

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information		
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☒ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>EQUITY ADMINISTRATIVE SERVICES INC 401(K) PLAN</u>	1b Three-digit plan number (PN) ►	<u>001</u>	
	1c Effective date of plan	<u>01/01/1992</u>	
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>MID OHIO SECURITES</u> <u>225 BURNS ROAD</u> <u>ELYRIA, OH 44035</u>	2b Employer Identification Number (EIN) <u>34-1134159</u>	2c Sponsor's telephone number <u>440-323-5491</u>	2d Business code (see instructions) <u>523120</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/16/2012</u>	<u>MICHAEL DEA</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MID OHIO SECURITIES 225 BURNS ROAD ELYRIA, OH 44035		3b Administrator's EIN 34-1134159
		3c Administrator's telephone number
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	385
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	362
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits.....	6c	51
d Subtotal. Add lines 6a , 6b , and 6c	6d	413
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	413
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	258
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2R 3D 3H		
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) ☒ 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) ☒ 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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan EQUITY ADMINISTRATIVE SERVICES INC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MID OHIO SECURITES	D Employer Identification Number (EIN) 34-1134159	

Part I	Service Provider Information (see instructions)
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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)

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name: RADACHI AND COMPANY	b EIN: 34-1753699
c Position: ACCOUNTANT	
d Address: 900 EAST BROAD STREET, SUITE A ELYRIA, OH 44035	e Telephone: 440-365-3115

Explanation: THE PLAN SPONSOR CHANGED ITS ACCOUNTING FIRM

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
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>EQUITY ADMINISTRATIVE SERVICES INC 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MID OHIO SECURITES</u>	D Employer Identification Number (EIN) <u>34-1134159</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	19985
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	474559	499776
(2) Participant contributions	1b(2)	20711	500
(3) Other.....	1b(3)	254	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	305800	1452743
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	151828	167021
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	548715	737813
(5) Partnership/joint venture interests	1c(5)	5949	27122
(6) Real estate (other than employer real property)	1c(6)	66498	74850
(7) Loans (other than to participants)	1c(7)	117251	101999
(8) Participant loans	1c(8)	135872	168217
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2293057	1589149
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	20125	19195

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4140619	4858370

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	2870	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2870	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4137749	4858370
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	499776	
(B) Participants	2a(1)(B)	581357	
(C) Others (including rollovers)	2a(1)(C)	100994	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1182127

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	7135	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7135

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	38363	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		38363

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-111004
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1116621

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	388228	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		388228
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	7772	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		7772
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		396000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		720621
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: COHEN AND COMPANY, LTD.

(2) EIN: 34-1912961

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

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

Part IV Compliance Questions

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

During the plan year:

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

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>EQUITY ADMINISTRATIVE SERVICES INC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MID OHIO SECURITIES</u>	D Employer Identification Number (EIN) <u>34-1134159</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-1307453</u> <u>75-3182674</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	<u>0</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>	
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
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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
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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.
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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): _____

EQUITY ADMINISTRATIVE SERVICES, INC.
401(k) PLAN

INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2011 AND 2010

EQUITY ADMINISTRATIVE SERVICES, INC.
401(k) PLAN

DECEMBER 31, 2011 AND 2010

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT.....	2 – 3
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS	
December 31, 2011 and 2010	4
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	
Year ended December 31, 2011	5
NOTES TO THE FINANCIAL STATEMENTS	6 – 12
SUPPLEMENTAL SCHEDULE	
Schedule H, Part IV, Line 4(i) – Schedule of Assets Held at End of Year	
December 31, 2011	13

TRUSTEES
EQUITY ADMINISTRATIVE SERVICES, INC.
401(k) PLAN

Independent Auditors' Report

We were engaged to audit the financial statements of Equity Administrative Services, Inc. 401(k) Plan (the Plan) as of and for the year ended December 31, 2011, and the supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. These financial statements and supplemental 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 MG Trust Company, LLC (MG Trust), a custodian of the Plan, except for comparing the information with the related information included in the 2011 financial statements and supplemental schedule. We have been informed by the plan administrator that MG Trust holds certain of the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from MG Trust as of and for the year ended December 31, 2011, that the information provided to the plan administrator by MG Trust is complete and accurate.

As discussed in Note 2, nonreadily marketable investments amounting to \$223,166 (4.6% of net assets available for benefits) as of December 31, 2011, have been valued at estimated fair value as determined by Equity Trust Company (ETC), a custodian. We have reviewed the procedures applied by ETC in valuing these nonreadily marketable investments. In our opinion, those procedures are not adequate to determine the fair value of the investments in conformity with accounting principles generally accepted in the United States of America. The effect on the 2011 financial statements of not applying adequate procedures to determine the fair value of the nonreadily available marketable investments is not determinable.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2011 financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the 2011 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 2011 financial statements and supplemental schedule, other than that derived from the information certified by MG Trust, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, except for the matter discussed in the previous paragraph, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The financial statements of the Plan as of December 31, 2010, were audited by other auditors. Their report, dated November 29, 2011, indicated that, other than the effects of the matter discussed in the following paragraph, the statement of net assets available for benefits presents fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2010, in conformity with accounting principles generally accepted in the United States of America.

Nonreadily marketable investments amounting to \$209,823 (5.1% of net assets available for benefits) as of December 31, 2010, were valued at estimated fair value as determined by Equity Trust Company (ETC), a custodian. The other auditors reviewed the procedures applied by ETC in valuing these nonreadily marketable investments. In their opinion, those procedures were not adequate to determine the fair value of the investments in conformity with accounting principles generally accepted in the United States of America. The effect on the 2010 financial statements of not applying adequate procedures to determine the fair value of the nonreadily available marketable investments was not determinable.

October 15, 2012
Cleveland, Ohio

Cohen & Company Ltd.

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2011 AND 2010

	<u>2011</u>	<u>2010*</u>
ASSETS		
CASH	\$ 19,985	\$ 25,130
INVESTMENTS – AT FAIR VALUE		
Money market fund	1,194,633	991,101
Mutual funds	1,585,390	1,301,956
Self-directed brokerage accounts:		
Cash and cash equivalents	258,110	301,135
Common stocks	737,813	548,715
Mutual funds	3,759	
Bonds	<u>167,021</u>	<u>151,828</u>
	<u>3,946,726</u>	<u>3,294,735</u>
INVESTMENTS – AT ESTIMATED FAIR VALUE (SEE NOTE 2)	<u>223,166</u>	<u>209,823</u>
NOTES RECEIVABLE FROM PARTICIPANTS	<u>168,217</u>	<u>135,872</u>
RECEIVABLES		
Employer matching and safe harbor contributions	499,776	474,559
Participant contributions	<u>500</u>	<u>500</u>
	<u>500,276</u>	<u>475,059</u>
TOTAL ASSETS	<u>4,858,370</u>	<u>4,140,619</u>
LIABILITY		
ACCOUNTS PAYABLE - OTHER	<u> </u>	<u>2,870</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,858,370</u>	<u>\$ 4,137,749</u>

**Reclassified to conform with current year presentation.*

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

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2011

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Contributions:

Participants	\$ 368,857	
Participants – Roth	212,500	
Employer matching and safe harbor	499,776	
Rollover	<u>100,994</u>	\$ 1,182,127

Interest income on notes receivable from participants	7,135
Interest and dividend income	<u>38,363</u>

Total additions	<u>1,227,625</u>
-----------------	------------------

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Net depreciation in fair value of investments	111,004
Benefit payments	388,228
Administrative and other expenses	<u>7,772</u>

Total deductions	<u>507,004</u>
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INCREASE IN NET ASSETS	720,621
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>4,137,749</u>
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End of year	<u>\$ 4,858,370</u>
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The accompanying notes are an integral part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of the Equity Administrative Services, Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established January 1, 1992, and amended and restated on December 1, 2010, covering all full-time employees, of Mid-Ohio Securities, Inc., Equity Administrative Services, Inc., Equity Trust Company, Equity Oil and Gas Funds, Inc., and Sterling Administrative Services, LLC, (collectively, the Company), who have completed three months of service and attained eighteen years of age. Effective January 1, 2011, the Plan was amended to allow employees of Equity Institutional Services to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may make voluntary 401(k) and Roth contributions not to exceed the lesser of 100 percent of their pre-tax annual compensation, as defined in the Plan, or the limit as defined by the Internal Revenue Service (IRS). Participants in the Plan who are eighteen years of age and have completed three months of service are eligible to receive a safe harbor matching contribution. Participants in the Plan who are eighteen years of age, have completed one year of service, and are employed on the last day of the calendar year are eligible for a discretionary matching contribution. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into a broad range of investment options through self-directed brokerage accounts facilitated through the plan sponsor or participant accounts held by MG Trust Company, LLC. Participants can also direct contributions into nontraditional assets through requests submitted to the plan sponsor. The Company will make a safe harbor matching contribution of 100% up to 3% and an additional 50% for up to 5% of eligible compensation that a participant contributes to the Plan. The Company may also make discretionary matching contributions. During 2011, the Company made a discretionary matching contribution equal to 100% of the first 2% of eligible compensation that a participant contributed to the Plan. The Company's contributions are allocated in the same manner in which the participants invest their own contributions. All Company and participant contributions are subject to the limitations imposed under Internal Revenue Code (IRC) Section 404(a)(3)(A).

Participant Accounts

A separate account is maintained for each participant. Each participant's account is credited with the participant's voluntary 401(k) and Roth contributions and earnings or losses on those contributions, plus the Company's contributions and earnings or losses thereon. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's account, as defined.

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN (Continued)

Vesting

Participants are immediately vested in their voluntary 401(k) and Roth contributions plus actual earnings or losses thereon. Vesting in the Company's contributions is immediate for safe harbor contributions and participants are 100 percent vested after six years of service for discretionary contributions. However, if an active participant dies prior to attaining retirement age, the participant's account becomes 100 percent vested.

Notes Receivable from Participants

Participants may receive loans of their account balance in amounts not to exceed the amounts prescribed by the IRS. Such loans bear interest at a reasonable rate commensurate with current interest rates charged by a bank or other professional lender under similar circumstances and allow for repayment of up to five years, although longer terms are available under specific circumstances, as defined. Principal and interest are paid through payroll deductions.

Payments of Benefits

Upon termination of service or reaching the age of retirement, a participant may elect to receive a lump-sum payment equal to the value of the participant's vested interest in his or her account. If the participant's vested account balance is less than \$5,000, the plan administrator may make a direct rollover into an individual retirement account or annuity. Participants terminated for reasons other than death, disability, or retirement may receive their vested benefits as soon as administratively feasible. Distributions of a participant's eligible account balance may be authorized at any time by the plan administrator under certain hardship conditions.

Forfeited Accounts

Forfeitures are temporarily held in a suspense account maintained within the Plan and can be used to reduce future Company contributions or Plan expenses.

During 2011, approximately \$9,200 was transferred into the forfeitures account and approximately \$9,600 was used to reduce employer matching contributions. The balance in the forfeited non-vested accounts was approximately \$9,200 and \$9,600 at December 31, 2011 and 2010, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

NOTES TO THE FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Accounting Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value, as reported by MG Trust Company, LLC (MG Trust) and Equity Trust Company (ETC), the custodians. 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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Assets of the Plan at December 31, 2011 and 2010 were held in trusts administered by MG Trust and ETC, the custodians of the Plan, representing investments in money market and mutual funds and self-directed brokerage accounts consisting of investments in money market and mutual funds, common stocks, bonds, and nonreadily marketable instruments. Investment of participants' voluntary 401(k) and Roth contributions, and the Company's contributions into those funds, is at the direction of each participant. The accounts are credited with actual earnings or losses on the underlying investments and charged for plan withdrawals. Certain investments (nonreadily marketable investments) in the amount of \$223,166 and \$209,823 as of December 31, 2011 and 2010, respectively, are valued at their estimated fair value, as noted at Note 4.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Plan Expenses

Certain of the Plan's administrative expenses and other expenses incurred in connection with the sale, purchase and management of the assets of the investment funds were paid by Equity Administrative Services, Inc.

NOTES TO THE FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Income Taxes

The Plan recognizes and discloses uncertain tax positions in accordance with GAAP. As of December 31, 2011 and 2010, and for the year ended December 31, 2011, the Plan did not have a liability for unrecognized tax benefits. The Plan is no longer subject to examination by federal and state taxing authorities prior to 2008.

Subsequent Events

Management has evaluated subsequent events through October 15, 2012, the date the financial statements were available to be issued.

3. INFORMATION CERTIFIED BY THE CUSTODIAN

In accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator has elected to restrict the scope of the auditor's examination with regard to statements or information prepared and certified by MG Trust Company, LLC (MG Trust), a custodian.

The following information included in the accompanying 2011 financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by MG Trust:

Cash	\$ 19,985
Investments – At fair value	\$ 2,780,023
Interest and dividend income	\$ 38,363
Net depreciation in fair value of investments	\$ (282,415)

4. FAIR VALUE MEASUREMENTS

The various inputs that may be used to determine the fair value of the Plan's assets are summarized in three broad levels:

Level 1	Quoted prices in active markets for identical securities
Level 2	Other significant observable inputs (including quoted prices for similar securities, interest rates, credit risk, etc.)
Level 3	Significant unobservable inputs (including the Plan's own assumptions used to determine value)

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

NOTES TO THE FINANCIAL STATEMENTS

4. FAIR VALUE MEASUREMENTS (Continued)

Generally, the Plan utilizes quoted market prices, and other relevant information generated by market transactions, to measure fair value when available. If quoted prices are not available, fair values are measured using independent pricing models or other model-based valuation techniques. In certain cases, the Plan may be required to make judgments about assumptions that market participants would use in estimating the fair value of financial instruments (Level 3 valuations).

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

Self-directed brokerage accounts: The self-directed brokerage accounts' investments are valued at the fair value of the underlying individual assets within the brokerage account.

Money market and mutual funds: Valued at quoted net asset value of the shares held by the Plan at year end.

Common stocks: Valued at the closing price reported on the active market in which the securities are traded.

Corporate bonds: Certain bonds are valued at the closing price reported in the active market in which the bonds are traded. Other bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Private partnerships, unsecured notes, secured notes, real estate: Valued by the custodian at cost with various adjustments for underlying transaction activity when reported to the Plan.

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

Assets measured at fair value on a recurring basis are comprised of the following at December 31, 2011:

<u>Description</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
MG Trust:			
Money market fund	\$ 1,194,633		
Mutual funds:			
Allocation funds	282,071		
Target retirement funds	7,872		
Blended funds	121,869		
Technology funds	76,030		
Bond funds	257,897		
Growth funds	268,724		
Value funds	134,306		
Natural resources fund	37,517		
Government fund	305,519		
International fund	93,585		

NOTES TO THE FINANCIAL STATEMENTS

4. FAIR VALUE MEASUREMENTS (Continued)

<u>Description</u> (continued)	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
ETC:			
Self-directed brokerage accounts:			
Money market funds	258,110		
Mutual funds	3,759		
Common stocks	737,813		
Corporate bonds		\$ 167,021	
Investments – At estimated fair value:			
Private partnerships			\$ 27,122
Unsecured notes			46,599
Secured notes			55,400
Real estate			74,850
Other			19,195
	<u>\$ 3,779,705</u>	<u>\$ 167,021</u>	<u>\$ 223,166</u>

Assets measured at fair value on a recurring basis are comprised of the following at December 31, 2010:

<u>Description</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
MG Trust:			
Money market funds	\$ 991,101		
Mutual funds:			
Allocation funds	142,157		
Blended funds	93,501		
Technology funds	80,018		
Bond funds	336,350		
Growth funds	213,454		
Value funds	102,362		
Natural resources fund	45,131		
Government fund	207,500		
International fund	81,483		
ETC:			
Self-directed brokerage accounts:			
Money market funds	301,135		
Common stocks	548,715		
Corporate bonds	151,828		
Investments – At estimated fair value:			
Private partnerships			\$ 72,447
Unsecured notes			52,582
Secured notes			64,669
Other			20,125
	<u>\$ 3,294,735</u>	<u>\$</u>	<u>\$ 209,823</u>

Following is a reconciliation of activity for 2011 for the investments – at estimated fair value, which are measured at estimated fair value based on significant unobservable (non-market) information (Level 3):

Balance – Beginning of year	\$ 209,823
Purchases	<u>13,343</u>
Balance – End of year	<u>\$ 223,166</u>

NOTES TO THE FINANCIAL STATEMENTS

4. FAIR VALUE MEASUREMENTS (Continued)

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2011, are reported in net depreciation in fair value of investments. There were no transfers between levels during 2011.

5. INVESTMENTS

At December 31, 2011 and 2010, the following investments represent 5% or more of the Plan's net assets available for benefits:

	<u>2011</u>	<u>2010</u>
Federated Automated Cash Management R	<u>\$ 1,194,633</u>	<u>\$ 991,100</u>
Sentinel Government Securities A	<u>\$ 305,519</u>	<u>\$ 207,500</u>

6. TAX STATUS

The IRS has determined and informed the Company by letter, dated March 31, 2008, that the Plan, as then designed, qualifies under applicable sections of the IRC and is, therefore, not subject to tax under present income tax laws. The Plan has been amended since receiving the opinion letter. The plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC.

7. PLAN TERMINATION

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

8. RISKS AND UNCERTAINTIES

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

9. PARTY-IN-INTEREST TRANSACTIONS

ETC is the custodian of the Plan investments in the self-directed brokerage accounts and non-readily marketable investments. Mid-Ohio Securities, Inc. processes Plan investment transactions for these brokerage accounts as a broker/dealer. Both companies are plan sponsors and are owned by the custodians of the Plan and, therefore, these transactions qualify as party-in-interest. The Plan and its participants are not assessed fees from ETC, the custodian, or Mid-Ohio Securities, Inc. for transactions executed on their behalf.

SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2011

EIN: 34-1703219
PLAN NUMBER: 001

a	b-Identity of Issue	c-Description of Investment	d - Cost	e-Current Value
	Federated Automated Cash Management Trust R	Money Market Fund	**	\$ 1,194,633
	Aberdeen Optimal Allocations	Mutual Fund	**	123,170
	Alliance Bern 2015 Retirement Strat A	Mutual Fund	**	136
	Alliance Bern 2025 Retirement Strat A	Mutual Fund	**	2,777
	Alliance Bern 2035 Retirement Strat A	Mutual Fund	**	4,959
	American Funds Europacific Gr R2	Mutual Fund	**	80,748
	Columbia Technology A	Mutual Fund	**	76,031
	Eaton Vance Strategic Income A	Mutual Fund	**	38,443
	Federated Asset Allocation R	Mutual Fund	**	158,901
	Goldman Sachs Growth Opportunities A	Mutual Fund	**	13,863
	Invesco Diversified Dividend A	Mutual Fund	**	41,203
	Invesco Small Companies A	Mutual Fund	**	28,778
	Ivy Global Natural Resources R	Mutual Fund	**	37,517
	Janus Forty S	Mutual Fund	**	177,005
	Perkins Mid Cap Value S	Mutual Fund	**	76,045
	PIMCO Low Duration R	Mutual Fund	**	63,243
	PIMCO Total Return R	Mutual Fund	**	156,210
	Principal Inv Capital Appreciation A	Mutual Fund	**	12,343
	Sentinel Government Securities A	Mutual Fund	**	305,519
	Sentinel Small Company Fund A	Mutual Fund	**	77,856
	Thornburg International Value R3	Mutual Fund	**	93,585
	Transamerica Small/Mid Cap Value A	Mutual Fund	**	17,058
	Equity Trust Company SDB Accounts:	Self-Directed Brokerage Accounts		
	Cash and Cash Equivalents	Money Market Fund	**	258,110
	Common Stocks	Registered Companies	**	737,813
	Mutual Funds	Mutual Funds	**	3,759
	Bonds	Bonds	**	167,021
	Private Partnerships	Private Partnerships	**	27,122
	Unsecured Notes	Unsecured Notes	**	46,599
	Secured Notes	Secured Notes	**	55,400
	Real Estate	Real Estate	**	74,850
	Other	Other	**	19,195
	Participant loans	Terms – 1 - 20 years Interest rates – 4.25% - 9.25%	\$0	168,217
				\$ 4,338,109

**Cost omitted for participant-directed investments.

SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2011

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