# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2011**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 12/01/2011 and ending 11/30/2012

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

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

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

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

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

**1a** Name of plan
ED HERRINGTON, INC. 401(K) PROFIT SHARING PLAN

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

**1c** Effective date of plan 12/01/1964

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

ED HERRINGTON, INC.

312 WHITE HILL LANE
HILLSDALE, NY 12529-5076

**2b** Employer Identification Number (EIN) 14-1591788

**2c** Sponsor's telephone number 518-325-3131

**2d** Business code (see instructions) 444190

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 09/11/2013 | FREDERICK J. HICKMAN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
ED HERRINGTON, INC.

312 WHITE HILL LANE
HILLSDALE, NY 12529-5076

**3b** Administrator's EIN
14-1591788

**3c** Administrator's telephone number
518-325-3131

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 172 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 147 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 18 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 165 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 165 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 148 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2R 3D

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

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

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

| | | | |
|---|---|---|---|
| **(1)** | X | | **H** (Financial Information) |
| **(2)** | | | **I** (Financial Information – Small Plan) |
| **(3)** | | 0 | **A** (Insurance Information) |
| **(4)** | X | | **C** (Service Provider Information) |
| **(5)** | | | **D** (DFE/Participating Plan Information) |
| **(6)** | | | **G** (Financial Transaction Schedules) |

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

For calendar plan year 2011 or fiscal plan year beginning 12/01/2011 and ending 11/30/2012

**A** Name of plan
ED HERRINGTON, INC. 401(K) PROFIT SHARING PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
ED HERRINGTON, INC.

**D** Employer Identification Number (EIN)
14-1591788

## Part I Service Provider Information (see instructions)

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

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

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

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

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

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

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

LPL FINANCIAL BANK OF NY MELLON

1 WALL STREET
NEW YORK, NY 10286

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 26 | ADVISORY | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 4821 | Yes [ ] No [X] |

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

ANGELL PENSION GROUP, INC.

88 BOYD AVENUE
EAST PROVIDENCE, RI 02914

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 13 | THIRD PARTY ADMINISTRATO | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 3201 | Yes [ ] No [X] |

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ED HERRINGTON | 26 | 4821 |

| **(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. |
|---|---|
| LPL FINANCIAL BANK OF NY MELLON<br>1 WALL STREET<br>NEW YORK, NY 10286 | ADVISORY |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ED HERRINGTON | 13 | 3201 |

| **(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. |
|---|---|
| THE ANGELL PENSION GROUP, INC.<br>88 BOYD AVENUE<br>EAST PROVIDENCE, RI 02914 | THIRD PARTY ADMINISTRATOR |

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

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

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 12/01/2011 and ending 11/30/2012

**A** Name of plan
ED HERRINGTON, INC. 401(K) PROFIT SHARING PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
ED HERRINGTON, INC.

**D** Employer Identification Number (EIN)
14-1591788

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 386184 | 363595 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 7826302 | 8777819 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 8212486 | 9141414 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 8212486 | 9141414 |

## Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | | |
| **(B)** Participants | 2a(1)(B) | 255368 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 195849 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 451217 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 16040 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 16040 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 127006 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 127006 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| 2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 565678 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1159941 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 224976 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 224976 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 3506 |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 2531 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 2531 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 231013 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 928928 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PATTISON, KOSKE, HOWE & BUCCI CPA (2) EIN: 14-1446505

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

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

## Part IV Compliance Questions

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

During the plan year:

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

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **Amount:**

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2011**

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

For calendar plan year 2011 or fiscal plan year beginning 12/01/2011 and ending 11/30/2012

**A** Name of plan
ED HERRINGTON, INC. 401(K) PROFIT SHARING PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
ED HERRINGTON, INC.

**D** Employer Identification Number (EIN)
14-1591788

## Part I Distributions

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

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

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

EIN(s): 84-1455663

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# ED HERRINGTON, INC.
# 401(k) PROFIT SHARING PLAN

Financial Statements
( and Report of Independent Accountants)

November 30, 2012 and 2011

ED HERRINGTON, INC.
401(k) PROFIT SHARING PLAN
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PKHB

PATTISON, KOSKEY, HOWE & BUCCI, CPAs, P.C.

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Jon Rath, CPA (Retired)

Gary F. Newkirk, CPA
Jean Howe Lossi, EA
N. Thérèse Wolfe, EA
Carol LaMont Howe, EA

## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
401(k) Profit Sharing Plan for the Employees of Ed Herrington, Inc.
312 White Hill Lane
Hillsdale, New York 12529

We were engaged to audit the accompanying financial statements of the 401(k) Profit Sharing Plan for the Employees of Ed Herrington, Inc. (the "Plan") as of November 30, 2012 and 2011, and for the years then ended and the supplemental schedules as of and for the year ended November 30, 2012, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 5, which was certified by FASCore the record keeper of the plan, as agent for Putnam Investments, 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 executed investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended November 30, 2012, and 2011, 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 purpose 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 Disclosures 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, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Hudson, New York
September 10, 2013

Pattison, Koskey, Howe & Bucci, CPAs, P.C.

ED HERRINGTON, INC.
401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
November 30, 2012 and 2011

| | 2012 | 2011 |
|---|---|---|
| **Assets** | | |
| Investments (at fair value): | | |
| Mutual funds and other marketable securities (note 3) | $ 6,724,614 | $ 6,066,062 |
| Investment contracts (note 4) | 2,053,205 | 1,760,240 |
| Total investments | 8,777,819 | 7,826,302 |
| Receivables: | | |
| Employee contributions | 5,352 | - |
| Notes receivable from participants | 363,595 | 386,184 |
| Total receivables | 368,947 | 386,184 |
| Total assets | 9,146,766 | 8,212,486 |
| **Net Assets** | | |
| Net assets available for benefits | $ 9,146,766 | $ 8,212,486 |

See accompanying notes and independent auditors' report.

ED HERRINGTON, INC.
401(k) PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended November 30, 2012 and 2011

| | 2012 | 2011 |
|---|---|---|
| Additions: | | |
| Additions to net assets attributed to: | | |
| Investment income: | | |
| Net appreciation(depreciation) in fair value of investments | $ 565,678 | $ (197,414) |
| Interest and dividends | 127,006 | 212,177 |
| | 692,684 | 14,763 |
| Income on notes receivable from participants | 16,040 | 14,084 |
| Contributions: | | |
| Participants | 260,720 | 265,122 |
| Rollovers | 195,849 | 52,157 |
| | 456,569 | 317,279 |
| Total additions | 1,165,293 | 346,126 |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants | 228,482 | 223,151 |
| Administrative and related expenses | 2,531 | 2,145 |
| Total deductions | 231,013 | 225,296 |
| Net increase | 934,280 | 120,830 |
| Net assets available for benefits: | | |
| Beginning of the year | 8,212,486 | 8,091,656 |
| End of year | $ 9,146,766 | $ 8,212,486 |

See accompanying notes and independent auditors' report.

## 1. Description of Plan

The following description of the 401(k) Profit Sharing Plan for the Employees of Ed Herrington, Inc. (Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution profit sharing plan covering all eligible employees of Ed Herrington, Inc. (the Company). The Plan operates as a non-standardized prototype defined contribution plan and includes a 401(k) feature. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### Contributions

Each year, participants may contribute a percentage of their annual wages on a pretax basis, as defined in the Plan. Participants age 50 and over are also permitted to make additional "catch up" contributions as defined by the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA). Participants may also contribute amounts representing distributions from other retirement plans as specified in the Plan document.

Employer matching contributions to the Plan are made at the discretion of the Company's Board of Directors. Employer matching contributions may only be made for participants who make elective deferrals for the Plan year. For the year ended November 30, 2008 and the period ended December 31, 2008, the Company made a fully vested contribution equal to 100% of the first 3% of compensation that a participant contributed to the plan, plus 50% of the next 2% of compensation contributed, pursuant to a safe harbor election. As defined by ERISA, a safe harbor contribution is a minimum contribution made by the Company that allows the Plan to be exempt from certain nondiscrimination tests. The Plan was amended to terminate the safe harbor provision effective January 1, 2009. The Plan is now a discretionary match plan that is subject to nondiscrimination testing of the 401(k) elective deferrals (the ADP test).

Additional amounts may be contributed as a profit sharing contribution at the discretion of the Company's Board of Directors. There were no profit sharing contributions made to the Plan for the years ended November 30, 2012 and 2011. All contributions to the Plan are subject to IRS limitations.

Participants direct the investment of these contributions into various investment options among a predetermined group of investment options offered by the Plan. In addition, the Plan allows for contributions to be invested in self-directed investment options outside the predetermined group of investment options, as determined by the participant.

### Plan Benefits

Employees are eligible to enter the Plan the first of the next month if they have attained the age of 21 and have completed three months of service.

1. **Description of Plan (Continued)**

**Participant Accounts**

Each participant's account is credited with the participant's contribution and an allocation, if any, of (a) the Company's matching and discretionary contributions and (b) Plan earnings or losses; and may be charged with an allocation of administrative expenses. Allocations of the Company's discretionary contributions and Plan earnings are based on a formula which takes into account the participant's vested account.

**Vesting**

Participants are immediately vested in their contributions, the Company's matching contributions pursuant to the safe harbor election, if any and any employer discretionary profit sharing contributions plus actual earnings thereon, are subject to a vesting schedule, as follows. Vesting in the Company's contributions not made pursuant to a safe harbor election are subject to a graduating vesting schedule. A participant shall have a vested and nonforfeitable interest in his or her account determined by the number of years of service as follows:

| Years of Service | Vesting % |
|---|---|
| Less than 2 | 0% |
| 2 | 20% |
| 3 | 40% |
| 4 | 60% |
| 5 | 80% |
| 6 | 100% |

**Notes Receivable from Participants**

Participants may borrow up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from 1-5 years, or a reasonable number of years determined by the Plan administrator for the purchase of a primary residence. The loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing borrowing rates as determined by the Plan administrator. The current Plan interest rate for loans range from 4.25% to 9.25% per annum, based on the origination date of the loan. Principal and interest are paid ratably through weekly payroll deductions.

**Payment of Benefits**

Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a fixed number of years not to exceed the participant's (or participant's beneficiary's) life expectancy. For termination of service due to other reasons, a participant will receive the value of vested interest in his or her account as a lump-sum distribution, upon request. Lump-sum payments will be paid in full for participant vested account balances which are $5,000 or less. The Plan also allows for in-service distributions to participants who have attained age 59 1/2 and for financial hardship as defined by the Plan document.

## 1. Description of Plan (Continued)

### Forfeited Accounts

Any forfeited nonvested accounts are used to reduce future employer contributions. There were forfeited accounts of $2,940 and $2,630 for years ended November 30, 2012 and 2011.

### Administrative Expenses

Certain expenses for accounting, legal reporting, and other services incurred in the administration of the Plan are paid by the Company. Administrative expenses paid by the Plan totaled $2,531 and $2,145 for the years ended November 30, 2012 and 2011, respectively.

## 2. Summary of Accounting Policies

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements is as follows:

### Basis of Accounting

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

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Plan currently has no fully-benefit responsive investment contracts and therefore, the Statement of Changes in Net Assets Available for Benefits is prepared on the fair market value basis, not contract basis.

### Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions, 30 days after termination of employment.

### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administration 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.

### Payment of Benefits

Benefits are recorded when paid.

## 2. Summary of Accounting Policies (Continued)

### Operating Expenses

Expenses of maintaining the Plan, with the exception of certain investment participation and loan fees paid by the Plan, are paid by the Company.

### 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. See Note 4 for discussion of fair value measurements.

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

## 3. Investments at Fair Value

The following schedule represents the fair value of the Plan's investments as reported by Putnam Investments, the Trustee and Custodian of the Plan as of November 30, 2012:

| | 2012 | |
|---|---|---|
| Putnam Dynamic Asset Allocation Bal A | $ 608,078 | a |
| Putnam Dynamic Asset Allocation Con A | 3,219,563 | a |
| Putnam Dynamic Asset Allocation Growth A | 269,164 | |
| T. Rowe Price Retirement 2005 | 122 | |
| T. Rowe Price Retirement 2020 | 105,342 | |
| T. Rowe Price Retirement 2025 | 272,491 | |
| T. Rowe Price Retirement 2030 | 53,578 | |
| T. Rowe Price Retirement 2035 | 267,810 | |
| T. Rowe Price Retirement 2040 | 109,931 | |
| T. Rowe Price Retirement 2045 | 269,113 | |
| T. Rowe Price Retirement 2050 | 6,174 | |
| BlackRock Global Allocation A | 1,081 | |
| Oppenheimer International Growth Fund A | 11,496 | |
| RS Emerging Markets- A | 13,557 | |
| Nuveen Real Estate Securities A | 25,854 | |
| Franklin Small Cap Value Fund A | 12,087 | |
| Lord Abbett Developing Growth A | 17,049 | |
| Alliance Bernstein Small/Mid Cap Value A | 13,238 | |
| Wells Fargo Adv Common Stock A | 13,316 | |
| Putnam Equity Income Fund A | 123 | |

**3. Investments at Fair Value (Continued)**

| | 2012 | |
|---|---|---|
| Franklin DynaTech Fund | 9,062 | |
| MFS Massachusetts Investors Tr R3 | 6,535 | |
| Alliance Bernstein High Income Fund A | 5,154 | |
| JP Morgan Core Bond Fund A | 511,179 | a |
| Metropolitan West High Yield Bond M | 4,310 | |
| Putnam Stable Value Fund | 2,053,205 | a |
| TD Ameritrade SDB Account | 896,267 | c |
| Money Market | 2,940 | |
| | $ 8,777,819 | |

a. Investments represents 5% or more of the Plan's net assets at November 30, 2012

c. No individual investment within the self-directed brokerage account represents 5% or more of Plan's net assets as of November 30, 2012

The following schedule represents the fair value of the Plan's investments as reported by Putnam Investments, the Trustee and Custodian of the Plan as of November 30, 2011:

| | 2011 | |
|---|---|---|
| Putnam Dynamic Asset Allocation Bal A | $ 231,081 | |
| Putnam Dynamic Asset Allocation Con A | 2,857,538 | b |
| Putnam Dynamic Asset Allocation Growth A | 218,846 | |
| T. Rowe Price Retirement 2020 | 88,454 | |
| T. Rowe Price Retirement 2025 | 240,971 | |
| T. Rowe Price Retirement 2030 | 103,038 | |
| T. Rowe Price Retirement 2035 | 219,748 | |
| T. Rowe Price Retirement 2040 | 83,972 | |
| T. Rowe Price Retirement 2045 | 221,568 | |
| T. Rowe Price Retirement 2050 | 3,406 | |
| T. Rowe Price Retirement 2055 | 384 | |
| BlackRock Global Allocation A | 203 | |
| Oppenheimer International Growth Fund A | 48,831 | |
| RS Emerging Markets- A | 27,325 | |
| Nuveen Real Estate Securities A | 33,862 | |
| DWS Dreman Small Cap Value Fund A | 4,618 | |

**3. Investments at Fair Value (Continued)**

| | 2011 | |
|---|---|---|
| Franklin Small Cap Value Fund A | 9,466 | |
| Lord Abbett Developing Growth A | 28,958 | |
| Alliance Bernstein Small/Mid Cap Value A | 6,199 | |
| Wells Fargo Adv Common Stock A | 11,805 | |
| Putnam Equity Income Fund A | 39,817 | |
| MFS Massachusetts Investors Tr R3 | 4,185 | |
| Putnam Voyager | 55,143 | |
| Alliance Bernstein High Income Fund A | 17,334 | |
| JP Morgan Core Bond Fund A | 539,805 | b |
| Metropolitan West High Yield Bond M | 33,534 | |
| Putnam Stable Value Fund | 1,760,240 | b |
| Money Market Fund | 2,630 | |
| Self Directed Brokerage Account | 933,341 | c |
| | $ 7,826,302 | |

b. Investments represents 5% or more of the Plan's net assets at November 30, 2011

c. No individual investment within the self-directed brokerage account represents 5% or more of Plan's net assets as of November 30, 2011.

During 2012 and 2011 the Plan's investments (including investments bought, sold, and held during the year, appreciated/(depreciated) in value by $565,678 and ($ 197,414), respectively.

| | 2012 | 2011 |
|---|---|---|
| Mutual Funds | $ 505,765 | ($ 105,762) |
| Brokerage Account | 59,913 | ( 91,652) |
| | $ 565,678 | ($ 197,414) |

## 4. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. The 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. |
| *Level 2* | Inputs to the valuation methodology include:<br>- quoted prices for similar assets or liabilities in active markets;<br>- quotes prices for identical or similar assets or liabilities in inactive markets;<br>- inputs other than quoted prices that are observable for the asset or liability;<br>- inputs that are derived principally from or corroborated by observable market data by correlation or other means.<br>If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability. |
| *Level 3* | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

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

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 November 30, 2012 compared to November 30, 2011.

*Common stocks, corporate bonds and U.S. government securities*: Valued at the closing price reported on the active market on which the individual securities are traded.

*Mutual funds*: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

## 4. Fair Value Measurements (Continued)

*Stable Value Fund*: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2012.

| Investment Category | Total | Level 1 | Level 2 | Level 3 |
|---|---|---|---|---|
| Mutual Funds | $ 5,828,347 | $ 5,828,347 | $ - | $ - |
| Stable Value Fund | 2,053,205 | - | - | 2,053,205 |
| Brokerage Account | 896,267 | 896,267 | - | - |
| Total assets at fair value | $ 8,777,819 | $ 6,724,614 | $ - | $2,053,205 |

### Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended November 30, 2012.

| | Putnam Stable Value Fund |
|---|---|
| Beginning Balance | $ 1,760,240 |
| Interest and dividends | 32,031 |
| Purchases | 41,755 |
| Sales | (168,649) |
| Transfers | 387,828 |
| Ending Balance | $ 2,053,205 |

## 4. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2011.

| Investment Category | Total | Level 1 | Level 2 | Level 3 |
|---|---|---|---|---|
| Mutual Fund | $ 5,132,721 | $ 5,132,721 | $ - | $ - |
| Stable Value Fund | 1,760,240 | - | - | 1,760,240 |
| Brokerage Account | 933,341 | 933,341 | - | - |
| Total assets at fair value | $ 7,826,302 | $ 6,066,062 | $ - | $1,760,240 |

### Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended November 30, 2011.

| | Total | Investment Contract | Putnam Stable Value Fund |
|---|---|---|---|
| Beginning Balance | $ 451,760 | $ 330,483 | $ 121,277 |
| Interest and dividends | 19,025 | 5,333 | 13,692 |
| Adjustment for contract value | 17,393 | 17,393 | - |
| Purchases | 1,316,731 | | 1,316,731 |
| Sales | (44,669) | | (44,669) |
| Transfers | - | (353,209) | 353,209 |
| Ending Balance | $ 1,760,240 | $ - | $1,760,240 |

**4. Fair Value Measurements (Continued)**

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

Fair market value for the Putnam Stable Value funds are calculated using a proprietary per share NAV methodology. This methodology is determined based on proprietary forecasting models, derivative signals and quantitative and fundamental research tools. Fund value and returns will fluctuate with interest rates and market conditions. Average effective duration provides a measure of a fund's interest rate sensitivity. The longer a fund's duration, the more sensitive a fund is to shorts in interest rates. Duration also gives an indication of how the NAV will change as interest rates change. A fund with a 5-year duration would be expected to lose 5% of its NAV if interest rates rose by 1 percentage point or gain 5% if interest rates fell by 1 percentage point. The funds prospectus shows 100% of its investments have a maturity rate of 4 years or less.

The Putnam Stable Value fund is designed to provide plan participants with an investment option that maintains the stability of a money market fund while offering returns similar to those of an intermediate bond fund. The fund group utilizes cash alternatives, guaranteed investment certificates, (both managed synthetic and constant synthetic) and wrap providers to accomplish the funds investment objectives. A diversified source of returns, issuers and industries allows the fund to provide liquidity to the participants.

**5. Information certified by trustees (unaudited)**

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Below is a summary of the unaudited information regarding the Plan as of November 30, 2012 included in the Plan's accompanying financial statements and supplemental schedules, that were prepared by or derived from information prepared by Putnam Investments, the Trustee and Custodian of the Plan and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee and Custodian that such information is complete and accurate.

## 5. Information certified by trustees (unaudited)

| | 2012 | 2011 |
|---|---|---|
| Statement of net assets available for benefits: | | |
| Marketable securities, at fair value | $ 8,777,819 | $ 7,826,302 |
| Participant loans | 363,595 | 386,184 |
| Statement of changes in net assets available for benefits: | | |
| Net investment appreciation (depreciation) | | |
| in fair value of investments | 565,678 | (197,414) |
| Interest and dividends | 127,006 | 212,177 |
| Interest on notes receivable from participants | 16,040 | 14,084 |

## 6. Plan Termination

Although it has not expressed any intent 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 provision of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts, and the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

## 7. Tax Status

Effective December 1, 1964, a non-standardized form of a prototype plan sponsored by Ed Herrington, Inc. was adopted. The Internal Revenue Service has determined and informed the Company by letter dated January 26, 2010, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan as been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code (IRC) and therefore, believes that the Plan is qualified and the related trust is tax-exempt.

The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to November 30, 2009.

## 8. Related Party Transactions

The Company paid certain administrative expenses on behalf of the Plan. Administration expenses of $2,531 and $2,145 were paid directly by the Plan for the years ended November 30, 2012 and 2011. The Plan had loans from participants of $363,595 and $386,184 at November 30, 2012 and 2011.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

**8. Related Party Transactions (Continued)**

In addition, several of the mutual funds offered are managed by the Putnam Company, the Custodian of the Plan.

**9. Subsequent Event**

The Plan has evaluated subsequent events through September 10, 2013, the date the financial statements were available to be issued.

**10. Risks and Uncertainties**

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

**11. Reconciliation to Annual Return (From 5500)**

The following is a reconciliation between the financial statements and Form 5500 "Annual Return/Report of Employee Benefit Plan" that is filed with the Internal Revenue Service for November 30:

| | 2012 | 2011 |
|---|---|---|
| Net increase in net assets available for plan benefits, per financial statements | $ 934,280 | $ 120,830 |
| Prior year excess employee contributions | - | (4,310) |
| Accrual: Current year AR | (5,352) | - |
| Equals: Net income per Form 5500 | $ 928,928 | $ 116,520 |

Differences between net assets available for plan benefits at end of year are attributable to the above differences.

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SCHEDULE H
November 30, 2012

**ITEM 4a - SCHEDULE OF DELINQUENT PARTCIPANT CONTRIBUTIONS**

There were no delinquent participant contributions.

**ITEM 4b - SCHEDULE OF LOANS OR FIXED INCOME OBLIGATIONS**

There are no participant loans in default at November 30, 2012.

**ITEM 4c -SCHEDULE OF LEASES IN DEFAULT OR CLASSIFIED AS UNCOLLECTIBLE**

There were no leases in default or uncollectible for the year ended November 30, 2012.

**ITEM 4d - SCHEDULE OF NONEXEMPT TRANSACTIONS**

There were no nonexempt prohibited transactions during the year ended November 30, 2012.

**ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES WHICH WERE BOTH ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR**

| | Identity of Issue, Borrower, Lessor, Or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Current Value |
|---|---|---|---|
| * | Putnam Dynamic Asset Allocation Bal A | Mutual Fund | $ 608,078 |
| * | Putnam Dynamic Asset Allocation Con A | Mutual Fund | 3,219,563 |
| * | Putnam Dynamic Asset Allocation Growth | Mutual Fund | 269,164 |
| | T. Rowe Price Retirement 2005 | Mutual Fund | 122 |
| | T. Rowe Price Retirement 2020 | Mutual Fund | 105,342 |
| | T. Rowe Price Retirement 2025 | Mutual Fund | 272,491 |
| | T. Rowe Price Retirement 2030 | Mutual Fund | 53,578 |
| | T. Rowe Price Retirement 2035 | Mutual Fund | 267,810 |
| | T. Rowe Price Retirement 2040 | Mutual Fund | 109,931 |
| | T. Rowe Price Retirement 2045 | Mutual Fund | 269,113 |
| | T. Rowe Price Retirement 2050 | Mutual Fund | 6,174 |
| | BlackRock Global Allocation A | Mutual Fund | 1,081 |
| | Oppenheimer International Growth Fund A | Mutual Fund | 11,496 |
| | RS Emerging Markets- A | Mutual Fund | 13,557 |
| | Nuveen Real Estate Securities A | Mutual Fund | 25,854 |
| | Franklin Small Cap Value Fund A | Mutual Fund | 12,087 |
| | Lord Abbett Developing Growth A | Mutual Fund | 17,049 |
| | Alliance Bernstein Small/Mid Cap Value A | Mutual Fund | 13,238 |
| | Wells Fargo Adv Common Stock A | Mutual Fund | 13,316 |
| * | Putnam Equity Income Fund A | Mutual Fund | 123 |
| | Franklin DynaTech Fund | Mutual Fund | 9,062 |
| | MFS Massachusetts Investors Tr R3 | Mutual Fund | 6,535 |

See independent auditors' report.

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**ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES WHICH WERE BOTH ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR (Continued)**

| | Identity of Issue, Borrower, Lessor, Or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Current Value |
|---|---|---|---|
| | Alliance Bernstein High Income Fund A | Mutual Fund | 5,154 |
| | JP Morgan Core Bond Fund A | Mutual Fund | 511,179 |
| | Metropolitan West High Yield Bond M | Mutual Fund | 4,310 |
| | Money Market | Mutual Fund | 2,940 |
| * | Putnam Stable Value Fund | Pooled Separate Account | 2,053,205 |
| | TD Ameritrade SDB Account | Self-Directed Brokerage (Stocks) | 896,267 |
| | | | 8,777,819 |
| | Participant loans (1) | 4.25% - 9.25% | 363,595 |
| | | | $9,141,414 |

(1) These notes are solely secured by the participant account balances, with terms generally 5 years or less

* Represents a party-in-interest to the Plan, as defined by ERISA.

Note: As allowed by ERISA, cost information may be omitted with respect to participant or beneficiary directed investments under an individual account plan.

**TRANSACTIONS WITH PARTIES-IN-INTEREST**

Transactions with parties-in-interest consist of annual contributions to the Plan, various participant notes receivable, and administrative expenses. The Company made no contributions to the Plan for the year ended November 30, 2012. At November 30, 2012, the Company owed no amount to the Plan. Participant loans totaled $363,595 at November 30, 2012. Administrative expenses incurred on behalf of the Plan which were paid by the Plan totaled $2,531 for the year ended November 30, 2012.

In addition, several of the mutual funds offered as investment options are managed by the Putnam Company, the Custodian of the Plan.

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**ITEM 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**

Category - Series of transactions in excess of 5% of Plan assets:

| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset |
|---|---|---|---|---|---|
| Putnam Trust | Putnam Stable Value Fund | $ 586,608 | $ 293,642 | $ 293,642 | $ 2,053,205 |
| | | | | | |
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| | | | | | |
| | | | | | |

Reportable transactions, for purposes of this schedule, are:

(a) A single transaction within the plan year in excess of 5% of the current value of the plan assets

(b) Any series of transactions with, or in conjunction with, the same person, involving property other than securities, which amount in the aggregate within the plan year (regardless of the category of asset and the gain or loss on any transaction) to more than 5% of the current value of plan assets

(c) Any transaction within the plan year involving securities of the same issue if within the plan year any series of transactions with respect to such securities amount in the aggregate to more than 5% of the current value of the plan assets

(d) Any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the plan year with such person, with respect to securities, exceeds 5% of the current value of plan assets

See independent auditors' report.

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November 30, 2012

**ITEM 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**

Category - Series of transactions in excess of 5% of Plan assets:

| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset |
|---|---|---|---|---|---|
| Putnam Trust | Putnam Stable Value Fund | $ 586,608 | $ 293,642 | $ 293,642 | $ 2,053,205 |
| | | | | | |
| | | | | | |
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| | | | | | |

Reportable transactions, for purposes of this schedule, are:

(a) A single transaction within the plan year in excess of 5% of the current value of the plan assets

(b) Any series of transactions with, or in conjunction with, the same person, involving property other than securities, which amount in the aggregate within the plan year (regardless of the category of asset and the gain or loss on any transaction) to more than 5% of the current value of plan assets

(c) Any transaction within the plan year involving securities of the same issue if within the plan year any series of transactions with respect to such securities amount in the aggregate to more than 5% of the current value of the plan assets

(d) Any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the plan year with such person, with respect to securities, exceeds 5% of the current value of plan assets

See independent auditors' report.

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**ITEM 4a - SCHEDULE OF DELINQUENT PARTCIPANT CONTRIBUTIONS**

There were no delinquent participant contributions.

**ITEM 4b - SCHEDULE OF LOANS OR FIXED INCOME OBLIGATIONS**

There are no participant loans in default at November 30, 2012.

**ITEM 4c -SCHEDULE OF LEASES IN DEFAULT OR CLASSIFIED AS UNCOLLECTIBLE**

There were no leases in default or uncollectible for the year ended November 30, 2012.

**ITEM 4d - SCHEDULE OF NONEXEMPT TRANSACTIONS**

There were no nonexempt prohibited transactions during the year ended November 30, 2012.

**ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES WHICH WERE BOTH ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR**

| | Identity of Issue, Borrower, Lessor, Or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Current Value |
|---|---|---|---|
| * | Putnam Dynamic Asset Allocation Bal A | Mutual Fund | $ 608,078 |
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**ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES WHICH WERE BOTH ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR (Continued)**

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| | | | 8,777,819 |
| | Participant loans (1) | 4.25% - 9.25% | 363,595 |
| | | | $9,141,414 |

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