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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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
A STUCKI COMPANY 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2007

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

A STUCKI COMPANY

900 COMMERCE DR STE 906
CORAOPOLIS, PA 15108-4746

2b Employer Identification Number (EIN)
20-8608763

2c Sponsor's telephone number
412-771-7300

2d Business code (see instructions)
336510

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2013	A STUCKI COMPANY
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	297
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**	321
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	52
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	373
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	373
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	284
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	14
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 Characteristics Codes in the instructions:
2E 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
A STUCKI COMPANY 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
A STUCKI COMPANY

D Employer Identification Number (EIN)
20-8608763

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)

HIRTLE CALLAGHAN & COMPANY

FIVE TOWER BRIDGE
300 BARR HARBOR
W. CONSHOHOCKEN, PA 19428

(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	ADVISOR	7910	Yes [ ] No [X]	Yes [ ] No [X]		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 [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
A STUCKI COMPANY 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
A STUCKI COMPANY

D Employer Identification Number (EIN)
20-8608763

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	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	596998	566042
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	97113	138005
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3107250	4258882
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	
(2) Employer real property	1d(2)	0	
e Buildings and other property used in plan operation	1e	0	
f Total assets (add all amounts in lines 1a through 1e)	1f	3801361	4962929
Liabilities			
g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3801361	4962929

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)	390590	
(B) Participants	2a(1)(B)	363589	
(C) Others (including rollovers)	2a(1)(C)	14852	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		769031
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(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)	6003	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6003
(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)	98138	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		98138
(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
(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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		402430
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1275602
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	96943	
(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)		96943
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	17091	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		17091
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		114034
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1161568
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: GROSSMAN YANAK FORD LLC **(2)** EIN: 25-1638525

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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	

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
A STUCKI COMPANY 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
A STUCKI COMPANY

D Employer Identification Number (EIN)
20-8608763

Part I Distributions

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

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

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

EIN(s): 16-1470238

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

A. STUCKI COMPANY 401(K) PROFIT SHARING PLAN & TRUST

Financial Statements as of December 31, 2012 and 2011, Supplemental Schedule as of December 31, 2012 and Independent Auditors' Report

A. STUCKI COMPANY 401(K) PROFIT SHARING PLAN & TRUST

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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of and Participants in
A. Stucki Company 401(k) Profit Sharing Plan & Trust:

Report on the Financial Statements

We were engaged to audit the financial statements of A. Stucki Company 401(k) Profit Sharing Plan & Trust (the "Plan"), which comprise the statements of assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements and the supplemental schedule in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 2, which was certified by Mid Atlantic Trust Company, the custodian of the plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that Mid Atlantic Trust Company holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from Mid Atlantic Trust Company, as of and for the years ended December 31, 2012 and 2011, that the information provided to the Plan Administrator by Mid Atlantic Trust Company is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purposes of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment purposes at December 31 2012, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grossman Yanak & Ford LLP

Pittsburgh, Pennsylvania
October 11, 2013

A. STUCKI COMPANY 401(K) PROFIT SHARING PLAN & TRUST

STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2012 AND 2011

	NOTES	2012	2011
ASSETS:			
Investments, at fair value	1,2	$ 4,824,924	$ 3,704,248
Notes receivable from participants	1,2	138,005	97,113
Employer profit sharing contribution receivable		-	174,287
ASSETS AVAILABLE FOR BENEFITS		$ 4,962,929	$ 3,975,648

See notes to financial statements.

A. STUCKI COMPANY 401(K) PROFIT SHARING PLAN & TRUST

STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

	2012	2011
ADDITIONS:		
Dividends and interest	$ 98,138	$ 69,835
Net realized and unrealized appreciation (depreciation) in fair value of investments	406,078	(100,879)
Net investment gain (loss)	504,216	(31,044)
Employer matching contributions	218,658	162,520
Employer profit sharing contributions	-	174,287
Employee contributions	363,589	249,585
Employee rollovers	14,852	23,035
Total contributions	597,099	609,427
Net additions	1,101,315	578,383
DEDUCTIONS:		
Distributions to participants	97,853	117,725
Administrative expenses	16,181	14,185
Total deductions	114,034	131,910
NET INCREASE	987,281	446,473
ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF THE YEAR	3,975,648	3,529,175
ASSETS AVAILABLE FOR BENEFITS, END OF THE YEAR	$ 4,962,929	$ 3,975,648

See notes to financial statements.

1. DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following brief description of the A. Stucki Company 401(k) Profit Sharing Plan & Trust (the "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 provides all full-time, salaried, and nonunion employees of A. Stucki Company (the "Company") with a tax-deferred savings and profit-sharing program. The Plan is administered by the Company and subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Employer Contributions - For the years ended December 31, 2012 and 2011, the Company matched an amount equal to the employee elective deferrals that did not exceed 3% of the eligible compensation for the plan year, plus 50% of the employee elective deferrals that exceeded 3% of eligible compensation for the plan year but did not exceed 5% of eligible compensation for the plan year. In addition, a profit-sharing contribution is determined annually by the Board of Directors based on the profitability of the Company.

Employee Contributions - All employees who meet age and service requirements are eligible to participate in the Plan. The Plan provides for employee contributions from 1% to 85% of individual compensation into deferred savings, subject to IRS limitations on total deferrals. Employee contributions consist of employee payroll deductions, and rollovers from other qualified plans.

Participant Accounts - Each participant's account is credited with the participant's contributions, share of plan earnings and, where applicable, employer contributions. Allocations are based on the participant's earnings or account balances, as defined.

Investments - The Plan's investments are held by Mid Atlantic Trust Company, the "Custodian". Participants may direct contributions to the investment options available within the Plan. Participants may change their investment options at any time.

Vesting - Participants are immediately vested in their voluntary contributions, their share of employer matching contributions and the respective earnings thereon. Vesting in profit sharing contributions and earnings thereon is according to the following schedule:

Years of Service	Vesting Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or More	100%

Participants are 100% vested in the event of total disability, death or upon reaching retirement age prior to guidelines noted above.

Forfeitures - Forfeitures will be applied to reduce employer contributions. Forfeitures were $2,350 and $9,000 for the years ended December 31, 2012 and 2011, respectively.

Payment of Benefits - Benefit payments to participants are recorded at the time of distribution.

Basis of Accounting - The financial statements have been 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 plan management to make estimates and assumptions that affect the reported amounts of assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are carried at their fair value based upon published quotations or, in the absence of readily ascertainable market values, at such values as the Custodian determines. The unrealized appreciation (depreciation) of investments is determined by the change in current market value from the beginning of the year (if held for the entire year) to the end of the year, or from the date of purchase to the end of the year. The realized appreciation (depreciation) of investments is determined by the change in the current market value from the beginning of the year (if held since the beginning of the year) to the date of sale, or from the date of purchase to the date of sale. Gains and losses on securities sold or redeemed are determined on the basis of specific identification.

Generally accepted accounting principles establish a framework for measuring fair value, which 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 inputs that may be used to measure fair value are defined as:

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, other than the quoted prices in active markets, that are observable either directly or indirectly; and

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based upon 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 valuation methodologies used for assets measured at fair value include the net asset value ("NAV") of shares held at year end for mutual fund holdings (level 1 input).

There have been no changes to the methodologies used at 2012 and 2011. These methods 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.

Notes Receivable from Participants - Participants may borrow up to 50% of their account balance up to a maximum of $50,000. The amount of the loan must be at least $1,000. Loans accrue interest at a rate equal to the prime rate plus 1% at the inception of the loan and are secured by the participant's account balance. All loans must be repaid in their entirety over a maximum of 54 months, unless the purpose of the loan is to purchase a principal residence. The interest rates on the loans outstanding as of December 31, 2012 and 2011 ranged between 4.25% and 8.5%. Loans outstanding at December 31, 2012 and 2011 were $138,005 and $97,113, respectively.

Administrative Expenses - Administrative expenses of the Plan are paid by the Company; certain investment and trustee fees are paid by the Plan.

Subsequent Events - Management has evaluated subsequent events through October 11, 2013, the date which the financial statements were available to be issued.

2. CERTIFIED FINANCIAL INFORMATION

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the accompanying financial statements is complete and accurate:

- Investments as shown in the statements of assets available for benefits as of December 31, 2012 and 2011.

- Investment activity as shown in the statements of changes in assets available for benefits for the years ended December 31, 2012 and 2011.

- The schedule of assets held for investment purposes, except for notes receivable from participants, at end of year, as shown on the accompanying schedule.

Mid Atlantic Trust Company has certified the above information for the years ended December 31, 2012 and 2011.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

3. INVESTMENTS

Investments that represent 5% or more of assets available for benefits at December 31, 2012 and 2011 are as follows:

	2012	2011
SSGA US Government Money Market	$ 566,042	$ 596,998
Vanguard Balanced Index	329,044	-
Hirtle, Callaghan Core Fixed Income	548,808	496,472
Hirtle, Callaghan Value Equity	804,080	648,658
Hirtle, Callaghan Growth Equity	1,018,822	798,039
Hirtle, Callaghan Small Cap Equity	473,171	339,748
Hirtle, Callaghan International Equity	701,824	454,213

4. PLAN TERMINATION

The Company anticipates and believes that the Plan will continue without interruption but reserves the right to discontinue the Plan at its discretion. In the event that such discontinuance results in the termination of the Plan, all amounts credited to participant accounts become 100% vested. The assets of the Plan will be distributed by the trustee in accordance with the trust agreement in a uniform and nondiscriminatory manner.

5. FEDERAL INCOME TAX STATUS

The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. The Plan is a prototype plan for which the Custodian has obtained a favorable determination letter in which the Internal Revenue Service states that the Plan, as designed, was in compliance with the applicable requirement of the Internal Revenue

Code based upon a letter dated March 31, 2008. Therefore, the administrator believes that the Plan is qualified and the related trust is tax-exempt as of the financial statement date. Management believes there is no liability related to uncertain tax positions at December 31, 2012 or 2011. The Plan is no longer subject to tax examinations for the years before December 31, 2009.

6. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of assets available for benefits to the form 5500 at December 31, 2012 and 2011:

	2012	2011
Assets available for benefits as reported in the financial statements	$ 4,962,929	$ 3,975,648
Current period contributions receivable not reflected in Form 5500 prepared on the cash basis of accounting	-	(174,287)
Assets available for benefits as reported in Form 5500	$ 4,962,929	$ 3,801,361

The following is a reconciliation of the increase in assets available for benefits reported in the statement of changes in assets available for benefits to the Form 5500 for the years ended December 31, 2012 and 2011:

	2012	2011
Increase in assets available for benefits as reported in the financial statements	$ 987,281	$ 446,473
Period period contributions reflected on Form 5500 prepared on the cash basis of accounting	174,257	-
Current period contributions receivable not reflected in Form 5500 prepared on the cash basis of accounting	-	(174,287)
Increase in assets available for benefits as reported in Form 5500	$ 1,161,538	$ 272,186

Additionally, there are minor classification differences between the financial statements and the Form 5500 in various income and expense categories.

A. STUCKI COMPANY 401(K) PROFIT SHARING PLAN & TRUST

EIN: 20-8608763 PLAN NO. 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (SCHEDULE H, LINE 4i)
DECEMBER 31, 2012

Column A	Column B	Column C	Column E
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
*	Mid Atlantic Trust Company	Vanguard Balanced Index	$ 329,044
*	Mid Atlantic Trust Company	SSGA US Government Money Market	566,042
*	Mid Atlantic Trust Company	HC Capital Core Fixed Income Portfolio	548,808
*	Mid Atlantic Trust Company	HC Capital Fixed Income Opportunity	198,099
*	Mid Atlantic Trust Company	HC Capital Trust, the Value Equity Portfolio	804,080
*	Mid Atlantic Trust Company	HC Capital Trust, the Growth Equity Portfolio	1,018,822
*	Mid Atlantic Trust Company	HC Capital Trust, the Small Capital Equity Portfolio	473,171
*	Mid Atlantic Trust Company	HC Capital Trust, the International Equity Portfolio	701,824
*	Mid Atlantic Trust Company	Capital Guardian Emerging Markets Equity	185,034
		Total investments	$ 4,824,924
	Notes receivable from participants	Interest rates ranging from 4.25% to 8.5%	$ 138,005

*Party-in-interest

A. STUCKI COMPANY 401(K) PROFIT SHARING PLAN & TRUST

Financial Statements as of December 31, 2012 and 2011, Supplemental Schedule as of December 31, 2012 and Independent Auditors' Report

A. STUCKI COMPANY 401(K) PROFIT SHARING PLAN & TRUST

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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of and Participants in
A. Stucki Company 401(k) Profit Sharing Plan & Trust:

Report on the Financial Statements

We were engaged to audit the financial statements of A. Stucki Company 401(k) Profit Sharing Plan & Trust (the "Plan"), which comprise the statements of assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements and the supplemental schedule in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 2, which was certified by Mid Atlantic Trust Company, the custodian of the plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that Mid Atlantic Trust Company holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from Mid Atlantic Trust Company, as of and for the years ended December 31, 2012 and 2011, that the information provided to the Plan Administrator by Mid Atlantic Trust Company is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purposes of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment purposes at December 31 2012, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grossman Yanak & Ford LLP

Pittsburgh, Pennsylvania
October 11, 2013

A. STUCKI COMPANY 401(K) PROFIT SHARING PLAN & TRUST

STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2012 AND 2011

	NOTES	2012	2011
ASSETS:			
Investments, at fair value	1,2	$ 4,824,924	$ 3,704,248
Notes receivable from participants	1,2	138,005	97,113
Employer profit sharing contribution receivable		-	174,287
ASSETS AVAILABLE FOR BENEFITS		$ 4,962,929	$ 3,975,648

See notes to financial statements.

A. STUCKI COMPANY 401(K) PROFIT SHARING PLAN & TRUST

STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

	2012	2011
ADDITIONS:		
Dividends and interest	$ 98,138	$ 69,835
Net realized and unrealized appreciation (depreciation) in fair value of investments	406,078	(100,879)
Net investment gain (loss)	504,216	(31,044)
Employer matching contributions	218,658	162,520
Employer profit sharing contributions	-	174,287
Employee contributions	363,589	249,585
Employee rollovers	14,852	23,035
Total contributions	597,099	609,427
Net additions	1,101,315	578,383
DEDUCTIONS:		
Distributions to participants	97,853	117,725
Administrative expenses	16,181	14,185
Total deductions	114,034	131,910
NET INCREASE	987,281	446,473
ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF THE YEAR	3,975,648	3,529,175
ASSETS AVAILABLE FOR BENEFITS, END OF THE YEAR	$ 4,962,929	$ 3,975,648

See notes to financial statements.

1. DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following brief description of the A. Stucki Company 401(k) Profit Sharing Plan & Trust (the "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 provides all full-time, salaried, and nonunion employees of A. Stucki Company (the "Company") with a tax-deferred savings and profit-sharing program. The Plan is administered by the Company and subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Employer Contributions - For the years ended December 31, 2012 and 2011, the Company matched an amount equal to the employee elective deferrals that did not exceed 3% of the eligible compensation for the plan year, plus 50% of the employee elective deferrals that exceeded 3% of eligible compensation for the plan year but did not exceed 5% of eligible compensation for the plan year. In addition, a profit-sharing contribution is determined annually by the Board of Directors based on the profitability of the Company.

Employee Contributions - All employees who meet age and service requirements are eligible to participate in the Plan. The Plan provides for employee contributions from 1% to 85% of individual compensation into deferred savings, subject to IRS limitations on total deferrals. Employee contributions consist of employee payroll deductions, and rollovers from other qualified plans.

Participant Accounts - Each participant's account is credited with the participant's contributions, share of plan earnings and, where applicable, employer contributions. Allocations are based on the participant's earnings or account balances, as defined.

Investments - The Plan's investments are held by Mid Atlantic Trust Company, the "Custodian". Participants may direct contributions to the investment options available within the Plan. Participants may change their investment options at any time.

Vesting - Participants are immediately vested in their voluntary contributions, their share of employer matching contributions and the respective earnings thereon. Vesting in profit sharing contributions and earnings thereon is according to the following schedule:

Years of Service	Vesting Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or More	100%

Participants are 100% vested in the event of total disability, death or upon reaching retirement age prior to guidelines noted above.

Forfeitures - Forfeitures will be applied to reduce employer contributions. Forfeitures were $2,350 and $9,000 for the years ended December 31, 2012 and 2011, respectively.

Payment of Benefits - Benefit payments to participants are recorded at the time of distribution.

Basis of Accounting - The financial statements have been 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 plan management to make estimates and assumptions that affect the reported amounts of assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are carried at their fair value based upon published quotations or, in the absence of readily ascertainable market values, at such values as the Custodian determines. The unrealized appreciation (depreciation) of investments is determined by the change in current market value from the beginning of the year (if held for the entire year) to the end of the year, or from the date of purchase to the end of the year. The realized appreciation (depreciation) of investments is determined by the change in the current market value from the beginning of the year (if held since the beginning of the year) to the date of sale, or from the date of purchase to the date of sale. Gains and losses on securities sold or redeemed are determined on the basis of specific identification.

Generally accepted accounting principles establish a framework for measuring fair value, which 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 inputs that may be used to measure fair value are defined as:

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, other than the quoted prices in active markets, that are observable either directly or indirectly; and

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based upon 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 valuation methodologies used for assets measured at fair value include the net asset value ("NAV") of shares held at year end for mutual fund holdings (level 1 input).

There have been no changes to the methodologies used at 2012 and 2011. These methods 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.

Notes Receivable from Participants - Participants may borrow up to 50% of their account balance up to a maximum of $50,000. The amount of the loan must be at least $1,000. Loans accrue interest at a rate equal to the prime rate plus 1% at the inception of the loan and are secured by the participant's account balance. All loans must be repaid in their entirety over a maximum of 54 months, unless the purpose of the loan is to purchase a principal residence. The interest rates on the loans outstanding as of December 31, 2012 and 2011 ranged between 4.25% and 8.5%. Loans outstanding at December 31, 2012 and 2011 were $138,005 and $97,113, respectively.

Administrative Expenses - Administrative expenses of the Plan are paid by the Company; certain investment and trustee fees are paid by the Plan.

Subsequent Events - Management has evaluated subsequent events through October 11, 2013, the date which the financial statements were available to be issued.

2. CERTIFIED FINANCIAL INFORMATION

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the accompanying financial statements is complete and accurate:

- Investments as shown in the statements of assets available for benefits as of December 31, 2012 and 2011.

- Investment activity as shown in the statements of changes in assets available for benefits for the years ended December 31, 2012 and 2011.

- The schedule of assets held for investment purposes, except for notes receivable from participants, at end of year, as shown on the accompanying schedule.

Mid Atlantic Trust Company has certified the above information for the years ended December 31, 2012 and 2011.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

3. INVESTMENTS

Investments that represent 5% or more of assets available for benefits at December 31, 2012 and 2011 are as follows:

	2012	2011
SSGA US Government Money Market	$ 566,042	$ 596,998
Vanguard Balanced Index	329,044	-
Hirtle, Callaghan Core Fixed Income	548,808	496,472
Hirtle, Callaghan Value Equity	804,080	648,658
Hirtle, Callaghan Growth Equity	1,018,822	798,039
Hirtle, Callaghan Small Cap Equity	473,171	339,748
Hirtle, Callaghan International Equity	701,824	454,213

4. PLAN TERMINATION

The Company anticipates and believes that the Plan will continue without interruption but reserves the right to discontinue the Plan at its discretion. In the event that such discontinuance results in the termination of the Plan, all amounts credited to participant accounts become 100% vested. The assets of the Plan will be distributed by the trustee in accordance with the trust agreement in a uniform and nondiscriminatory manner.

5. FEDERAL INCOME TAX STATUS

The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. The Plan is a prototype plan for which the Custodian has obtained a favorable determination letter in which the Internal Revenue Service states that the Plan, as designed, was in compliance with the applicable requirement of the Internal Revenue

Code based upon a letter dated March 31, 2008. Therefore, the administrator believes that the Plan is qualified and the related trust is tax-exempt as of the financial statement date. Management believes there is no liability related to uncertain tax positions at December 31, 2012 or 2011. The Plan is no longer subject to tax examinations for the years before December 31, 2009.

6. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of assets available for benefits to the form 5500 at December 31, 2012 and 2011:

	2012	2011
Assets available for benefits as reported in the financial statements	$ 4,962,929	$ 3,975,648
Current period contributions receivable not reflected in Form 5500 prepared on the cash basis of accounting	-	(174,287)
Assets available for benefits as reported in Form 5500	$ 4,962,929	$ 3,801,361

The following is a reconciliation of the increase in assets available for benefits reported in the statement of changes in assets available for benefits to the Form 5500 for the years ended December 31, 2012 and 2011:

	2012	2011
Increase in assets available for benefits as reported in the financial statements	$ 987,281	$ 446,473
Period period contributions reflected on Form 5500 prepared on the cash basis of accounting	174,257	-
Current period contributions receivable not reflected in Form 5500 prepared on the cash basis of accounting	-	(174,287)
Increase in assets available for benefits as reported in Form 5500	$ 1,161,538	$ 272,186

Additionally, there are minor classification differences between the financial statements and the Form 5500 in various income and expense categories.

A. STUCKI COMPANY 401(K) PROFIT SHARING PLAN & TRUST

EIN: 20-8608763 PLAN NO. 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (SCHEDULE H, LINE 4i)
DECEMBER 31, 2012

Column A	Column B	Column C	Column E
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
*	Mid Atlantic Trust Company	Vanguard Balanced Index	$ 329,044
*	Mid Atlantic Trust Company	SSGA US Government Money Market	566,042
*	Mid Atlantic Trust Company	HC Capital Core Fixed Income Portfolio	548,808
*	Mid Atlantic Trust Company	HC Capital Fixed Income Opportunity	198,099
*	Mid Atlantic Trust Company	HC Capital Trust, the Value Equity Portfolio	804,080
*	Mid Atlantic Trust Company	HC Capital Trust, the Growth Equity Portfolio	1,018,822
*	Mid Atlantic Trust Company	HC Capital Trust, the Small Capital Equity Portfolio	473,171
*	Mid Atlantic Trust Company	HC Capital Trust, the International Equity Portfolio	701,824
*	Mid Atlantic Trust Company	Capital Guardian Emerging Markets Equity	185,034
		Total investments	$ 4,824,924
	Notes receivable from participants	Interest rates ranging from 4.25% to 8.5%	$ 138,005

*Party-in-interest