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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2011</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                      |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u> |                                                                                                                                                                                                                                                      |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                                    |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                             |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                            |

|                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                           | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                         |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>ALVIS HOUSE PENSION PLAN</u>                                                                                                                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>07/01/1976</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                  | <b>1c</b> Effective date of plan<br><u>07/01/1976</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                 | <u>001</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>07/01/1976</u>                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br><u>ALVIS HOUSE</u><br><br><u>2100 STELLA COURT</u><br><u>COLUMBUS, OH 43215</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>31-0743167</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>614-252-8402</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>624100</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>31-0743167</u> | <b>2c</b> Sponsor's telephone number<br><u>614-252-8402</u> | <b>2d</b> Business code (see instructions)<br><u>624100</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>31-0743167</u>                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>614-252-8402</u>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>624100</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/11/2012 | DENISE ROBINSON                                              |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/11/2012 | DENISE ROBINSON                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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

|                                                                                                                                                       |                                                                                                               |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>ALVIS HOUSE<br><br>2100 STELLA COURT<br>COLUMBUS, OH 43215 | <b>3b</b> Administrator's EIN<br>31-0743167<br><br><b>3c</b> Administrator's telephone number<br>614-252-8402 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 127 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 49  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 12  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 63  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 124 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 2   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 126 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> |     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 0   |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 1I 3D

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

|                                                                                |                                                                                |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                      | <b>9b</b> Plan benefit arrangement (check all that apply)                      |
| <b>(1)</b> <input type="checkbox"/> Insurance                                  | <b>(1)</b> <input type="checkbox"/> Insurance                                  |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                           | <b>(3)</b> <input checked="" type="checkbox"/> Trust                           |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor              | <b>(4)</b> <input type="checkbox"/> 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)

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>ALVIS HOUSE PENSION PLAN</u>                                                                                  | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>ALVIS HOUSE</u>                                            | <b>D</b> Employer Identification Number (EIN)<br><u>31-0743167</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                         |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>                                                                                                                               |                                                                                  |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                                  |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> <u>3632368</u>                                                         |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>3632368</u>                                                         |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            |                                                                                  |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <b>3a</b> (1) Number of participants <u>13</u> (2) Funding Target <u>1311708</u> |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b> <u>64</u> <u>1101845</u>                                               |
| <b>c</b> For active participants:                                                                                                                                                                               |                                                                                  |
| (1) Non-vested benefits .....                                                                                                                                                                                   | <b>3c(1)</b> <u>0</u>                                                            |
| (2) Vested benefits .....                                                                                                                                                                                       | <b>3c(2)</b> <u>1490517</u>                                                      |
| (3) Total active .....                                                                                                                                                                                          | <b>3c(3)</b> <u>50</u> <u>1490517</u>                                            |
| <b>d</b> Total .....                                                                                                                                                                                            | <b>3d</b> <u>127</u> <u>3904070</u>                                              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   | <input type="checkbox"/>                                                         |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                        |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                        |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>6.14 %</u>                                                           |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b> <u>13216</u>                                                            |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                                                       |                                        |
|---------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                                      | <u>07/20/2012</u>                      |
| Signature of actuary                                                                  | Date                                   |
| <u>ANDREW C. FORGRAVE</u>                                                             | <u>11-07226</u>                        |
| Type or print name of actuary                                                         | Most recent enrollment number          |
| <u>JACOB, HAXTON &amp; BOORD, LLC</u>                                                 | <u>614-888-1005</u>                    |
| Firm name                                                                             | Telephone number (including area code) |
| <u>100 OLD WILSON BRIDGE ROAD</u><br><u>SUITE 214</u><br><u>WORTHINGTON, OH 43085</u> |                                        |
| Address of the firm                                                                   |                                        |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

**Schedule SB (Form 5500) 2011**  
**v.012611**

| <b>Part II</b> |                                                                                                                          | <b>Beginning of year carryover and prefunding balances</b> |                        |
|----------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                                          | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                          | 0                                                          | 0                      |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                       | 0                                                          | 0                      |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....                                                                             | 0                                                          | 0                      |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>11.64</u> % .....                                              | 0                                                          | 0                      |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                                                     |                                                            |                        |
| <b>a</b>       | Present value of excess contributions (line 38 from prior year) .....                                                    |                                                            | 128874                 |
| <b>b</b>       | Interest on (a) using prior year's effective rate of <u>6.66</u> % except as otherwise provided (see instructions) ..... |                                                            | 8583                   |
| <b>c</b>       | Total available at beginning of current plan year to add to prefunding balance .....                                     |                                                            | 137457                 |
| <b>d</b>       | Portion of (c) to be added to prefunding balance .....                                                                   |                                                            | 0                      |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....                                                  | 0                                                          | 0                      |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                       | 0                                                          | 0                      |

| <b>Part III</b> |                                                                                                                                                                  | <b>Funding percentages</b> |         |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|
| <b>14</b>       | Funding target attainment percentage .....                                                                                                                       | <b>14</b>                  | 93.04 % |
| <b>15</b>       | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b>                  | 93.04 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 91.93 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b>                  | %       |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and liquidity shortfalls</b> |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                               |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 02/14/2011                                                                               | 30000                             |                                               | 08/23/2011               | 15000                             |                                 |
| 03/21/2011                                                                               | 15000                             |                                               | 09/19/2011               | 15000                             |                                 |
| 04/25/2011                                                                               | 15000                             |                                               | 10/26/2011               | 15000                             |                                 |
| 05/23/2011                                                                               | 15000                             |                                               | 11/21/2011               | 15000                             |                                 |
| 06/23/2011                                                                               | 15000                             |                                               | 12/19/2011               | 15000                             |                                 |
| 07/25/2011                                                                               | 15000                             |                                               |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                               | <b>18(b)</b>             | 180000                            | <b>18(c)</b> 0                  |

|                                                                                                                                      |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | <b>19a</b> 0                                                        |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b> 0                                                        |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> 174549                                                   |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c</b> If 20a is "Yes," see instructions and complete the following table as applicable:                                           |                                                                     |

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions used to determine funding target and target normal cost**

|                                                                                                                                                                                              |                       |                       |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>3.14% | 2nd segment:<br>5.90% | 3rd segment:<br>6.45 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       |                        | <b>21b</b> 1                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                        |                                                     |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                   | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 13216              |               |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                                | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 271702              | 56661              |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           | 0                  |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 69877              |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 69877              |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 174549             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 104672             |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

|                                                                                                                 |                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                                 | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                                               | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                  | <b>43</b>                                                                                                               |  |  |

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>ALVIS HOUSE PENSION PLAN                                                 | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ALVIS HOUSE                      | D Employer Identification Number (EIN)<br>31-0743167 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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**(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)

JACOB, HAXTON & BOORD, LLC

20-0754801

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 15 17 34            | ACTUARY                                                                                           | 11486                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br>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).<br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      | <b>2011</b>                                   |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2011 or fiscal plan year beginning <b>01/01/2011</b> and ending <b>12/31/2011</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>ALVIS HOUSE PENSION PLAN</b>                                                 | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ALVIS HOUSE</b>                      | <b>D</b> Employer Identification Number (EIN)<br><b>31-0743167</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | <b>17267</b>          | <b>0</b>        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | <b>2454</b>           | <b>2454</b>     |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       | <b>1685067</b>  |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | <b>3612647</b>        | <b>2052718</b>  |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |       | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|-------|-----------------------|-----------------|
| (1) Employer securities .....                                        | 1d(1) |                       |                 |
| (2) Employer real property .....                                     | 1d(2) |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | 1e    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | 1f    | 3632368               | 3740239         |

**Liabilities**

|                                                                           |    |   |   |
|---------------------------------------------------------------------------|----|---|---|
| <b>g</b> Benefit claims payable .....                                     | 1g |   |   |
| <b>h</b> Operating payables .....                                         | 1h |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | 1i |   |   |
| <b>j</b> Other liabilities .....                                          | 1j |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k | 0 | 0 |

**Net Assets**

|                                                           |    |         |         |
|-----------------------------------------------------------|----|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | 1l | 3632368 | 3740239 |
|-----------------------------------------------------------|----|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------|----------|------------|-----------|
| <b>a Contributions:</b>                                                                              |          |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                  | 2a(1)(A) | 180000     |           |
| <b>(B)</b> Participants .....                                                                        | 2a(1)(B) |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                        | 2a(1)(C) |            |           |
| (2) Noncash contributions .....                                                                      | 2a(2)    |            |           |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....                          | 2a(3)    |            | 180000    |
| <b>b Earnings on investments:</b>                                                                    |          |            |           |
| (1) Interest:                                                                                        |          |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | 2b(1)(A) |            |           |
| <b>(B)</b> U.S. Government securities .....                                                          | 2b(1)(B) |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                          | 2b(1)(C) |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                  | 2b(1)(D) |            |           |
| <b>(E)</b> Participant loans .....                                                                   | 2b(1)(E) |            |           |
| <b>(F)</b> Other .....                                                                               | 2b(1)(F) |            |           |
| (G) Total interest. Add lines 2b(1)(A) through (F) .....                                             | 2b(1)(G) |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                      | 2b(2)(A) |            |           |
| <b>(B)</b> Common stock .....                                                                        | 2b(2)(B) |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                            | 2b(2)(C) | 41348      |           |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....                                          | 2b(2)(D) |            | 41348     |
| (3) Rents .....                                                                                      | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                           | 2b(4)(A) |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                        | 2b(4)(B) |            |           |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....                                 | 2b(4)(C) |            | 0         |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 68224     |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 289572    |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 168575 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |        |        |
| (3) Other .....                                                                            | <b>2e(3)</b> |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 168575 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> | 11486  |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |        |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 1640   |        |
| (4) Other .....                                                                            | <b>2i(4)</b> |        |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 13126  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 181701 |

**Net Income and Reconciliation**

|                                                                               |              |  |        |
|-------------------------------------------------------------------------------|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 107871 |
| <b>l</b> Transfers of assets:                                                 |              |  |        |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  | 0      |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 0      |

**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: GBQ PARTNERS LLP

(2) EIN: 20-2122306

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> 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>b</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  |        |
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 400000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> 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   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     |    |        |
| <b>n</b> 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. ....                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                       |     |    |        |

- 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) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                     |                                                                    |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>ALVIS HOUSE PENSION PLAN</u>                            | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ALVIS HOUSE</u> | <b>D</b> Employer Identification Number (EIN)<br><u>31-0743167</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>51-0099033</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>1</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                                        |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                                        |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                                        |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                                        |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                                        |                              |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                    |                                        |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                                        |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <b>8</b> 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?.....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

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

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

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

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

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

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

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

**Financial Statements**  
with Supplemental Information

# **Alvis House Pension Plan**

December 31, 2011 and 2010

## **C O N T E N T S**

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Partners

To the Plan Administrator  
Alvis House Pension Plan  
Columbus, Ohio

### **Independent Auditors' Report**

We were engaged to audit the accompanying statements of net assets available for benefits of Alvis House Pension Plan as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended December 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by Section 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 investment information summarized in the notes to the financial statements, which was certified by Wilmington Trust Retirement and Institutional Services Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the 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 that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements, but are required 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 schedules, 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, is 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.

*GBQ Partners LLC*

Columbus, Ohio  
July 30, 2012

ALVIS HOUSE PENSION PLAN

**Statements of Net Assets Available for Benefits**

December 31, 2011 and 2010

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---

|                                          | <u>2011</u>                | <u>2010</u>                |
|------------------------------------------|----------------------------|----------------------------|
| <b>Assets</b>                            |                            |                            |
| Cash                                     | \$ 1,685,067               | \$ 17,267                  |
| Mutual funds, at fair value              | 2,052,718                  | 3,612,647                  |
| Other receivables                        | <u>2,454</u>               | <u>2,454</u>               |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 3,740,239</u></u> | <u><u>\$ 3,632,368</u></u> |

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

ALVIS HOUSE PENSION PLAN

**Statements of Changes in Net Assets Available for Benefits**

For the Years Ended December 31, 2011 and 2010

|                                                  | <u>2011</u>         | <u>2010</u>         |
|--------------------------------------------------|---------------------|---------------------|
| <b>Additions to Net Assets Attributed to:</b>    |                     |                     |
| Net appreciation in fair value of investments    | \$ 68,224           | \$ 313,452          |
| Interest and dividend income                     | 41,348              | 71,437              |
| Employer contributions                           | <u>180,000</u>      | <u>180,000</u>      |
| Total additions                                  | <u>289,572</u>      | <u>564,889</u>      |
| <b>Deductions from Net Assets Attributed to:</b> |                     |                     |
| Benefits paid to participants                    | 168,575             | 379,350             |
| Administrative expenses                          | <u>13,126</u>       | <u>13,217</u>       |
| Total deductions                                 | <u>181,701</u>      | <u>392,567</u>      |
| Net increase                                     | 107,871             | 172,322             |
| <b>Net Assets Available for Benefits:</b>        |                     |                     |
| Beginning of the year                            | <u>3,632,368</u>    | <u>3,460,046</u>    |
| End of year                                      | <u>\$ 3,740,239</u> | <u>\$ 3,632,368</u> |

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

## ALVIS HOUSE PENSION PLAN

### Notes to Financial Statements

December 31, 2011 and 2010

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#### Plan Description

The following description of the Alvis House Pension Plan (the Plan) is provided for general information. Participants should refer to the plan agreement for a complete description of the Plan's provisions.

##### General

The Plan is a defined benefit pension plan covering substantially all employees of Alvis House, Inc. (formally the Comprehensive Offender Program Effort, Inc.) d.b.a. Alvis House (the Company) who have one year of service and are age 21 or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Certain administrative expenses are paid by the Plan.

Effective June 30, 2007, the Board of Directors elected to freeze the Plan. Accordingly, no additional participants have been added to the Plan subsequent to that date.

##### Pension Benefits

Employees are entitled to monthly pension benefits beginning at normal retirement age (65) equal to 2.25% of compensation, multiplied by years of credited service up to a maximum of 25 years. The benefit is based on average salary during the highest 60 consecutive months of employment during the last 10 years. The Plan permits early retirement for participants over age 50 with at least 5 years of service. The early retirement payments are reduced by a percentage based on the number of months that actual retirement precedes normal retirement.

Employees may elect to receive their pension benefits in the form of a life annuity, a joint and survivor annuity or, beginning in July 2007, a lump sum payment. A participant who does not satisfy the requirements for early retirement upon termination is not entitled to an early payment of their vested accrued benefit.

##### Death and Disability Benefits

Participants receive death benefits equal to the actuarial equivalent of their accrued benefit. The Plan does not allow for disability benefits.

##### Vesting Provisions

The following schedule represents vesting of accrued benefits:

|                              |      |
|------------------------------|------|
| Less than 5 years of service | 0%   |
| 5 years of service           | 100% |

ALVIS HOUSE PENSION PLAN

**Notes to Financial Statements**

December 31, 2011 and 2010

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**Summary of Significant Accounting Policies**

Basis of Accounting

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

Use of 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 assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Actuarial Present Value of Accumulated Benefits

Accumulated benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died and present employees or their beneficiaries.

Effective June 30, 2007, benefit accruals were frozen. The participant's monthly retirement benefit at the normal retirement date shall be equal to one-twelfth of his or her accrued benefit as of June 30, 2007. Benefits under the Plan were based on employees' compensation during their last 10 years of credited service. The accumulated plan benefits for active employees were based on their average compensation during the highest 60 consecutive months of employment during the last 10 years, ending on the date as of which the benefit information is presented. Benefits payable at retirement, death and termination of employment are included to the extent they are deemed attributable to employee service rendered to the valuation date.

ALVIS HOUSE PENSION PLAN  
**Notes to Financial Statements**  
December 31, 2011 and 2010

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**Summary of Significant Accounting Policies** (continued)

Actuarial Present Value of Accumulated Benefits (continued)

The actuarial present value of accumulated benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated benefits to reflect the time value of money (through discounts of interest) and the probability of payment (by means of decrements such as for death or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2011 and 2010 were (a) life expectancy of participants (the IRS 2008 Optional Small Plan Mortality for 2010 Table for males and females and the IRS 2008 Optional Small Plan Mortality for 2009 Table for males and females for 2011 and 2010, respectively), (b) retirement age assumptions (the assumed average retirement age is 65), and (c) investment return. The valuation included assumed average rates of return of 5.75% for 2011 and 2010. The foregoing actuarial assumptions are based on the presumption that the Plan will not be terminated. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits.

Actuarial valuation information for the Plan as of January 1, 2011 and 2010 and for the years then ended is presented below:

|                                                                                        | <u>2011</u>                | <u>2010</u>                |
|----------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Actuarial present value of accumulated Plan benefits:                                  |                            |                            |
| Vested benefits:                                                                       |                            |                            |
| Participants currently receiving payments                                              | \$ <b>1,295,687</b>        | \$ 1,388,122               |
| Other participants                                                                     | <u>2,844,722</u>           | <u>2,829,079</u>           |
|                                                                                        | <b>4,140,409</b>           | 4,217,201                  |
| Non-vested benefits                                                                    | <u>-</u>                   | <u>96,376</u>              |
| Total actuarial present value of accumulated Plan benefits                             | <u><b>\$ 4,140,409</b></u> | <u><b>\$ 4,313,577</b></u> |
| Actuarial present value of accumulated Plan benefits at the beginning of the plan year | <u><b>\$ 4,313,577</b></u> | <u><b>\$ 4,295,688</b></u> |
| (Decrease) increase during the year attributed to:                                     |                            |                            |
| Benefits accumulated                                                                   | ( <b>44,195</b> )          | 2,590                      |
| Increase for interest due to the decrease in the discount period                       | <b>237,418</b>             | 240,389                    |
| Benefits paid                                                                          | ( <b>374,386</b> )         | ( 233,272)                 |
| Assumption changes                                                                     | <u><b>7,995</b></u>        | <u>8,182</u>               |
| Net (decrease) increase                                                                | <u><b>( 173,168)</b></u>   | <u>17,889</u>              |
| Actuarial present value of accumulated Plan benefits at the end of Plan year           | <u><b>\$ 4,140,409</b></u> | <u><b>\$ 4,313,577</b></u> |

ALVIS HOUSE PENSION PLAN  
**Notes to Financial Statements**  
December 31, 2011 and 2010

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**Summary of Significant Accounting Policies** (continued)

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

New Accounting Pronouncements

In May 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs* (ASU 2011-04). ASU 2011-04 amended Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, to provide a consistent definition on fair value and improve the comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with U.S. GAAP and IFRSs. Some of the amendments clarify the application of existing fair value measurement and disclosure requirements, while other amendments change a particular principle or requirement for measuring fair value or disclosing information about fair value measurements. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

**Funding Policy**

The Company's funding policy is to make annual contributions to the Plan in amounts that will allow all employees' benefits to be fully provided for by the time they retire. The Company's contributions for 2011 and 2010 exceeded the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

**Plan Termination**

In the event the Plan terminates, the net assets of the Plan shall be allocated or divided among participants and beneficiaries in the following order:

1. Retired participants and their beneficiaries to whom payment commenced at least three years prior to the date of termination.
2. Retired participants and their beneficiaries to whom payment commenced less than three years prior to the date of termination.
3. Participants who were eligible to receive early retirement benefits at the date of termination.
4. All benefits guaranteed and insured by the Pension Benefit Guaranty Corporation.

ALVIS HOUSE PENSION PLAN

**Notes to Financial Statements**

December 31, 2011 and 2010

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**Plan Termination** (continued)

5. All other vested accrued benefits not insured by the Pension Benefit Guaranty Corporation.
6. All other accrued benefits provided under the Plan.
7. Any excess will revert to the Company.

Certain benefits under this Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations.

The PBGC guarantees vested benefits at the level in effect on the date of Plan termination. However, if the Plan has been in effect less than five years before it terminates, or if benefits have been increased within the five years before Plan termination, the whole amount of the Plan's vested benefits or the benefit increase may not be guaranteed. In addition, there is a ceiling on the amount of monthly benefit that PBGC guarantees, which is adjusted periodically.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

# ALVIS HOUSE PENSION PLAN

## Notes to Financial Statements

December 31, 2011 and 2010

### Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the trustee. Investments that represent 5% or more of the Plan's net assets are separately identified.

|                                        | <u>2011</u>                | <u>2010</u>                |
|----------------------------------------|----------------------------|----------------------------|
| Investments at estimated fair value:   |                            |                            |
| Cash                                   | <b>\$ 1,685,067</b>        | \$ 17,267                  |
| Mutual funds:                          |                            |                            |
| American Funds EuroPacific Fund        | *                          | 749,308                    |
| American Funds Growth Fund             | <b>237,061</b>             | 527,006                    |
| American Funds Small World Fund        | <b>236,779</b>             | 545,258                    |
| American Fundamental Investors Fund    | <b>208,963</b>             | 491,691                    |
| American US Government Securities Fund | <b>627,127</b>             | 593,322                    |
| American Funds American Balanced Fund  | <b>401,391</b>             | 349,028                    |
| American Funds Washington Mutual Fund  | <b>282,743</b>             | 357,034                    |
| Other                                  | <b><u>58,654</u></b>       | <u>-</u>                   |
|                                        | <b><u>\$ 3,737,785</u></b> | <b><u>\$ 3,629,914</u></b> |

\* The fair value of this investment did not represent 5% or more of the Plan's net assets as of the specified date.

The trustee also certified to the completeness and accuracy of \$68,224 and \$313,452 of net appreciation in fair value of investments and \$41,348 and \$71,437 of interest and dividend income related to the aforementioned investments for the years ended December 31, 2011 and 2010, respectively.

### Fair Value Measurements

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

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

ALVIS HOUSE PENSION PLAN

**Notes to Financial Statements**

December 31, 2011 and 2010

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**Fair Value Measurements** (continued)

Level 2

Inputs to the valuation methodology include

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

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

Level 3

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

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

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

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

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.

# ALVIS HOUSE PENSION PLAN

## Notes to Financial Statements

December 31, 2011 and 2010

### **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 and 2010.

#### **Assets at Fair Value as of December 31, 2011**

|                                   | <u>Level 1</u>             | <u>Level 2</u>     | <u>Level 3</u>     | <u>Total</u>               |
|-----------------------------------|----------------------------|--------------------|--------------------|----------------------------|
| <b>Mutual funds:</b>              |                            |                    |                    |                            |
| Government Funds                  | \$ 627,127                 | \$ -               | \$ -               | \$ 627,127                 |
| Growth Funds                      | 237,061                    | -                  | -                  | 237,061                    |
| Blend Funds                       | 610,354                    | -                  | -                  | 610,354                    |
| Value Funds                       | 282,743                    | -                  | -                  | 282,743                    |
| International Funds               | <u>295,433</u>             | <u>-</u>           | <u>-</u>           | <u>295,433</u>             |
| <b>Total assets at fair value</b> | <b><u>\$ 2,052,718</u></b> | <b><u>\$ -</u></b> | <b><u>\$ -</u></b> | <b><u>\$ 2,052,718</u></b> |

#### **Assets at Fair Value as of December 31, 2010**

|                                   | <u>Level 1</u>             | <u>Level 2</u>     | <u>Level 3</u>     | <u>Total</u>               |
|-----------------------------------|----------------------------|--------------------|--------------------|----------------------------|
| <b>Mutual funds:</b>              |                            |                    |                    |                            |
| Government Funds                  | \$ 593,322                 | \$ -               | \$ -               | \$ 593,322                 |
| Growth Funds                      | 527,006                    | -                  | -                  | 527,006                    |
| Blend Funds                       | 840,719                    | -                  | -                  | 840,719                    |
| Value Funds                       | 357,034                    | -                  | -                  | 357,034                    |
| International Funds               | <u>1,294,566</u>           | <u>-</u>           | <u>-</u>           | <u>1,294,566</u>           |
| <b>Total assets at fair value</b> | <b><u>\$ 3,612,647</u></b> | <b><u>\$ -</u></b> | <b><u>\$ -</u></b> | <b><u>\$ 3,612,647</u></b> |

### **Plan Amendment**

Effective January 1, 2011, the Company amended and restated their Plan to be in compliance with recent tax law changes.

### **Tax Status**

Effective January 1, 2011, the Company amended and restated their Plan, which received a determination letter dated March 17, 2011, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

## ALVIS HOUSE PENSION PLAN

### Notes to Financial Statements

December 31, 2011 and 2010

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#### **Tax Status** (continued)

Prior to January 1, 2011, the Plan received a determination letter dated May 12, 2004, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan had been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believed the Plan was currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan 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.

#### **Party-in-Interest Transactions**

Certain plan investments are held in cash and mutual funds by Wilmington Trust Retirement and Institutional Services Company (Wilmington Trust). Wilmington Trust is the trustee as defined in the plan agreement and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the investment management services amounted to \$1,640 and \$3,217 for the years ended December 31, 2011 and 2010, respectively.

During 2011 and 2010, the Plan paid fees of \$11,486 and \$10,000, respectively to Jacob Haxton and Boord, LLC (JHB). JHB is the Plan's actuary, and therefore, these transactions qualify as party-in-interest.

#### **Risk and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying 2011 statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

ALVIS HOUSE PENSION PLAN

**Notes to Financial Statements**

December 31, 2011 and 2010

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**Subsequent Events**

The Plan evaluated subsequent events through the date of the Independent Auditors' Report, which is the date the financial statements were available to be issued.

**SUPPLEMENTAL INFORMATION**

ALVIS HOUSE PENSION PLAN  
 EIN: #31-0743167      PN: #001

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2011

| (a) | (b) | Identity of Issue, Borrower,<br>Lessor, or Similar Party       | Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value |  | (d) | Cost             | (e) | Current<br>Value |
|-----|-----|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--|-----|------------------|-----|------------------|
|     |     |                                                                | (c)                                                                                                          |  |     |                  |     |                  |
| *   |     | Wilmington Trust Retirement and Institutional Services Company | Cash                                                                                                         |  | \$  | 1,685,067        | \$  | 1,685,067        |
| *   |     | Wilmington Trust Retirement and Institutional Services Company | American Funds American Balanced Fund                                                                        |  |     | 356,065          |     | 401,391          |
| *   |     | Wilmington Trust Retirement and Institutional Services Company | American Funds Europacific Fund                                                                              |  |     | 66,362           |     | 58,654           |
| *   |     | Wilmington Trust Retirement and Institutional Services Company | American Funds Growth Fund                                                                                   |  |     | 242,522          |     | 237,061          |
| *   |     | Wilmington Trust Retirement and Institutional Services Company | American Funds Small World Fund                                                                              |  |     | 243,531          |     | 236,779          |
| *   |     | Wilmington Trust Retirement and Institutional Services Company | American Funds Washington Mutual Fund                                                                        |  |     | 272,837          |     | 282,743          |
| *   |     | Wilmington Trust Retirement and Institutional Services Company | American Fundamental Investors Fund                                                                          |  |     | 211,576          |     | 208,963          |
| *   |     | Wilmington Trust Retirement and Institutional Services Company | American US Government Securities Fund                                                                       |  |     | 616,196          |     | 627,127          |
|     |     |                                                                |                                                                                                              |  | \$  | <u>3,694,156</u> | \$  | <u>3,737,785</u> |

\* denotes party-in-interest

See Independent Auditors' Report.

ALVIS HOUSE PENSION PLAN  
 EIN: #31-0743167 PN: #001

**Schedule H, Line 4j - Schedule of Reportable Transactions**

For the Year Ended December 31, 2011

| (a) Identity of Party Involved                                                | (b) Description of Asset                  | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | Current Value of Asset on Transaction Date (h) | Net Gain (I) or (Loss) |
|-------------------------------------------------------------------------------|-------------------------------------------|--------------------|-------------------|-------------------|------------------------------------------------|------------------------|
| <i>Category (i) - Single transactions in excess of 5% of Plan assets</i>      |                                           |                    |                   |                   |                                                |                        |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Growth Fund                | \$ 200,000         | \$ -              | \$ 200,000        | \$ 200,000                                     | \$ -                   |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Small World Fund           | 200,000            | -                 | 200,000           | 200,000                                        | -                      |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Washington Fund            | 200,000            | -                 | 200,000           | 200,000                                        | -                      |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Fundamental Investors Fund | 200,000            | -                 | 200,000           | 200,000                                        | -                      |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Europacific Fund           | 256,000            | 377,935           | 256,000           | 377,935                                        | 121,935                |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Europacific Fund           | 200,000            | 221,075           | 200,000           | 221,075                                        | 21,075                 |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Fundamental Investors Fund | 200,000            | 240,622           | 200,000           | 240,622                                        | 40,622                 |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Growth Fund                | 200,000            | 238,512           | 200,000           | 238,512                                        | 38,512                 |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Small World Fund           | 128,000            | 235,989           | 128,000           | 235,989                                        | 107,989                |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Small World Fund           | 164,464            | 210,575           | 164,464           | 210,575                                        | 46,111                 |
| <i>Category (iii) - Series of transactions in excess of 5% of Plan assets</i> |                                           |                    |                   |                   |                                                |                        |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Europacific Fund           | \$ 547,397         | \$ 700,000        | \$ 547,397        | \$ 700,000                                     | \$ 152,603             |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Fundamental Investors Fund | 404,074            | 500,000           | 404,074           | 500,000                                        | 95,926                 |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Growth Fund                | 399,547            | 500,000           | 399,547           | 500,000                                        | 100,453                |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Small World Fund           | 332,464            | 500,000           | 332,464           | 500,000                                        | 167,536                |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Washington Fund            | 247,153            | 300,000           | 247,153           | 300,000                                        | 52,847                 |

See Independent Auditors' Report.

ALVIS HOUSE PENSION PLAN  
 EIN: #31-0743167      PN: #001

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2011

| (a) | (b) | Identity of Issue, Borrower,<br>Lessor, or Similar Party       | Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d) | Cost      | (e) | Current<br>Value |
|-----|-----|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------|
| *   |     | Wilmington Trust Retirement and Institutional Services Company | Cash                                                                                                         | \$  | 1,685,067 | \$  | 1,685,067        |
| *   |     | Wilmington Trust Retirement and Institutional Services Company | American Funds American Balanced Fund                                                                        |     | 356,065   |     | 401,391          |
| *   |     | Wilmington Trust Retirement and Institutional Services Company | American Funds Europacific Fund                                                                              |     | 66,362    |     | 58,654           |
| *   |     | Wilmington Trust Retirement and Institutional Services Company | American Funds Growth Fund                                                                                   |     | 242,522   |     | 237,061          |
| *   |     | Wilmington Trust Retirement and Institutional Services Company | American Funds Small World Fund                                                                              |     | 243,531   |     | 236,779          |
| *   |     | Wilmington Trust Retirement and Institutional Services Company | American Funds Washington Mutual Fund                                                                        |     | 272,837   |     | 282,743          |
| *   |     | Wilmington Trust Retirement and Institutional Services Company | American Fundamental Investors Fund                                                                          |     | 211,576   |     | 208,963          |
| *   |     | Wilmington Trust Retirement and Institutional Services Company | American US Government Securities Fund                                                                       |     | 616,196   |     | 627,127          |
|     |     |                                                                |                                                                                                              | \$  | 3,694,156 | \$  | 3,737,785        |

\* denotes party-in-interest

*See Independent Auditors' Report.*

ALVIS HOUSE PENSION PLAN  
 EIN: #31-0743167      PN: #001

**Schedule H, Line 4j - Schedule of Reportable Transactions**

For the Year Ended December 31, 2011

| (a) Identity of Party Involved                                                | (b) Description of Asset            | Purchase<br>(c) Price | Selling<br>(d) Price | Cost of<br>(g) Asset | Current Value<br>of Asset on<br>Transaction<br>(h) Date | Net Gain<br>(i) or (Loss) |
|-------------------------------------------------------------------------------|-------------------------------------|-----------------------|----------------------|----------------------|---------------------------------------------------------|---------------------------|
| <i>Category (i) - Single transactions in excess of 5% of Plan assets</i>      |                                     |                       |                      |                      |                                                         |                           |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Growth Fund          | \$ 200,000            | \$ -                 | \$ 200,000           | \$ 200,000                                              | \$ -                      |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Small World Fund     | 200,000               | -                    | 200,000              | 200,000                                                 | -                         |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Washington Fund      | 200,000               | -                    | 200,000              | 200,000                                                 | -                         |
| Wilmington Trust Retirement and Institutional Services Company                | American Fundamental Investors Fund | 200,000               | -                    | 200,000              | 200,000                                                 | -                         |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Europacific Fund     | 256,000               | 377,935              | 256,000              | 377,935                                                 | 121,935                   |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Europacific Fund     | 200,000               | 221,075              | 200,000              | 221,075                                                 | 21,075                    |
| Wilmington Trust Retirement and Institutional Services Company                | American Fundamental Investors Fund | 200,000               | 240,622              | 200,000              | 240,622                                                 | 40,622                    |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Growth Fund          | 200,000               | 238,512              | 200,000              | 238,512                                                 | 38,512                    |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Small World Fund     | 128,000               | 235,989              | 128,000              | 235,989                                                 | 107,989                   |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Small World Fund     | 164,464               | 210,575              | 164,464              | 210,575                                                 | 46,111                    |
| <i>Category (iii) - Series of transactions in excess of 5% of Plan assets</i> |                                     |                       |                      |                      |                                                         |                           |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Europacific Fund     | \$ 547,397            | \$ 700,000           | \$ 547,397           | \$ 700,000                                              | \$ 152,603                |
| Wilmington Trust Retirement and Institutional Services Company                | American Fundamental Investors Fund | 404,074               | 500,000              | 404,074              | 500,000                                                 | 95,926                    |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Growth Fund          | 399,547               | 500,000              | 399,547              | 500,000                                                 | 100,453                   |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Small World Fund     | 332,464               | 500,000              | 332,464              | 500,000                                                 | 167,536                   |
| Wilmington Trust Retirement and Institutional Services Company                | American Funds Washington Fund      | 247,153               | 300,000              | 247,153              | 300,000                                                 | 52,847                    |

*See Independent Auditors' Report.*

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

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

Round off amounts to nearest dollar.

Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>Alvis House Pension Plan                                                                                     | <b>B</b> Three-digit plan number (PN)<br><br>001                                                                                                        |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>Alvis House                                               | <b>D</b> Employer Identification Number (EIN)<br><br>31-0743167                                                                                         |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>                                                                                                                                 |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                    |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 3,632,368          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 3,632,368          |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            | (1) Number of participants | (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | <b>3a</b> 13               | 1,311,708          |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b> 64               | 1,101,845          |
| <b>c</b> For active participants:                                                                                                                                                                               |                            |                    |
| (1) Non-vested benefits.....                                                                                                                                                                                    | <b>3c(1)</b>               | 0                  |
| (2) Vested benefits .....                                                                                                                                                                                       | <b>3c(2)</b>               | 1,490,517          |
| (3) Total active.....                                                                                                                                                                                           | <b>3c(3)</b> 50            | 1,490,517          |
| <b>d</b> Total.....                                                                                                                                                                                             | <b>3d</b> 127              | 3,904,070          |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                    |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 6.14 %             |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 13,216             |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN  
HERE**

ACF

Signature of actuary

Andrew C. Forgrave

Type or print name of actuary

Jacob, Haxton &amp; Boord, LLC

100 Old Wilson Bridge Road  
Suite 214

Worthington OH 43085

Address of the firm

7/20/12

Date

11-07226

Most recent enrollment number

(614) 888-1005

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2011  
v.012611

**Part II Beginning of year carryover and prefunding balances**

|                                                                                                                                  | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                          | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                      | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                             | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>11.64</u> %.....                                             | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                   |                       |                        |
| <b>a</b> Present value of excess contributions (line 38 from prior year) .....                                                   |                       | 128,874                |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.66</u> % except as otherwise provided (see instructions)..... |                       | 8,583                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                     |                       | 137,457                |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                   |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections.....                                                 | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                      | 0                     | 0                      |

**Part III Funding percentages**

|                                                                                                                                                                           |           |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 93.04 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 93.04 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 91.93 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %       |

**Part IV Contributions and liquidity shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 02/14/2011               | 30,000                            |                                 | 08/23/2011               | 15,000                            |                                 |
| 03/21/2011               | 15,000                            |                                 | 09/19/2011               | 15,000                            |                                 |
| 04/25/2011               | 15,000                            |                                 | 10/26/2011               | 15,000                            |                                 |
| 05/23/2011               | 15,000                            |                                 | 11/21/2011               | 15,000                            |                                 |
| 06/23/2011               | 15,000                            |                                 | 12/19/2011               | 15,000                            |                                 |
| 07/25/2011               | 15,000                            |                                 |                          |                                   |                                 |
| <b>Totals •</b>          |                                   |                                 | <b>18(b)</b>             | 180,000                           | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                        |            |         |
|------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                   | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 174,549 |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

**b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

**c** If 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions used to determine funding target and target normal cost**

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>3.14 % | 2nd segment:<br>5.90 % | 3rd segment:<br>6.45 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  | <b>21b</b>             |                        | 1                                                   |
| <b>22</b> Weighted average retirement age.....                                                                                                                                               | <b>22</b>              |                        | 65                                                  |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous items**

|                                                                                                                                                                       |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                  | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years.....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                     |                     |                    |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                  |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                           | <b>31a</b>          | 13,216             |               |
| <b>b</b> Excess assets, if applicable, but not greater than 31a.....                                                                                                                | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                |                     |                    |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                | Outstanding Balance | Installment        |               |
|                                                                                                                                                                                     | 271,702             | 56,661             |               |
| <b>b</b> Waiver amortization installment.....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... | <b>33</b>           | 0                  |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                           | <b>34</b>           | 69,877             |               |
|                                                                                                                                                                                     | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                  | <b>36</b>           | 69,877             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                  | <b>37</b>           | 174,549            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions):                                                                                                |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36).....                                                                                                                       | <b>38a</b>          | 104,672            |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

|                                                                                                                 |                                         |                                   |                                                             |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------|-------------------------------------------------------------|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                         |                                   |                                                             |
| <b>a</b> Schedule elected.....                                                                                  | <input type="checkbox"/> 2 plus 7 years | <input type="checkbox"/> 15 years |                                                             |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made.....                                 | <input type="checkbox"/> 2008           | <input type="checkbox"/> 2009     | <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |
| <b>42</b> Amount of acceleration adjustment.....                                                                | <b>42</b>                               |                                   |                                                             |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years.....                   | <b>43</b>                               |                                   |                                                             |

## Schedule SB Line 19- Discounted Employer Contributions

Alvis House Pension Plan

EIN: 31-0743167

PN: 001

| Date of Contribution | Amount of Contribution | Plan Year Applied | Applicable Effective Interest Rate | Interest-Adjusted Contribution |
|----------------------|------------------------|-------------------|------------------------------------|--------------------------------|
| 2/14/2011            | \$30,000               | 2011              | 6.14%                              | \$29,785                       |
| 3/21/2011            | \$15,000               | 2011              | 6.14%                              | \$14,808                       |
| 4/25/2011            | \$15,000               | 2011              | 6.14%                              | \$14,723                       |
| 5/23/2011            | \$15,000               | 2011              | 6.14%                              | \$14,656                       |
| 6/23/2011            | \$15,000               | 2011              | 6.14%                              | \$14,582                       |
| 7/25/2011            | \$15,000               | 2011              | 6.14%                              | \$14,506                       |
| 8/23/2011            | \$15,000               | 2011              | 6.14%                              | \$14,438                       |
| 9/19/2011            | \$15,000               | 2011              | 6.14%                              | \$14,374                       |
| 10/26/2011           | \$15,000               | 2011              | 6.14%                              | \$14,288                       |
| 11/21/2011           | \$15,000               | 2011              | 6.14%                              | \$14,227                       |
| 12/19/2011           | \$15,000               | 2011              | 6.14%                              | \$14,162                       |
| Total                | \$180,000              |                   |                                    | \$174,549                      |

## Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (Continued)

Alvis House Pension Plan  
EIN: 31-0743167      PN: 001

### Actuarial Assumptions

#### Interest

|                  |                                     |
|------------------|-------------------------------------|
| Funding          | Segment rates (3.14%, 5.90%, 6.45%) |
| FAS 35           | 5.75%                               |
| Plan Termination | Segment rates (2.47%, 5.07%, 6.10%) |
| PBGC             | Segment rates (1.98%, 5.23%, 6.52%) |

#### Mortality

|                  |                                                                    |
|------------------|--------------------------------------------------------------------|
| Funding          | Male and Female: IRS 2008+ Optional Small Plan Mortality (dynamic) |
| FAS 35           | Male and Female: IRS 2008 Optional Small Plan Mortality for 2010   |
| Plan Termination | Male and Female: IRS 2008 Applicable Mortality for 2011            |
| PBGC             | Male and Female: IRS 2008+ Optional Small Plan Mortality (dynamic) |

#### Retirement – Schedule SB, Line 22 – Weighted Average Retirement Age

|                  |                               |
|------------------|-------------------------------|
| Funding          | 100% at Normal Retirement Age |
| FAS 35           | 100% at Normal Retirement Age |
| Plan Termination | 100% at Normal Retirement Age |
| PBGC             | 100% at Normal Retirement Age |

Weighted average retirement age: 65

## **Schedule SB, Part V – Summary of Actuarial Assumptions/Methods**

Alvis House Pension Plan  
EIN: 31-0743167      PN: 001

### **Cost Methods**

#### **Funding**

The actuarial cost method used for funding purposes is frequently described as the Unit Credit funding method. This method sets the accrued liability equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year. This method is required by Internal Revenue Code.

### **Asset Method**

#### **Funding**

Assets are valued at Market Value with receivable contributions adjusted as required by law.

### **Other Methods**

The valuation date was set as of the beginning of the plan year.

Interest rates used are the three Segment Rates as published monthly by the Internal Revenue Service for the first full month prior to the valuation date. The first Segment Rate is applicable for benefit payments made during the first 5 years from the valuation date, the second Segment Rate is applicable for benefit payments during the next 15 years, and the third segment rate is applicable for all benefits payments after 20 years.

Funding relief was not elected for the 2009, 2010 nor 2011 plan years.

## Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (Continued)

Alvis House Pension Plan  
EIN: 31-0743167      PN: 001

### Actuarial Assumptions

#### Interest

|                  |                                     |
|------------------|-------------------------------------|
| Funding          | Segment rates (3.14%, 5.90%, 6.45%) |
| FAS 35           | 5.75%                               |
| Plan Termination | Segment rates (2.47%, 5.07%, 6.10%) |
| PBGC             | Segment rates (1.98%, 5.23%, 6.52%) |

#### Mortality

|                  |                                                                    |
|------------------|--------------------------------------------------------------------|
| Funding          | Male and Female: IRS 2008+ Optional Small Plan Mortality (dynamic) |
| FAS 35           | Male and Female: IRS 2008 Optional Small Plan Mortality for 2010   |
| Plan Termination | Male and Female: IRS 2008 Applicable Mortality for 2011            |
| PBGC             | Male and Female: IRS 2008+ Optional Small Plan Mortality (dynamic) |

#### Retirement – Schedule SB, Line 22 – Weighted Average Retirement Age

|                  |                               |
|------------------|-------------------------------|
| Funding          | 100% at Normal Retirement Age |
| FAS 35           | 100% at Normal Retirement Age |
| Plan Termination | 100% at Normal Retirement Age |
| PBGC             | 100% at Normal Retirement Age |

Weighted average retirement age: 65

## Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (Continued)

Alvis House Pension Plan  
EIN: 31-0743167      PN: 001

### Actuarial Assumptions

#### Turnover

|                  |        |
|------------------|--------|
| Funding          | T-8    |
| FAS 35           | T-8    |
| Plan Termination | <none> |
| PBGC             | T-8    |

#### Disability

|                  |        |
|------------------|--------|
| Funding          | <none> |
| FAS 35           | <none> |
| Plan Termination | <none> |
| PBGC             | <none> |

#### Future Salary Increases

|                  |       |
|------------------|-------|
| Funding          | 0.00% |
| FAS 35           | 0.00% |
| Plan Termination | 0.00% |
| PBGC             | 0.00% |

#### Covered Compensation Projection

|                  |       |
|------------------|-------|
| Funding          | 0.00% |
| FAS 35           | 0.00% |
| Plan Termination | 0.00% |
| PBGC             | 0.00% |

## **Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (Continued)**

Alvis House Pension Plan  
EIN: 31-0743167      PN: 001

### **Additional Assumptions**

It is assumed that 100% of the active participants are married, with the male spouse 0 years older than the female spouse

All participants are assumed to elect the normal form of payment upon exit from employment.

All participants are assumed to work full time in all future years until retirement.

The IRS limitations for compensation and benefits as of the valuation date are applied. Increases to these limits are not assumed for funding purposes.

Early Retirement was not included in the valuation of the plan.

The information for plan assets was obtained from the trust while the employee data was provided by the employer. Although the information provided was not audited by us, we have reviewed the information and determined it to be reasonable with prior information in our records.

Employee census information was collected as of December 31, 2010. All participants meeting the eligibility requirements as of this date are included in the valuation of the plan. The plan was frozen as of June 30, 2007.

Asset information was collected as of December 31, 2010.

If plan expenses are paid from the trust, an expense load assumption must be added to the Target Normal Cost. The expense load is equal to the total fees paid in the prior year.

It is assumed there are no other employees eligible to participate in the plan.

The employer is not part of a control group.

### **Schedule SB, Line 24 – Change in Assumption and Schedule SB, Line 25 – Change in Method**

|         |                                                                                                                                                                                                                                                                                                                     |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Funding | The prescribed segment rates and mortality table for funding purposes were updated from the prior year in accordance with the required rates published by the Treasury. The prior year segment rates and mortality table were 4.71%/6.67%/6.77% and the IRS 2008 Combined Static Mortality Table projected to 2010. |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## **Schedule SB, Part V – Summary of Plan Provisions**

Alvis House Pension Plan  
EIN: 31-0743167      PN: 001

### **Plan Effective Date**

July 1, 1976

### **Plan Year**

From January 1 to December 31

### **Eligibility**

Not applicable. The plan was frozen for benefit accrual and participation as of June 30, 2007. As of this date, no new participants are allowed to enter the plan.

### **Normal Retirement Age**

All participants are eligible to retire with their full Normal Retirement Benefit upon attainment of age 65.

### **Normal Retirement Benefit**

Upon Normal Retirement Age each participant will be entitled to a monthly benefit payable in the Normal Form of Benefit equal to one-twelfth of (a) multiplied by (b) below:

- (a) 2.25% of monthly compensation, times
- (b) years of credited service as of June 30, 2007 up to a maximum of 25 years. One year of credited service is granted on the completion of at least 1000 hours in the plan year. Service prior to July 1, 1976 is excluded.

Compensation and benefits are limited, as required by law, when applicable.

### **Normal Form of Benefit**

The normal form of payment is a monthly benefit payable for the life of the participant with no additional payments after death.

### **Accrued Benefit**

The benefit as described under the Normal Retirement Benefit section above based on service as of June 30, 2007.

## Schedule SB, Part V – Summary of Plan Provisions (Continued)

Alvis House Pension Plan  
EIN: 31-0743167      PN: 001

### Termination Benefit

Upon termination for any reason other than death, disability or retirement, a participant shall be entitled to a portion of the actuarial equivalent of his Accrued Benefit in accordance with the following vesting schedule payable at Normal Retirement:

| Vesting Years<br>of Service | Vesting Percent |
|-----------------------------|-----------------|
| 0 to 4                      | 0%              |
| 5 or more                   | 100%            |

Vesting years of service are the completed years and months of service commencing with the date of hire and ending with the date of separation from service.

### Early Retirement Benefit

Upon attaining age 50 and five years of service a participant may elect to retire, receiving his vested Accrued Benefit reduced by  $1/180^{\text{th}}$  for each of the first 60 months and  $1/360^{\text{th}}$  for each of the next 60 months and actuarially reduced thereafter by which the date of first payment precedes his normal retirement date.

### Death Benefit

Actuarial equivalent of the vested accrued benefit earned to date of death.

This is merely a basic summary of the some of the provisions and is not intended to be the governing document. The plan sponsor reserves the right to amend or terminate the plan. Please refer to the Plan Document and Adoption Agreement for details and additional provisions.

## **Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (Continued)**

Alvis House Pension Plan  
EIN: 31-0743167      PN: 001

### **Additional Assumptions**

It is assumed that 100% of the active participants are married, with the male spouse 0 years older than the female spouse

All participants are assumed to elect the normal form of payment upon exit from employment.

All participants are assumed to work full time in all future years until retirement.

The IRS limitations for compensation and benefits as of the valuation date are applied. Increases to these limits are not assumed for funding purposes.

Early Retirement was not included in the valuation of the plan.

The information for plan assets was obtained from the trust while the employee data was provided by the employer. Although the information provided was not audited by us, we have reviewed the information and determined it to be reasonable with prior information in our records.

Employee census information was collected as of December 31, 2010. All participants meeting the eligibility requirements as of this date are included in the valuation of the plan. The plan was frozen as of June 30, 2007.

Asset information was collected as of December 31, 2010.

If plan expenses are paid from the trust, an expense load assumption must be added to the Target Normal Cost. The expense load is equal to the total fees paid in the prior year.

It is assumed there are no other employees eligible to participate in the plan.

The employer is not part of a control group.

### **Schedule SB, Line 24 – Change in Assumption and Schedule SB, Line 25 – Change in Method**

|         |                                                                                                                                                                                                                                                                                                                     |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Funding | The prescribed segment rates and mortality table for funding purposes were updated from the prior year in accordance with the required rates published by the Treasury. The prior year segment rates and mortality table were 4.71%/6.67%/6.77% and the IRS 2008 Combined Static Mortality Table projected to 2010. |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## **Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (Continued)**

Alvis House Pension Plan  
EIN: 31-0743167      PN: 001

### **Additional Assumptions**

It is assumed that 100% of the active participants are married, with the male spouse 0 years older than the female spouse

All participants are assumed to elect the normal form of payment upon exit from employment.

All participants are assumed to work full time in all future years until retirement.

The IRS limitations for compensation and benefits as of the valuation date are applied. Increases to these limits are not assumed for funding purposes.

Early Retirement was not included in the valuation of the plan.

The information for plan assets was obtained from the trust while the employee data was provided by the employer. Although the information provided was not audited by us, we have reviewed the information and determined it to be reasonable with prior information in our records.

Employee census information was collected as of December 31, 2010. All participants meeting the eligibility requirements as of this date are included in the valuation of the plan. The plan was frozen as of June 30, 2007.

Asset information was collected as of December 31, 2010.

If plan expenses are paid from the trust, an expense load assumption must be added to the Target Normal Cost. The expense load is equal to the total fees paid in the prior year.

It is assumed there are no other employees eligible to participate in the plan.

The employer is not part of a control group.

### **Schedule SB, Line 24 – Change in Assumption and Schedule SB, Line 25 – Change in Method**

|         |                                                                                                                                                                                                                                                                                                                     |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Funding | The prescribed segment rates and mortality table for funding purposes were updated from the prior year in accordance with the required rates published by the Treasury. The prior year segment rates and mortality table were 4.71%/6.67%/6.77% and the IRS 2008 Combined Static Mortality Table projected to 2010. |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Schedule SB, Line 26 – Schedule of Active Participant Data

Alvis House Pension Plan

EIN: 31-0743167

PN: 001

| Years of Service |         |        |        |          |          |          |          |          |          |         |
|------------------|---------|--------|--------|----------|----------|----------|----------|----------|----------|---------|
| Attained Age     | Under 1 | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up |
| Under 25         |         |        |        |          |          |          |          |          |          |         |
| 25 to 29         |         | 5      | 1      |          |          |          |          |          |          |         |
| 30 to 34         |         | 2      | 4      |          |          |          |          |          |          |         |
| 35 to 39         |         | 3      | 3      | 5        |          |          |          |          |          |         |
| 40 to 44         |         | 3      | 2      |          |          |          |          |          |          |         |
| 45 to 49         |         | 4      | 1      | 1        |          |          |          |          |          |         |
| 50 to 54         |         | 3      | 1      | 2        |          | 1        |          |          |          |         |
| 55 to 59         |         | 2      | 1      | 3        |          | 1        | 1        |          |          |         |
| 60 to 64         |         | 1      |        |          |          |          |          |          |          |         |
| 65 to 69         |         |        |        |          |          |          |          |          |          |         |
| 70 & up          |         |        |        |          |          |          |          |          |          |         |

## Schedule SB, Line 32 – Schedule of Amortization Bases

Alvis House Pension Plan

EIN: 31-0743167

PN: 001

| Type of Base | Valuation<br>Date<br>Established | Present<br>Value of<br>Remaining<br>Installments | Amortization<br>Years<br>Remaining | Amortization<br>Installment |
|--------------|----------------------------------|--------------------------------------------------|------------------------------------|-----------------------------|
| Shortfall    | 01/01/2011                       | \$141,080                                        | 7                                  | \$22,886                    |
| Shortfall    | 01/01/2010                       | (\$205,486)                                      | 6                                  | (\$37,666)                  |
| Shortfall    | 01/01/2009                       | \$336,108                                        | 5                                  | \$71,441                    |
| Shortfall    | 01/01/2008                       | \$0                                              | 4                                  | \$0                         |
| Total        |                                  | \$271,702                                        |                                    | \$56,661                    |