2011

Additions to net assets attributed to:		
Contributions		
Employer	$	415,176
Employees		1,032,557
Rollovers		1,460,476
Total contributions		2,908,209
Interest and dividend income from investments		642,175
Interest income from loans to participants		22,633
Total interest and dividend income		664,808
Total additions		3,573,017
Deductions to net assets attributed to:		
Benefits paid to participants		398,039
General and administrative expenses		67,896
Total deductions		465,935
Net realized and unrealized depreciation in fair value of investments		(1,292,107)
Net increase		1,814,975
Net assets available for benefits:		
Beginning of year		33,281,811
Transfers from other plan		727,798
Transfers to other plan		(112)
End of year	$	35,824,472

The accompanying notes to the financial statements are an integral part of this statement.

BFKN PERSONAL RETIREMENT PLAN A

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011 and 2010

NOTE 1 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The financial statements of the BFKN Personal Retirement Plan A (the "Plan") (formerly the BFKN Retirement Savings Plan) are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States.

Estimates — The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of changes in net assets during the reporting period. Actual results may differ from those estimates.

Risks and Uncertainties — The Plan's assets are invested in various investment instruments. These investment instruments are exposed to various risks such as interest rate, credit risk and overall market volatility. Due to the level of risk associated with certain investment instruments, it is at least reasonably possible that changes in the values of investments will occur in the near term and such changes could materially affect amounts reported in the financial statements.

Investment Valuation and Income Recognition — Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants — Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Determination as to when participant loans are considered in default and reclassified as distributions is based on the terms of the Plan document.

Payment of Benefits — Benefits are recorded when paid.

Subsequent Events—Based on Plan management's evaluation, there were no subsequent event disclosures through October 11, 2012, the date the financial statements were available to be issued.

NOTE 2 — DESCRIPTION OF PLAN

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Trustee, Custodian and Administrator — The Plan's trustee and custodian is City National Bank. The Plan's administrator is Barack Ferrazzano Kirschbaum & Nagelberg LLP (the "Employer").

(continued)

NOTE 2 — DESCRIPTION OF PLAN (continued)

General — The Plan is a defined contribution profit-sharing plan with a 401(k) feature and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was established by Barack Ferrazzano Kirschbaum & Nagelberg LLP, a limited liability partnership. As of January 1, 2011, the Plan was amended, and as a result, all senior staff and legal secretaries of the Plan were excluded from participation in the profit sharing contributions of this Plan. Effective January 1, 2012, these employees will also be excluded from participation in the salary deferral contributions of this Plan. Their investments will be transferred into a newly established plan sponsored by the Employer in 2012. Additionally, the amendment made effective January 1, 2011, changed normal retirement age from 65 to 62.

Eligibility — The Plan benefits all employees and partners of the Employer except union employees, leased employees, nonresident aliens, non-equity attorneys and as of January 1, 2011, legal secretaries and senior staff for employer discretionary contribution provisions of the Plan and, as of January 1, 2012, legal secretaries and senior staff for all other provisions of the Plan. Eligible employees and partners are permitted to participate in the deferred compensation arrangement [401(k)] provisions of the Plan upon the later of age eighteen or date of hire. Eligible employees and partners are eligible to participate in the employer discretionary profit-sharing contribution portion of the Plan after one year of service and the attainment of age twenty-one. Participants must be actively employed at the end of the plan year in order to be eligible to receive an employer discretionary profit-sharing contribution unless deceased, permanently disabled or have retired during the plan year.

Contributions — Under the deferred compensation arrangement [401(k)] provisions of the Plan, participants are allowed to elect to defer a portion of their compensation, as defined by the Plan, each payroll period up to the maximum amount allowed by law. In addition, the Plan allows for participants to make catch-up contributions in accordance with Internal Revenue Service ("IRS") regulations and rollover contributions from qualified sources as defined by the Plan and the Internal Revenue Code ("IRC"). Contributions to the Plan by the Employer are discretionary and are not limited to profits. For each Plan year, the Employer may contribute to the Plan on behalf of each of the participants. The Plan provides for each participant to constitute a separate group classification for allocation of the Employer contribution.

Plan Transfers — In accordance with the amendment and restatement effective September 1, 2009, participants who were non-equity attorneys were excluded from participation in the Plan as of September 1, 2009, and accordingly, their investments were transferred to a newly established plan sponsored by the Employer, the BFKN Associate 401(k) Plan ("the Associate Plan"). Current participants who change employment classification during the year to non-equity attorney and are no longer eligible to participate in this plan have their balances transferred to the Associate Plan. In addition, participants in the Associate Plan who change employment classification during the year from non-equity attorney to equity attorney and become eligible to participate in this plan have their balances in the Associate Plan transferred to this Plan.

(continued)

NOTE 2 — DESCRIPTION OF PLAN (continued)

Participant Accounts — Individual accounts are maintained for each Plan participant. Participant accounts are credited with their contributions under the deferred compensation arrangement [401(k)] provisions of the Plan, their catch-up contributions and rollover contributions, if any, their employer discretionary contribution, if any, earnings or losses from investments, and charged with withdrawals and administrative expenses, if any. Each participant self directs the investment of their own account. Participants have a choice of investing in several mutual funds offered by the Plan or they can invest, by way of brokerage accounts, in other mutual funds, stocks, bonds and other types of investments.

Vesting — Participants are immediately vested in their contributions under the deferred compensation arrangement [401(k)] provisions, their catch-up contributions and rollover contributions plus earnings thereon. Employees who became participants before January 1, 2007 are 100% vested in the employer contributions plus earnings thereon after completing two years of service, as defined by the Plan. Employees who became participants on or after January 1, 2007 are 100% vested in the employer contributions plus earnings thereon after three years of service. Participant forfeitures, as defined in the Plan document, if any, are used to reduce the current year's employer contribution. Forfeitures totaling $10,958 and $5,527 were used to reduce the employer contribution for the years ended December 31, 2011 and 2010, respectively.

Participant Loans — Participants may borrow a minimum of $500 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loans are treated as part of the participant's account. The maximum loan term is five years, unless used to purchase a principal residence for which the term of the loan can be up to 30 years. The loans are secured by the balance in the participant's account and principal and interest are required to be paid at least quarterly. Only one outstanding loan is allowed at any time. Interest rates are fixed and range from 4.25% to 10%. The interest rates are determined by the administrator of the Plan on the date the loan is made pursuant to the loan policy.

In-service Withdrawals — The Plan allows for in-service withdrawals by certain participants in certain situations as defined by the Plan, from the vested balances in their participant account. In addition, the Plan allows for hardship withdrawals by any participant from their vested account balances, except their transfer account balance, for specific situations as defined by the Plan. The Plan allows only those participants who have attained the age of 62 to take hardship withdrawals from the vested balance of their transfer account. A participant who receives a hardship distribution cannot elect to participate in the deferred compensation arrangement [401(k)] provisions of the Plan for a period of six months after receipt of the hardship distribution.

Benefit Payments — On termination of employment, death, disability or retirement at the normal retirement age, as defined in the Plan, a participant or beneficiary may receive the value of his or her account in the form of a single lump sum distribution, or in certain situations as defined by the Plan in another form permitted by the Plan, equal to the vested balance of the participant's account.

Administrative Expenses — The Employer pays substantially all of the administrative expenses of the Plan except the trustee fees, certain investment advisory fees and management fees charged to the Plan for certain investments which are deducted from income earned on a daily basis and, therefore, reflected as a reduction of investment return for such investments.

(continued)

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

Investments at fair value, notes receivable from participants, interest and dividend income, and net realized and unrealized depreciation in fair value of investments included in the accompanying 2011 financial statements have been certified by the trustee to the Plan administrator as being complete and accurate in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

The accompanying Supplement Schedule of Assets Held as of December 31, 2011 and the following tables of investments representing more than 5% of the fair value of the Plan's net assets as of December 31, 2011 and 2010 and depreciation in the Plan's investment assets for the year ended December 31, 2011 have been derived from data certified by the trustee:

	December 31, 2011	2010
American Century Growth Fund - Institutional	$ 2,992,156	$ *
American Growth Funds of America R-6	**	2,759,550
Artio International Equity Fund Class 1	1,987,055	2,317,002
CNI Charter Prime Money Market Institutional Fund	2,785,320	2,152,923
PIMCO Total Return Fund Institutional Class	3,247,684	3,008,625
Vanugard 500 Index Fund	2,878,315	2,718,948
Vanguard Small Cap Growth Index	3,030,157	2,836,328
Vanguard Reserve Money Market Fund	2,287,927	1,772,355
Vanguard Target Retirement 2020 Fund	1,922,004	1,815,327
Wells Fargo Advantage Special Small Cap Value Fund IS	2,704,772	2,631,951

* *not an investment asset of the plan at December 31, 2010*

** *not an investment asset of the plan at December 31, 2011*

During the year, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as shown below:

	2011
Common stocks	$ (149,420)
Corporate obligations	(168)
Mutual funds	(1,162,031)
Partnerships/Other	35,623
Preferred stocks	(16,111)
	$ (1,292,107)

NOTE 4 — FAIR VALUE MEASUREMENTS

In measuring the fair value of the Plan's investments, plan management utilizes a framework that provides for a fair value hierarchy that prioritizes the inputs to valuation techniques. 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 below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; inputs other than quoted prices that are observable for the asset or liability; or inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement 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 maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Cash and Cash Equivalents: Priced at par.

Common and preferred stocks: Valued at the closing or bid price reported on the active market in which the individual securities are traded.

Corporate obligations: Valued at the bid price if traded on the active market and at the evaluated bid price or par for closely held corporations.

Mutual Funds: Open end funds valued at net asset value of shares held by the Plan at year end. Close end funds valued at the closing or bid price on the active market in which the fund is traded.

Partnerships: Valued at the closing or bid price if traded on the active market or based on value or statement provided by partnership.

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

(continued)

NOTE 4 — FAIR VALUE MEASUREMENTS (continued)

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

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 5,077,111	$ -	$ -	$ 5,077,111
Common stocks:				
Consumer Discretionary	321,360	-	-	321,360
Consumer Staples	217,532	-	-	217,532
Energy	226,612	-	-	226,612
Financial	480,651	-	-	480,651
Healthcare	299,795	-	-	299,795
Industrial	661,356	-	-	661,356
Materials	158,748	-	-	158,748
Technology	573,993	-	-	573,993
Telecommunications	109,124	-	-	109,124
Utilities	177,581	-	-	177,581
Corporate obligations	29,427	102,242	-	131,669
Mutual funds:				
Lifecycle Funds	3,600,499	-	-	3,600,499
Bond Funds	4,071,319	-	-	4,071,319
Domestic Equity Funds	15,312,577	-	-	15,312,577
International Funds	2,531,971	-	-	2,531,971
Speciality/Other Funds	421,577	-	-	421,577
Partnerships	60,464	-	100,572	161,036
Preferred stocks	279,951	-	-	279,951
Total	$ 34,611,648	$ 102,242	$ 100,572	$ 34,814,462

(continued)

NOTE 4 — FAIR VALUE MEASUREMENTS (continued)

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

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 3,867,248	$ -	$ -	$ 3,867,248
Common stocks:				
Consumer Discretionary	234,180	-	-	234,180
Consumer Staples	182,096	-	-	182,096
Energy	107,506	-	-	107,506
Financial	348,549	-	-	348,549
Healthcare	399,427	-	-	399,427
Industrial	458,678	-	-	458,678
Materials	180,053	-	-	180,053
Technology	556,631	-	-	556,631
Telecommunications	125,859	-	-	125,859
Utilities	118,822	-	-	118,822
Corporate obligations	-	25,183	-	25,183
Mutual funds:				
Lifecycle Funds	3,459,000	-	-	3,459,000
Bond Funds	3,517,646	-	-	3,517,646
Domestic Equity Funds	13,417,318	-	-	13,417,318
International Funds	2,973,911	-	-	2,973,911
Speciality/Other Funds	1,172,143	-	-	1,172,143
Partnerships	-	-	105,930	105,930
Preferred stocks	113,590	-	-	113,590
Total	$ 31,232,657	$ 25,183	$ 105,930	$ 31,363,770

(continued)

NOTE 4 — FAIR VALUE MEASUREMENTS (continued)

The table below sets forth a summary of changes in the fair value of the Plan's level 3 asset for the year ended December 31, 2011:

Balance, December 31, 2010	$	105,930
Purchases and issuances		-
Sales and settlements		(358)
Realized gains (losses)		-
Unrealized gains (losses) relating to instruments still held at the reporting date		(5,000)
Balance, December 31, 2011	$	100,572

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net realized and unrealized depreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits

NOTE 5 — PLAN TERMINATION PROVISIONS

Although it has not expressed an intention to do so, the Employer has the right to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan would terminate, each participant would become 100% vested, and the participants' account balances would be distributed in accordance with provisions of the Plan.

NOTE 6 — TAX STATUS

The Plan has adopted the Defined Contribution Volume Submitter Plan and Trust sponsored by City National Bank. The Internal Revenue Service has determined and informed the volume submitter plan sponsor by letter dated March 31, 2008, that the volume submitter plan is designed in accordance with applicable sections of the IRC. The Plan itself has not received a determination letter from the IRS. The Plan has been amended since receipt of the determination letter. However, the Plan's management and the Plan's counsel believe that the plan is currently designed and operating in accordance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

(continued)

NOTE 7 — PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are held in a money market fund managed by City National Bank. City National Bank is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Supplemental Schedule

BFKN Personal Retirement Plan A

EIN: 36-3330098 PN: 001

ATTACHMENT TO 2011 FORM 5500

SCHEDULE H PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2011

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	SHARES	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	CASH EQUIVALENTS				
*	CNI CHARTER PRIME MN	63,284.45	CNI CHARTER PRIME MNY MK INST FUND	^	63,284.45
*	CNI CHARTER PRIME MN	558,280.00	CNI CHARTER PRIME MNY MK INST FUND	^	558,280.00
*	CNI CHARTER PRIME MN	551.91	CNI CHARTER PRIME MNY MK INST FUND	^	551.91
*	CNI CHARTER PRIME MN	178,853.64	CNI CHARTER PRIME MNY MK INST FUND	^	178,853.64
*	CNI CHARTER PRIME MN	415,829.49	CNI CHARTER PRIME MNY MK INST FUND	^	415,829.49
*	CNI CHARTER PRIME MN	2,868.84	CNI CHARTER PRIME MNY MK INST FUND	^	2,868.84
*	CNI CHARTER PRIME MN	197,994.25	CNI CHARTER PRIME MNY MK INST FUND	^	197,994.25
*	CNI CHARTER PRIME MN	14,297.18	CNI CHARTER PRIME MNY MK INST FUND	^	14,297.18
*	CNI CHARTER PRIME MN	59,191.62	CNI CHARTER PRIME MNY MK INST FUND	^	59,191.62
*	CNI CHARTER PRIME MN	49.75	CNI CHARTER PRIME MNY MK INST FUND	^	49.75
*	CNI CHARTER PRIME MN	6,146.66	CNI CHARTER PRIME MNY MK INST FUND	^	6,146.66
*	CNI CHARTER PRIME MN	605,339.76	CNI CHARTER PRIME MNY MKT INST #240	^	605,339.76
*	CNI CHARTER PRIME MN	44,353.88	CNI CHARTER PRIME MNY MKT INST #240	^	44,353.88
*	CNI CHARTER PRIME MN	421,611.71	CNI CHARTER PRIME MNY MKT INST #240	^	421,611.71
*	CNI CHARTER PRIME MN	114,133.05	CNI CHARTER PRIME MNY MKT INST #240	^	114,133.05
*	CNI CHARTER PRIME MN	99,841.38	CNI CHARTER PRIME MNY MKT INST #240	^	99,841.38
*	CNI CHARTER PRIME MN	2,692.91	CNI CHARTER PRIME MNY MKT INST #240	^	2,692.91
	VANGUARD RESVS PRIME	2,287,927.29	VANGUARD RESVS PRIME MNY MKT FD 030	^	2,287,927.29
		5,073,247.77	**TOTAL CASH EQUIVALENTS**		**5,073,247.77**
	CORPORATE OBLIGATIONS				
	BAYTEX ENERGY CORP U	300.00	BAYTEX ENERGY CORP UNIT	^	16,767.00
	ENERPLUS RES CORP UN	500.00	ENERPLUS RES CORP UNIT	^	12,660.00
	ENTERPRISE PRODS OPE	25,000.00	ENTERPRISE PRODS OPE 7.034% 1/15/68	^	26,000.00
	FPL GROUP CAP INC	25,000.00	FPL GROUP CAP INC 6.350% 10/01/66	^	25,012.50
	PNC FINL SVCS GROUP	25,000.00	PNC FINL SVCS GROUP 6.750% 12/29/99	^	24,448.25
	WELLS FARGO & CO	25,000.00	WELLS FARGO & CO 7.980% 12/31/99	^	26,781.25
		100,800.00	**TOTAL CORPORATE OBLIGATIONS**		**131,669.00**
	PREFERRED STOCKS				
	AES TR III 6.750% CV	250.00	AES TR III 6.750% CVT PFD	^	12,272.50
	BB&T CAPITAL TRUST V	500.00	BB&T CAPITAL TRUST VI 9.6% PFD	^	13,400.00
	CITIGROUP CAP VII 7.	900.00	CITIGROUP CAP VII 7.125% PFD	^	21,780.00
	HSBC USA INC 4.000%	1,000.00	HSBC USA INC 4.000% SER G PFD	^	16,430.00
	JPMORGAN CHASE CAP X	900.00	JPMORGAN CHASE CAP XVI 6.350% PFD	^	22,626.00
	MORGAN STANLEY 4.000	1,000.00	MORGAN STANLEY 4.000% SER A PFD	^	14,710.00
	PRIVATEBANCORP IV 10	1,000.00	PRIVATEBANCORP IV 10.000% PFD	^	25,590.00
	PRUDENTIAL FINL INC	700.00	PRUDENTIAL FINL INC NT FLT PFD	^	18,900.00
	PUBLIC STORAGE 6.350	600.00	PUBLIC STORAGE 6.350% SER R PFD	^	16,146.00
	PUBLIC STORAGE 6.500	600.00	PUBLIC STORAGE 6.500% SER Q PFD	^	16,800.00
	TAYLOR CAPITAL TR I	1,204.00	TAYLOR CAPITAL TR I 9.75% PFD	^	27,692.00
	US BANCORP PFD	1,000.00	US BANCORP PFD	^	21,875.60
	WELLS FARGO CAP TR V	1,000.00	WELLS FARGO CAP TR VIII 5.625% PFD	^	25,330.00
	WELLS FARGO CO 4.500	25.00	WELLS FARGO CO 4.500% CONV PFD	^	26,400.00

BFKN Personal Retirement Plan A

EIN: 36-3330098 PN: 001

ATTACHMENT TO 2011 FORM 5500

SCHEDULE H PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2011

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	SHARES	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
		10,679.00	**TOTAL PREFERRED STOCKS**		**279,952.10**
	COMMON STOCKS				
	ABBOTT LABORATORIES	250.00	ABBOTT LABORATORIES COM	^	14,057.50
	ABBOTT LABORATORIES	100.00	ABBOTT LABORATORIES COM	^	5,623.00
	ABBOTT LABORATORIES	400.00	ABBOTT LABORATORIES COM	^	22,492.00
	ACCENTURE PLC COM	265.00	ACCENTURE PLC COM	^	14,105.95
	ACCENTURE PLC COM	200.00	ACCENTURE PLC COM	^	10,646.00
	AECOM TECHNOLOGY COR	300.00	AECOM TECHNOLOGY CORP DELAWACOM	^	6,171.00
	AGRIUM INC COM	150.00	AGRIUM INC COM	^	10,066.50
	ALCATEL-LUCENT SP AD	7.00	ALCATEL-LUCENT SP ADR	^	10.92
	ALLETE INC COM	100.00	ALLETE INC COM	^	4,198.00
	AMAZON.COM INC COM	40.00	AMAZON.COM INC COM	^	6,924.00
	AMERICAN EXPRESS CO	250.00	AMERICAN EXPRESS CO COM	^	11,792.50
	AMERICAN INTL GROUP	200.00	AMERICAN INTL GROUP INC COM	^	4,640.00
	AMERICAN WTR WKS CO	300.00	AMERICAN WTR WKS CO INC NEW COM	^	9,558.00
	AMERICAN WTR WKS CO	1,000.00	AMERICAN WTR WKS CO INC NEW COM	^	31,860.00
	ANNALY CAPITAL MGMT	300.00	ANNALY CAPITAL MGMT INC COM	^	4,788.00
	ANNALY CAPITAL MGMT	600.00	ANNALY CAPITAL MGMT INC COM	^	9,576.00
	AOL INC COM	15.00	AOL INC COM	^	226.50
	APACHE CORP COM	70.00	APACHE CORP COM	^	6,340.60
	APPLE INC COM	300.00	APPLE INC COM	^	121,500.00
	APPLE INC COM	480.00	APPLE INC COM	^	194,400.00
	APPLE INC COM	45.00	APPLE INC COM	^	18,225.00
	AT & T INC COM	1,000.00	AT & T INC COM	^	30,240.00
	ATLAS PIPELINE PARTN	300.00	ATLAS PIPELINE PARTNERS L P INT	^	11,145.00
	AUTOMATIC DATA PROCE	225.00	AUTOMATIC DATA PROCESSING INC COM	^	12,152.25
	AUTOMATIC DATA PROCE	100.00	AUTOMATIC DATA PROCESSING INC COM	^	5,401.00
	BANK NEW YORK MELLON	225.00	BANK NEW YORK MELLON CORP COM	^	4,479.75
	BARRETT BUSINESS SVC	500.00	BARRETT BUSINESS SVCS INC COM	^	9,980.00
	BARRICK GOLD CORP CO	100.00	BARRICK GOLD CORP COM	^	4,525.00
	BECTON DICKINSON & C	175.00	BECTON DICKINSON & CO COM	^	13,076.00
	BED BATH & BEYOND IN	350.00	BED BATH & BEYOND INC COM	^	20,289.50
	BERKSHIRE HATHAWAY I	750.00	BERKSHIRE HATHAWAY INC CL B	^	57,225.00
	BERKSHIRE HATHAWAY I	370.00	BERKSHIRE HATHAWAY INC CL B	^	28,231.00
	BERKSHIRE HATHAWAY I	100.00	BERKSHIRE HATHAWAY INC CL B	^	7,630.00
	BIGLARI HOLDINGS INC	21.00	BIGLARI HOLDINGS INC COM	^	7,733.04
	BLACKROCK INC COM	65.00	BLACKROCK INC COM	^	11,585.60
	BOEING COMPANY COM	230.00	BOEING COMPANY COM	^	16,870.50
	BOEING COMPANY COM	500.00	BOEING COMPANY COM	^	36,675.00
	BRISTOL MYERS SQUIBB	150.00	BRISTOL MYERS SQUIBB CO COM	^	5,286.00
	BUCKEYE TECHNOLOGIES	1,000.00	BUCKEYE TECHNOLOGIES INC COM	^	33,440.00
	CAPSTEAD MORTGAGE CO	1,000.00	CAPSTEAD MORTGAGE CORP NEW REIT	^	12,440.00
	CARMAX INC COM	575.00	CARMAX INC COM	^	17,526.00
	CATERPILLAR INC COM	200.00	CATERPILLAR INC COM	^	18,120.00
	CATERPILLAR INC COM	300.00	CATERPILLAR INC COM	^	27,180.00
	CEMEX S A B DE C V S	523.00	CEMEX S A B DE C V SPON ADR	^	2,818.97
	CHEVRON CORP COM	300.00	CHEVRON CORP COM	^	31,920.00
	CHINA MOBILE LTD SPO	400.00	CHINA MOBILE LTD SPONS ADR	^	19,396.00
	CINCINNATI FINANCIAL	500.00	CINCINNATI FINANCIAL CORP COM	^	15,230.00

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SCHEDULE H PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2011

(a) (b) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	SHARES	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
CISCO SYSTEMS INC CO	120.00	CISCO SYSTEMS INC COM	^	2,169.60
CISCO SYSTEMS INC CO	200.00	CISCO SYSTEMS INC COM	^	3,616.00
CMS ENERGY CORP COM	1,500.00	CMS ENERGY CORP COM	^	33,120.00
COCA-COLA CO COM	125.00	COCA-COLA CO COM	^	8,746.25
CORNING INC COM	400.00	CORNING INC COM	^	5,192.00
COSTCO WHOLESALE COR	125.00	COSTCO WHOLESALE CORP NEW COM	^	10,415.00
CRYPTOLOGIC LTD COM	500.00	CRYPTOLOGIC LTD COM	^	1,185.00
CVS/CAREMARK CORP CO	670.00	CVS/CAREMARK CORP COM	^	27,322.60
CVS/CAREMARK CORP CO	125.00	CVS/CAREMARK CORP COM	^	5,097.50
CVS/CAREMARK CORP CO	250.00	CVS/CAREMARK CORP COM	^	10,195.00
DANAHER CORP COM	600.00	DANAHER CORP COM	^	28,224.00
DELEK RESOURCES INC	33.00	DELEK RESOURCES INC *DLSTD*	^	0.20
DELL INC COM	1,000.00	DELL INC COM	^	14,630.00
DIAGEO PLC SPONS ADR	200.00	DIAGEO PLC SPONS ADR	^	17,484.00
DIAMOND HILL INVESTM	200.00	DIAMOND HILL INVESTMENT GRP COM	^	14,796.00
DIGERATI TECHNOLOGIE	160.00	DIGERATI TECHNOLOGIES INC COM	^	2.93
DIRECTV-CLASS A COM	400.00	DIRECTV-CLASS A COM	^	17,104.00
DRESSER-RAND GROUP I	600.00	DRESSER-RAND GROUP INC COM	^	29,946.00
DU PONT E I DE NEMOU	200.00	DU PONT E I DE NEMOURS & CO COM	^	9,156.00
DUKE ENERGY CORP NEW	600.00	DUKE ENERGY CORP NEW COM	^	13,200.00
DYNAMIC MATERIALS CO	300.00	DYNAMIC MATERIALS CORP COM	^	5,934.00
EMERSON ELECTRIC CO	600.00	EMERSON ELECTRIC CO COM	^	27,954.00
ENBRIDGE ENERGY MGMT	500.00	ENBRIDGE ENERGY MGMT LLC COM	^	17,380.00
ENTERPRISE FINL SVCS	1,000.00	ENTERPRISE FINL SVCS CORP COM	^	14,800.00
EQUITY RESIDENTIAL P	1,000.00	EQUITY RESIDENTIAL PPTYS TR REIT	^	57,030.00
ERICSSON (LM)TELEFON	1,000.00	ERICSSON (LM)TELEFONAK SPONS ADR	^	10,130.00
FEDEX CORP COM	300.00	FEDEX CORP COM	^	25,053.00
FIRST NIAGARA FINL G	1,000.00	FIRST NIAGARA FINL GROUP INC NEW COM	^	8,630.00
FMC TECHNOLOGIES INC	800.00	FMC TECHNOLOGIES INC COM	^	41,784.00
FRANKLIN RES INC COM	75.00	FRANKLIN RES INC COM	^	7,204.50
FREEPORT MCMORAN COP	800.00	FREEPORT MCMORAN COPPER & GLD INC	^	29,432.00
GENERAL ELECTRIC CO	1,375.00	GENERAL ELECTRIC CO COM	^	24,626.25
GILEAD SCIENCES INC	400.00	GILEAD SCIENCES INC COM	^	16,372.00
GLOBALSCAPE INC COM	50.00	GLOBALSCAPE INC COM	^	79.50
GOLDMAN SACHS GROUP	135.00	GOLDMAN SACHS GROUP INC COM	^	12,208.05
GOOGLE INC CL A	30.00	GOOGLE INC CL A	^	19,377.00
GOVERNMENT PPTYS INC	800.00	GOVERNMENT PPTYS INCOME TR REIT	^	18,040.00
GRAINGER W W INC COM	150.00	GRAINGER W W INC COM	^	28,078.50
HANESBRANDS INC COM	39.00	HANESBRANDS INC COM	^	852.54
HARRIS CORP DEL COM	200.00	HARRIS CORP DEL COM	^	7,208.00
HEINZ H J CO COM	200.00	HEINZ H J CO COM	^	10,808.00
HENRY SCHEIN INC COM	175.00	HENRY SCHEIN INC COM	^	11,275.25
HEWLETT PACKARD CO C	400.00	HEWLETT PACKARD CO COM	^	10,304.00
HOME DEPOT INC COM	2,000.00	HOME DEPOT INC COM	^	84,080.00
HUGOTON ROYALTY TRUS	700.00	HUGOTON ROYALTY TRUST UT BEN INT	^	13,188.00
HURCO CO INC COM	200.00	HURCO CO INC COM	^	4,200.00
ICG GROUP COM	5.00	ICG GROUP COM	^	38.60
ILLINOIS TOOL WORKS	100.00	ILLINOIS TOOL WORKS INC COM	^	4,671.00
ILLINOIS TOOL WORKS	600.00	ILLINOIS TOOL WORKS INC COM	^	28,026.00
IMMERSION CORP COM	1,000.00	IMMERSION CORP COM	^	5,180.00
INSTITUTIONAL FINL M	300.00	INSTITUTIONAL FINL MKTS INC COM	^	432.00

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AS OF DECEMBER 31, 2011

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	SHARES	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	INTEL CORP COM	400.00	INTEL CORP COM	^	9,700.00
	INTL BUSINESS MACHIN	130.00	INTL BUSINESS MACHINES CORP COM	^	23,904.40
	INVESCO MORTGAGE CAP	1,800.00	INVESCO MORTGAGE CAPITAL INC COM	^	25,290.00
	ITT CORP COM	300.00	ITT CORP COM	^	5,799.00
	JOHN DEERE & CO COM	125.00	JOHN DEERE & CO COM	^	9,668.75
	JOHN DEERE & CO COM	400.00	JOHN DEERE & CO COM	^	30,940.00
	JOHNSON & JOHNSON CO	300.00	JOHNSON & JOHNSON COM	^	19,674.00
	JONES LANG LASALLE I	100.00	JONES LANG LASALLE INC COM	^	6,126.00
	KIMBERLY CLARK CORP	125.00	KIMBERLY CLARK CORP COM	^	9,195.00
	KINDER MORGAN MANAGE	175.00	KINDER MORGAN MANAGEMENT LLC COM	^	13,741.00
	KRAFT FOODS INC CL A	300.00	KRAFT FOODS INC CL A	^	11,208.00
	LANDEC CORP COM	800.00	LANDEC CORP COM	^	4,416.00
	LIFE TECHNOLOGIES CO	200.00	LIFE TECHNOLOGIES CORP COM	^	7,782.00
	LOCKHEED MARTIN CORP	400.00	LOCKHEED MARTIN CORP COM	^	32,360.00
	LOCKHEED MARTIN CORP	125.00	LOCKHEED MARTIN CORP COM	^	10,112.50
	LOWES COS INC COM	970.00	LOWES COS INC COM	^	24,618.60
	LOWES COS INC COM	800.00	LOWES COS INC COM	^	20,304.00
	LSI CORPORATION COM	2.00	LSI CORPORATION COM	^	11.90
	MAKO SURGICAL CORP C	400.00	MAKO SURGICAL CORP COM	^	10,084.00
	MANITOWOC INC COM	2,000.00	MANITOWOC INC COM	^	18,380.00
	MARATHON OIL CORP CO	1,000.00	MARATHON OIL CORP COM	^	29,270.00
	MARKEL CORP COM	15.00	MARKEL CORP COM	^	6,220.05
	MERCK & CO INC NEW C	300.00	MERCK & CO INC NEW COM	^	11,310.00
	METLIFE INC COM	500.00	METLIFE INC COM	^	15,590.00
	METLIFE INC COM	350.00	METLIFE INC COM	^	10,913.00
	MICRON TECHNOLOGY IN	32.00	MICRON TECHNOLOGY INC COM	^	201.28
	MICROSOFT CORP COM	2,000.00	MICROSOFT CORP COM	^	51,920.00
	MICROSOFT CORP COM	104.00	MICROSOFT CORP COM	^	2,699.84
	MICROSOFT CORP COM	200.00	MICROSOFT CORP COM	^	5,192.00
	MODUSLINK GLOBAL SOL	4.00	MODUSLINK GLOBAL SOLUTIONS I COM	^	21.60
	MONSANTO CO NEW COM	400.00	MONSANTO CO NEW COM	^	28,028.00
	MPHASE TECHNOLOGIES	1,000.00	MPHASE TECHNOLOGIES INC COM	^	3.10
	NATIONAL GRID PLC SP	200.00	NATIONAL GRID PLC SPONS ADR NEW	^	9,696.00
	NEOPROBE CORP COM	7,000.00	NEOPROBE CORP COM	^	18,340.00
	NEXTERA ENERGY INC C	700.00	NEXTERA ENERGY INC COM	^	42,616.00
	NORTHERN TRUST CORP	165.00	NORTHERN TRUST CORP COM	^	6,543.90
	NOVARTIS AG SPONS AD	200.00	NOVARTIS AG SPONS ADR	^	11,434.00
	NOVO-NORDISK A S ADR	100.00	NOVO-NORDISK A S ADR	^	11,526.00
	NV ENERGY INC COM	1,500.00	NV ENERGY INC COM	^	24,525.00
	NVIDIA CORP COM	300.00	NVIDIA CORP COM	^	4,158.00
	OSHKOSH CORPORATION	500.00	OSHKOSH CORPORATION	^	10,690.00
	OTTER TAIL CORP COM	400.00	OTTER TAIL CORP COM	^	8,808.00
	PAYCHEX INC COM	200.00	PAYCHEX INC COM	^	6,022.00
	PENGROWTH ENERGY COR	1,100.00	PENGROWTH ENERGY CORP COM	^	11,583.00
	PEPSICO INC COM	100.00	PEPSICO INC COM	^	6,635.00
	PEPSICO INC COM	300.00	PEPSICO INC COM	^	19,905.00
	PFIZER INC COM	200.00	PFIZER INC COM	^	4,328.00
	PFIZER INC COM	700.00	PFIZER INC COM	^	15,148.00
	PNC FINANCIAL SERVIC	303.00	PNC FINANCIAL SERVICES GROUP INC COM	^	17,474.01
	PRAXAIR INC COM	300.00	PRAXAIR INC COM	^	32,070.00
	PRIMUS GUARANTY LTD	1,000.00	PRIMUS GUARANTY LTD COM	^	4,900.00

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AS OF DECEMBER 31, 2011

(a) (b) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	SHARES	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
PRIVATEBANCORP INC C	525.00	PRIVATEBANCORP INC COM	^	5,764.50
PROCTER & GAMBLE CO	195.00	PROCTER & GAMBLE CO COM	^	13,008.45
PROCTER & GAMBLE CO	175.00	PROCTER & GAMBLE CO COM	^	11,674.25
QUEST DIAGNOSTICS IN	130.00	QUEST DIAGNOSTICS INC COM	^	7,547.80
RAIT FINANCIAL TRUST	333.00	RAIT FINANCIAL TRUST REIT	^	1,581.75
RAYTHEON CO COM NEW	100.00	RAYTHEON CO COM NEW	^	4,838.00
RAYTHEON CO COM NEW	200.00	RAYTHEON CO COM NEW	^	9,676.00
RED ROBIN GOURMET BU	520.00	RED ROBIN GOURMET BURGERS INC COM	^	14,404.00
RF MICRO DEVICES INC	110.00	RF MICRO DEVICES INC COM	^	594.00
ROBERT HALF INTL INC	525.00	ROBERT HALF INTL INC COM	^	14,941.50
ROCKY BRANDS INC COM	800.00	ROCKY BRANDS INC COM	^	7,216.00
ROPER INDUSTRIES INC	300.00	ROPER INDUSTRIES INC COM	^	26,061.00
SAVIENT PHARMACEUTIC	20,000.00	SAVIENT PHARMACEUTICALS INC COM	^	44,600.00
SEASPAN CORP COM	1,000.00	SEASPAN CORP COM	^	13,680.00
ST JUDE MEDICAL INC	250.00	ST JUDE MEDICAL INC COM	^	8,575.00
STARBUCKS CORP COM	800.00	STARBUCKS CORP COM	^	36,808.00
STARWOOD PPTY TR INC	700.00	STARWOOD PPTY TR INC COM	^	12,957.00
STATE STREET CORP CO	165.00	STATE STREET CORP COM	^	6,651.15
STERICYCLE INC COM	300.00	STERICYCLE INC COM	^	23,376.00
SWISHER HYGIENE INC	10,000.00	SWISHER HYGIENE INC COM	^	37,400.00
TARGET CORP COM	315.00	TARGET CORP COM	^	16,134.30
TARGET CORP COM	100.00	TARGET CORP COM	^	5,122.00
TEKNOWLEDGE CORP COM	800.00	TEKNOWLEDGE CORP COM	^	2.88
TELECOMMUNICATION SY	1,500.00	TELECOMMUNICATION SYS INC COM	^	3,525.00
TELEFONICA DE ESPANA	3,000.00	TELEFONICA DE ESPANA SA SPONS ADR	^	51,570.00
TENARIS S A ADR	200.00	TENARIS S A ADR	^	7,436.00
TEVA PHARMACEUTICAL	200.00	TEVA PHARMACEUTICAL IND LTD SPON ADR	^	8,072.00
THERMO FISHER CORP C	400.00	THERMO FISHER CORP COM	^	17,988.00
TIME WARNER CABLE IN	41.00	TIME WARNER CABLE INC COM	^	2,606.37
TIME WARNER INC COM	166.00	TIME WARNER INC COM	^	5,999.24
TOTAL S A SPONS ADR	1,000.00	TOTAL S A SPONS ADR	^	51,110.00
TOWER FINANCIAL CORP	400.00	TOWER FINANCIAL CORP COM	^	3,324.00
TRANSOCEAN LTD COM	300.00	TRANSOCEAN LTD COM	^	11,517.00
TUPPERWARE BRANDS CO	400.00	TUPPERWARE BRANDS CORP COM	^	22,388.00
TWO HBRS INVT CORP R	1,200.00	TWO HBRS INVT CORP REIT	^	11,088.00
UNION PACIFIC CORP C	300.00	UNION PACIFIC CORP COM	^	31,782.00
UNITED PARCEL SERVIC	200.00	UNITED PARCEL SERVICE CL B	^	14,638.00
UNITED TECHNOLOGIES	100.00	UNITED TECHNOLOGIES CORP COM	^	7,309.00
UNITED TECHNOLOGIES	300.00	UNITED TECHNOLOGIES CORP COM	^	21,927.00
UNITEDHEALTH GROUP I	300.00	UNITEDHEALTH GROUP INC COM	^	15,204.00
US BANCORP DEL COM N	200.00	US BANCORP DEL COM NEW	^	5,410.00
VODAFONE GROUP PLC S	400.00	VODAFONE GROUP PLC SPONS ADR	^	11,212.00
WALGREEN COMPANY COM	740.00	WALGREEN COMPANY COM	^	24,464.40
WAL-MART STORES INC	525.00	WAL-MART STORES INC COM	^	31,374.00
WALT DISNEY COMPANY	300.00	WALT DISNEY COMPANY COM	^	11,250.00
WELLS FARGO & CO NEW	575.00	WELLS FARGO & CO NEW COM	^	15,847.00
WELLS FARGO & CO NEW	200.00	WELLS FARGO & CO NEW COM	^	5,512.00
WELLS FARGO & CO NEW	200.00	WELLS FARGO & CO NEW COM	^	5,512.00
XILINX INC COM	300.00	XILINX INC COM	^	9,618.00
XYLEM INC COM	400.00	XYLEM INC COM	^	10,276.00
YAHOO! INC COM	40.00	YAHOO! INC COM	^	645.20

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AS OF DECEMBER 31, 2011

(a) (b) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	SHARES	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
3M COMPANY COM	100.00	3M COMPANY COM	^	8,173.00
	122,928.00	**TOTAL COMMON STOCKS**		**3,234,252.07**
OPTIONS				
CALL ON APL 2/18/12	(300.00)	CALL ON APL 2/18/12 @ 34.00	^	(960.00)
CALL ON ARLP @ 75.00	(800.00)	CALL ON ARLP @ 75.00 3/17/12	^	(2,640.00)
CALL ON TEF 6/16/12	(3,000.00)	CALL ON TEF 6/16/12 @ 17.50	^	(3,300.00)
CALL ON TOT 1/21/12	(1,000.00)	CALL ON TOT 1/21/12 @ 52.50	^	(600.00)
	(5,100.00)	**TOTAL OPTIONS**		**(7,500.00)**
MUTUAL FUNDS				
ALERIAN MLP ETF	800.00	ALERIAN MLP ETF	^	13,296.00
AMERICAN CENTURY GRO	120,797.58	AMERICAN CENTURY GROWTH FUND-INSTL	^	2,992,156.13
AMERICAN EUROPACIFIC	489.13	AMERICAN EUROPACIFIC GROWTH #016	^	17,197.92
AMERICAN WASH MUTUAL	48,298.12	AMERICAN WASH MUTUAL INVESTORS-R6	^	1,371,666.55
ARTIO INTERNATIONAL	87,845.05	ARTIO INTERNATIONAL EQUITY FD CL I	^	1,987,055.08
CAPITAL WORLD GWTH &	928.48	CAPITAL WORLD GWTH & INC FD-A 33	^	29,822.71
COHEN & STEERS INSTL	25,206.39	COHEN & STEERS INSTL RLTY SH	^	995,148.16
COLUMBIA ACORN INTL	830.34	COLUMBIA ACORN INTL FUND CL Z 493	^	28,488.93
COLUMBIA MULTI-ADV I	1,017.15	COLUMBIA MULTI-ADV INTL EQUITY FD-A	^	10,588.58
DAVIS NY VENTURE C #	1,459.85	DAVIS NY VENTURE C # 735	^	45,810.22
DOUBLELINE CORE FIX	1,915.38	DOUBLELINE CORE FIX INCOME-I	^	20,992.52
DREY/STRAT FDS INTL	3,698.22	DREY/STRAT FDS INTL STK FD -C	^	44,267.75
FAIRHOLME FUND #1950	1,781.90	FAIRHOLME FUND #1950	^	41,250.99
FIDELITY SPARTAN INT	2,346.54	FIDELITY SPARTAN INTL INDEX FD 1522	^	69,809.51
FIDELITY SPARTAN TTL	1,087.63	FIDELITY SPARTAN TTL MKT INDEX 397	^	39,285.30
FPA CRESCENT PORTFOL	5,682.38	FPA CRESCENT PORTFOLIO-INSTL #1347	^	152,174.06
FRANKLIN MICROCAP VA	2,637.56	FRANKLIN MICROCAP VALUE FD CL A#189	^	73,772.58
FRANKLIN TEMPLETON G	1,938.92	FRANKLIN TEMPLETON GLOBAL BD C 506	^	24,100.84
GOLDMAN SACHS ULT-SH	2,828.53	GOLDMAN SACHS ULT-SH DURATION G-SV	^	24,862.77
HEARTLAND SELECT VAL	2,576.85	HEARTLAND SELECT VALUE FD	^	69,085.24
HODGES FUND # 1139	1,236.31	HODGES FUND # 1139	^	24,157.44
ING INTL SMALLCAP FD	1,496.94	ING INTL SMALLCAP FD-A 1643	^	48,665.55
INTERM BOND FD OF AM	440.29	INTERM BOND FD OF AMERICA A 23	^	6,001.10
INVESCO SMALL CAP GR	665.14	INVESCO SMALL CAP GROWTH FD CL A	^	18,431.14
INVESCO VK EQUITY &	8,242.71	INVESCO VK EQUITY & INCOME FD-A	^	68,579.38
IPATH DJ-UBS NAT GAS	1,500.00	IPATH DJ-UBS NAT GAS TR SUB ETN	^	5,655.00
IPATH DOW JONES-UBS	671.00	IPATH DOW JONES-UBS COMMODITY ETN	^	28,343.04
ISHARES BARCLAYS AGG	897.00	ISHARES BARCLAYS AGGREGATE BD FD ETF	^	98,894.25
ISHARES DOW JONES U.	5,512.00	ISHARES DOW JONES U.S. INDEX FUND	^	346,980.40
ISHARES LEHMAN INTER	205.00	ISHARES LEHMAN INTERM CORP ETF	^	21,971.90
ISHARES MSCI BRAZIL	100.00	ISHARES MSCI BRAZIL INDEX FD	^	5,739.00
ISHARES S & P SMALL	600.00	ISHARES S & P SMALL CAP 600 INDEX	^	40,980.00
JANUS FLEXIBLE INCOM	2,379.55	JANUS FLEXIBLE INCOME CL T 1049	^	25,080.46
JANUS PERKINS MID CA	2,973.82	JANUS PERKINS MID CAP VALUE FUND 67	^	60,041.41
LONGLEAF PARTNERS FD	2,835.13	LONGLEAF PARTNERS FD #133	^	75,556.24
LONGLEAF PARTNERS FD	1,891.26	LONGLEAF PARTNERS FD #133	^	50,402.08

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	LORD ABBETT BOND DEB	9,710.55	LORD ABBETT BOND DEBENTURE FD C-673	^	74,285.72
	MANAGERS CADENCE CAP	615.71	MANAGERS CADENCE CAPITAL APP FD	^	9,869.82
	MARKET VECTORS JR GO	500.00	MARKET VECTORS JR GOLD MINER ETF	^	12,350.00
	MATTHEWS ASIA PACIFI	1,486.33	MATTHEWS ASIA PACIFIC EQT FD # 809	^	18,549.39
	MERIDIAN VALUE FUND	1,810.45	MERIDIAN VALUE FUND # 076	^	50,837.52
	OAKMARK INTERNATIONA	4,196.27	OAKMARK INTERNATIONAL FD #109	^	69,448.27
	OAKMARK INTL SMALL C	7,993.68	OAKMARK INTL SMALL CAP 811	^	95,844.27
	OLD MUTUAL BARROW HA	6,566.28	OLD MUTUAL BARROW HANLEY VAL-Z 1213	^	42,286.84
	OPPENHEIMER GLOBAL O	322.56	OPPENHEIMER GLOBAL OPPYS FD- A #215	^	8,654.18
	PIMCO TOTAL RETURN C	6,709.42	PIMCO TOTAL RETURN CL-D #4305	^	72,931.38
	PIMCO TOTAL RETURN F	298,774.99	PIMCO TOTAL RETURN FD INSTL-35	^	3,247,684.17
	ROYCE SPECIAL EQUITY	1,271.44	ROYCE SPECIAL EQUITY FUND-CN	^	24,004.75
	SECTOR SPDR AMEX ENE	100.00	SECTOR SPDR AMEX ENERGY SELECT SBI	^	6,913.00
	SPDR BARCLAYS CAPITA	1,300.00	SPDR BARCLAYS CAPITAL TIPS ETF	^	75,426.00
	T ROWE PRICE CORP IN	2,643.47	T ROWE PRICE CORP INCOME FUND	^	25,509.52
	T ROWE PRICE EQUITY	890.49	T ROWE PRICE EQUITY INCOME FD #71	^	20,534.72
	T ROWE PRICE PERS ST	6,423.02	T ROWE PRICE PERS STRATEGY GRWTH-103	^	141,948.83
	THORNBURG INV INC BL	2,695.68	THORNBURG INV INC BLDR FD-C # 661	^	48,333.54
	THORNBURG INVT INC B	2,175.01	THORNBURG INVT INC BUILDER-A # 161	^	39,019.61
	TWEEDY BROWNE AMERIC	2,891.61	TWEEDY BROWNE AMERICAN VALUE	^	51,788.75
	VANGUARD 500 INDEX F	30,092.16	VANGUARD 500 INDEX FD-SIGN	^	2,878,315.01
	VANGUARD S/C GROWTH	112,729.07	VANGUARD S/C GROWTH INDX-ADM	^	3,030,157.48
	VANGUARD TARGET RET	4,365.75	VANGUARD TARGET RET 2035 FUND # 0305	^	54,615.53
	VANGUARD TARGET RETI	88,612.46	VANGUARD TARGET RETIREMENT 2020 #682	^	1,922,004.28
	VANGUARD TARGET RETI	3,557.09	VANGUARD TARGET RETIREMENT 2025 FD	^	43,645.52
	VANGUARD TARGET RETI	42,204.80	VANGUARD TARGET RETIREMENT 2030 FUND	^	882,924.42
	VANGUARD TARGET RETI	855.70	VANGUARD TARGET RETIREMENT 2045 FD	^	11,012.81
	VANGUARD TG RETIREME	14,781.64	VANGUARD TG RETIREMENT 2010	^	331,552.21
	VANGUARD TG RETIREME	12,710.86	VANGUARD TG RETIREMENT 2040 FD	^	260,572.67
	VANGUARD TG RETIREME	4,613.98	VANGUARD TG RETIREMENT 2050 FD	^	94,171.39
	VANGUARD TGT RETIRE	5,821.53	VANGUARD TGT RETIRE INCOME	^	67,122.24
	VANGUARD TOTAL INTL	868.74	VANGUARD TOTAL INTL STK IDX FD-SI	^	22,761.09
	VANGUARD TTL BD MKT	30,300.28	VANGUARD TTL BD MKT INDX-SIG #1351	^	333,303.14
	WASATCH ULTRA GROWTH	3,394.99	WASATCH ULTRA GROWTH FD	^	68,918.34
	WEITZ FUNDS-SHORT IN	1,639.06	WEITZ FUNDS-SHORT INTERMEDIATE INC	^	20,275.21
	WELLS FARGO ADV SP S	2,465.83	WELLS FARGO ADV SP S/C VALUE-I	^	53,237.18
	WELLS FARGO ADV SPEC	125,047.27	WELLS FARGO ADV SPECIAL S/C VAL-IS	^	2,704,772.45
	WILLIAM BLAIR INTL G	2,465.24	WILLIAM BLAIR INTL GROWTH FD CL N	^	46,050.74
		1,191,415.56	**TOTAL MUTUAL FUNDS**		**25,937,942.22**
	NOTES, MORTGAGES & CONTRACTS				
	PARTICIPANT LOANS				
*	BFKN MASTER NOTE	580,879.25	SECURED BY VESTED INTEREST 4.25% TO 9.25%	^	580,879.25
		580,879.25	**TOTAL PARTICIPANT LOANS**		580,879.25
		580,879.25	**TOTAL NOTES, MORTGAGES & CONTRACTS**		**580,879.25**

BFKN Personal Retirement Plan A

EIN: 36-3330098 PN: 001

ATTACHMENT TO 2011 FORM 5500

SCHEDULE H PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2011

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	SHARES	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	MISCELLANEOUS				
	PARTNERSHIPS				
	ALLIANCE RESOURCE PA	800.00	ALLIANCE RESOURCE PARTNERS L P INT	^	60,464.00
	PHAROS INNOVATIONS L	13,450.00	PHAROS INNOVATIONS LLC CLASS A	^	67,250.00
	SJC-1 L P	1.00	SJC-1 L P	^	12,500.00
	SJC-2 L P	1.00	SJC-2 L P	^	14,500.00
	SSB PRIVATE SELECTIO	72,114.00	SSB PRIVATE SELECTION FD I LLC	^	6,322.02
		86,366.00	**TOTAL PARTNERSHIPS**		161,036.02
		86,366.00	**TOTAL MISCELLANEOUS**		**161,036.02**
			PRINICIPAL CASH		**3,863.37**
			TOTAL ASSETS		**35,395,341.80**

* Denotes Party-In-Interest asset

^ Cost Information not provided as assets are part of an individual account plan that participants and beneficiaries directed with respect to assets allocated to his or her account.

SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR) *
DECEMBER 31, 2011

* See attached financial statements with auditor's report.