# 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

**2013**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**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
WHITEMAN OSTERMAN & HANNA LLP PROFIT SHARING AND 401(K) PLAN

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

**1c** Effective date of plan 01/01/1979

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

WHITEMAN OSTERMAN & HANNA LLP

ONE COMMERCE PLAZA, FLOOR 19
ALBANY, NY 12260

**2b** Employer Identification Number (EIN)
14-1564599

**2c** Sponsor's telephone number
518-487-7600

**2d** Business code (see instructions)
541110

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 07/31/2014 | PHILIP GITLEN |
| | **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:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 171 |
| **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** | 131 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 34 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 165 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 166 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 158 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 5 |
| **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:
2A 2E 2F 2G 2J 2K 3B 3H 2T 3D

**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)** | [X] | | **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.** | **2013**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

| | |
|---|---|
| **A** Name of plan<br>WHITEMAN OSTERMAN & HANNA LLP PROFIT SHARING AND 401(K) PLAN | **B** Three-digit plan number (PN) ▶ 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500<br>WHITEMAN OSTERMAN & HANNA LLP | **D** Employer Identification Number (EIN)<br>14-1564599 |

## 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).. . . . . [X] 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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

**(b)** Enter name and EIN or address of person who provided you disclosure 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)

WILLIAM E HAMM & ASSOCIATES INC.

59-3331424

| (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? |
|---|---|---|---|---|---|---|
| 28 50 | NONE | 27500 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 50 64 | NONE | 17894 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

BST RETIREMENT SERVCIES, LLP

14-1788911

| (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? |
|---|---|---|---|---|---|---|
| 10 50 | NONE | 17489 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

CHARLES SCHWAB BANK

42-1558009

| (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? |
|---|---|---|---|---|---|---|
| 25 52 59 62 | NONE | 0 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

CHARLES SCHWAB & CO., INC.

94-1737782

| (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? |
|---|---|---|---|---|---|---|
| 59 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| CHARLES SCHWAB & CO AND AFFILIATES | 59 | 0 |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| SEE ATTACHMENT<br><br>11-1111111 | SEE ATTACHMENT | |

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

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

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

| | | | |
|---|---|---|---|
| **a** | Name: BOLLAM SHEEDY TORANI & CO. LLP | **b** EIN: | 14-1814314 |
| **c** | Position: ACCOUNTING & AUDITING SV | | |
| **d** | Address: 26 COMPUTER DRIVE WEST<br>ALBANY, NY 12205 | **e** Telephone: | 518-459-6700 |

Explanation: THE FINANCIAL STATEMENTS OF THE PLAN AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2012 WERE AUDITED BY BOLLAM SHEEDY TORANI & CO. LLP WHOSE PRACTICE WAS MERGED WITH SAX, MACY FROMM & CO, PC TO FORM SAXBST LLP AS OF JANUARY 1, 2014.

| | | | |
|---|---|---|---|
| **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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2013**

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

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
WHITEMAN OSTERMAN & HANNA LLP PROFIT SHARING AND 401(K) PLAN

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

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
WHITEMAN OSTERMAN & HANNA LLP

**D** Employer Identification Number (EIN)
14-1564599

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MAGIC FUND

**b** Name of sponsor of entity listed in (a): KEYBANK NATIONAL ASSOCIATION

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 34-6903863-002 | C | 195507 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

# 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

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
WHITEMAN OSTERMAN & HANNA LLP PROFIT SHARING AND 401(K) PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
WHITEMAN OSTERMAN & HANNA LLP

**D** Employer Identification Number (EIN)
14-1564599

## 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) | 1453709 | 1436600 |
| **(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) | 5613240 | 7315226 |
| **(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) | 346566 | 383567 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 195507 |
| **(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) | 40982228 | 50453971 |
| **(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 | 48395743 | 59784871 |
| | **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 | 48395743 | 59784871 |

## 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) | 1436672 | |
| | **(B)** Participants | 2a(1)(B) | 1028589 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 317080 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 2782341 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 1898 | |
| | **(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) | 15129 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 17027 |
| | **(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) | 2242944 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 2242944 |
| | **(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) | | 284 |
| (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) | | 8110400 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 13152996 |

## Expenses

| | | | |
|---|---|---|---|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1697174 | |
| (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) | | 1697174 |
| f Corrective distributions (see instructions) | 2f | | 3809 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: **(1)** Professional fees | 2i(1) | 17489 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 27500 | |
| (4) Other | 2i(4) | 17896 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 62885 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1763868 |

## Net Income and Reconciliation

| | | | |
|---|---|---|---|
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 11389128 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

**(1)** Name: SAXBST LLP **(2)** EIN: 46-4001827

**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 | | 500000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

## 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

**2013**

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

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
WHITEMAN OSTERMAN & HANNA LLP PROFIT SHARING AND 401(K) PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
WHITEMAN OSTERMAN & HANNA LLP

**D** Employer Identification Number (EIN)
14-1564599

## 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): 42-1558009

**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):

# Whiteman Osterman & Hanna LLP
# Profit Sharing and 401(k) Plan

Financial Statements

December 31, 2013 and 2012

# Whiteman Osterman & Hanna LLP
# Profit Sharing and 401(k) Plan

Financial Statements

December 31, 2013 and 2012

C O N T E N T S


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SAXBST
ACCOUNTING / TAX / ADVISORY

**Independent Auditor's Report**

Whiteman Osterman & Hanna LLP
as Plan Administrator for the
Whiteman Osterman & Hanna LLP Profit
Sharing and 401(k) Plan
Albany, New York

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Whiteman Osterman & Hanna LLP Profit Sharing and 401(k) Plan (Plan) which comprise the statement of net assets available for benefits as of December 31, 2013, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements 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.

**Auditor's 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 2013 information summarized in Note 3, which was certified or provided by Charles Schwab Trust Company, the Trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the Trustee as of December 31, 2013, that the information provided to the Plan Administrator by the Trustee 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 on the 2013 financial statements. Accordingly, we do not express an opinion on the 2013 financial statements.

**Other Matters**

*Prior Year Financial Statements*

The financial statements as of and for the year ended December 31, 2012, were audited by Bollam, Sheedy, Torani & Co. LLP which merged with Sax Macy Fromm & Co., PC to form SaxBST LLP as of January 1, 2014. 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 Bollam, Sheedy, Torani & Co. LLP not to perform, and they did not perform, any auditing procedures with respect to the information certified by the Trustee. Bollam, Sheedy, Torani & Co. LLP's report, dated July 8, 2013, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and, accordingly, they did not express an opinion on the 2012 financial statements, and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were 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.

*Supplementary Information*

The supplemental schedule of assets (held at end of year) as of December 31, 2013, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

**Report on Form and Content in Compliance with Department of Labor Rules and Regulations**

The form and content of the information included in the 2013 financial statements and supplemental schedule, other than that derived from the information certified or provided 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.

SaxBST LLP

Albany, New York
July 28, 2014

# Whiteman Osterman & Hanna LLP
# Profit Sharing and 401(k) Plan

## Statements of Net Assets Available for Benefits

| | December 31, | |
|---|---|---|
| | **2013** | **2012** |
| **ASSETS** | | |
| Investments, at fair value | $ 57,964,703 | $ 46,595,467 |
| Receivables | | |
| Employer profit sharing contributions | 1,415,592 | 1,430,423 |
| Employer matching contributions | 21,008 | 23,286 |
| Participant notes | 383,567 | 346,566 |
| | 1,820,167 | 1,800,275 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | **$ 59,784,870** | **$ 48,395,742** |

*See Independent Auditor's Report and accompanying Notes to Financial Statements.*

# Whiteman Osterman & Hanna LLP
# Profit Sharing and 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

| | Years Ended December 31, | |
|---|---|---|
| | **2013** | **2012** |
| **ADDITIONS TO NET ASSETS ATTRIBUTED TO** | | |
| Investment income | | |
| Interest | $ 149,263 | $ 158,614 |
| Dividends | 2,271,717 | 901,143 |
| Net appreciation in fair value of investments | 7,934,544 | 4,239,684 |
| | 10,355,524 | 5,299,441 |
| Interest income on participant notes | 15,129 | 12,493 |
| Contributions | | |
| Employer profit sharing | 1,415,664 | 1,430,423 |
| Employer matching | 21,008 | 23,286 |
| Participants | 1,028,589 | 990,056 |
| Rollovers | 317,080 | 30,077 |
| | 2,782,341 | 2,473,842 |
| Total additions | 13,152,994 | 7,785,776 |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO** | | |
| Benefits paid | 1,700,983 | 440,100 |
| Administrative expenses | 62,883 | 37,938 |
| Total deductions | 1,763,866 | 478,038 |
| **Net increase in net assets available for benefits** | **11,389,128** | **7,307,738** |
| **NET ASSETS AVAILABLE FOR BENEFITS, *beginning of year*** | 48,395,742 | 41,088,004 |
| **NET ASSETS AVAILABLE FOR BENEFITS, *end of year*** | **$59,784,870** | **$48,395,742** |

*See Independent Auditor's Report and accompanying Notes to Financial Statements.*

**Note 1 - Description of the Plan**

The Whiteman Osterman & Hanna LLP Profit Sharing and 401(k) Plan (Plan) was established January 1, 1979. The Plan is sponsored by Whiteman Osterman & Hanna LLP (Company). The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

*a. General*

The Plan is a Profit Sharing Plan with a 401(k) feature, covering all eligible participants of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan adopted the 401(k) Non-Standardized Prototype Adoption Agreement for the Charles Schwab Defined Contribution Plan and Trust effective July 15, 2008. The Adoption Agreement was updated effective January 1, 2010.

The Plan assets are currently held by Charles Schwab Trust Company, Trustee of the Plan. Company contributions, participant elective deferrals, and participant accounts are also held by the Trustee, who invests cash received and income from investments based on written instructions from the Company and participants, and make distributions to participants. The Plan Trustees and investment advisor are responsible for oversight of the Plan and for determining the appropriateness of the Plan's investment offerings and monitoring investment performance.

Effective May 6, 2012 and September 5, 2013, the Plan was amended to revise the authorized funds offered for investment.

*b. Contributions*

Each year, participants may contribute a percentage or fixed dollar amount of their pre-tax annual compensation to the Plan. In addition, participants may contribute after-tax Roth elective deferral contributions to the Plan. Contributions are subject to certain limitations as defined by the Plan and the Internal Revenue Code (IRC). The maximum participant deferral was $17,500 and $17,000 for years ended December 31, 2013 and 2012, respectively. Participants who have attained age fifty before the end of the Plan year are eligible to make "catch-up" contributions. Participants may also contribute rollover amounts representing distributions from other qualified defined benefit or defined contribution plans.

Contributions allocated to each class are discretionary and determined annually by the Company. Participants may also receive a discretionary profit sharing contribution from the Company based on a class allocation formula. Classes for this non-elective profit sharing contribution and contributions allocated by class, were as follows:

| | | December 31, | |
|---|---|---|---|
| | | 2013 | 2012 |
| Group A | Equity Partners | 13.039% | 13.163% |
| Group B | Non-equity Partners (a) | 2.87% - 13.039% | 2.87% - 13.16% |
| Group C | Associates | 6.000% | 6.000% |
| Group D | Management | 6.000% | 6.000% |
| Group E | Staff | 6.000% | 6.000% |

**Note 1 - Description of the Plan**

*b. Contributions* - Continued

(a) Each partner in Group B has a separate allocation subject to limits established by the Plan Administrator and approved by the Executive Committee.

The Company also makes a matching contribution equal to 25% of each participant's elective deferral, up to a maximum of $250 per participant.

Participants direct their contributions into the various investment options offered by the Plan.

*c. Plan Eligibility*

Employees are eligible to participate in the Plan with respect to salary reduction elections on the date they attain twenty-one years of age.

Employees of the Company are eligible to participate in the Plan with respect to the Company's matching contributions and discretionary profit sharing contributions after attaining twenty-one years of age, completing one year of continuous service from the date of employment, and provided they worked at least 1,000 hours during the year. Participants also must be employed on the last day of the Plan year to be eligible to share in the Company's contributions for that year.

*d. Participant Accounts*

Each participant's account is credited with their voluntary contribution and Company matching contributions, as well as allocations of the Company's profit sharing contribution, if any, and Plan earnings. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

*e. Vesting*

Participants are 100% vested in their contributions plus actual earnings thereon.

Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after three years of service in which they worked at least 1,000 hours. There is no partial vesting of benefits.

*f. Participant Notes Receivable*

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000, or 50% of their vested account balance, whichever is less. In addition, the $50,000 limit is reduced by the highest outstanding loan balance (of any previous loans made) in the previous twelve months. Participant notes are secured by the balance in the participant's accounts and bear interest at a rate commensurate with the local prevailing rates, which ranged from 4.25% to 6.0% for the year ended December 31, 2013, and 4.25% to 8.50% for the year ended December 31, 2012. Principal and interest are paid ratably through regular payroll deductions or partner draws. In general, loans must be repaid within five years; however, if the loan is used to purchase a principal residence, the repayment period may be set for a term not to extend beyond thirty years, or as determined by the Plan Administrator.

**Note 1 - Description of the Plan - Continued**

*g. Payment of Benefits*

On termination of service due to disability, retirement, or other reasons, 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 defer distribution until a later date. Upon termination of service due to death, beneficiaries may elect to receive either a lump-sum payment or installment payments. If the vested portion of a participant's account balance is $1,000 or less, this amount will be paid as a lump-sum distribution as soon as possible following termination, retirement, disability, or to the beneficiary following death. If the vested portion of a participant's account balance is between $1,000 and $5,000, the vested portion of their account balance will be removed from the Plan's net assets and automatically rolled into an IRA.

Prior to termination, a participant may withdraw their pretax contributions in the event of undue financial hardship, subject to the provisions of the Plan. The Plan also provides for in-service distributions for participants who have attained age 59½, subject to the provisions of the Plan.

*h. Forfeited Accounts*

Forfeitures may be used to pay administrative expenses under the Plan, or to reduce employer contributions. The Company used $14,053 and $6,126 of forfeitures to pay administrative expenses during the years ended December 31, 2013 and 2012, respectively. As of December 31, 2013 and 2012, the Plan had unallocated forfeitures of $6,891 and $1,784, respectively.

*i. Administrative Costs*

Administrative costs are paid from forfeitures, by the Plan, or the Company. Administrative costs paid by the Plan are allocated ratably to participants based on their account balance.

*j. Reclassification*

Certain prior year balances have been reclassified to conform to the current year presentation.

**Note 2 - Summary of Significant Accounting Policies**

*a. Basis of Accounting and Financial Statement Presentation*

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) for defined contribution plans.

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. Fair value of the investment contract at December 31, 2013, approximates contract value.

**Note 2 - Summary of Significant Accounting Policies - Continued**

*b. Estimates*

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting year. Actual results could differ from those estimates.

*c. Investment Valuation and Income Recognition*

Investments are reported at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. The Plan Trustees determine the Plan's valuation policies utilizing information provided by the investment advisors and Trustee.

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

*d. Participant Notes Receivable*

Participant notes receivable are stated at their unpaid principal balance plus any accrued, but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2013 and 2012. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

*e. Payment of Benefits*

Benefits are recorded when paid.

*f. Administrative Expenses*

Certain administrative expenses of the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

*g. Subsequent Events*

The Plan has evaluated subsequent events for potential recognition or disclosure through July 28, 2014, the date the financial statements were available to be issued.

**Note 3 - Information Certified and Provided by Plan Trustee (Unaudited)**

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Charles Schwab Trust Company, the Trustee of the Plan, as complete and accurate, except for comparing such information certified by the Trustee to information included in the Plan's financial statements and supplemental schedule:

| | Years Ended December 31, | |
|---|---|---|
| | 2013 | 2012 |
| Mutual funds | $ 50,453,970 | $ 40,982,227 |
| Common/collective trust fund | 195,507 | - |
| Cash, held for investment | 7,315,226 | 5,613,240 |
| Participant notes receivable | 383,567 | 346,566 |
| Investment income | | |
| Interest | 149,263 | 158,614 |
| Dividends | 2,271,717 | 901,143 |
| Net appreciation in fair value of investments | 7,934,544 | 4,239,684 |
| Interest income on participant notes | 15,129 | 12,493 |

**Note 4 - Investments and Fair Value Measurements**

The following table presents separately those assets that represent 5% or more of the Plan's assets:

| | December 31, 2013 |
|---|---|
| American Funds Fundamental Investors | $ 11,449,235 |
| American Funds Growth Fund of America | 10,916,029 |
| American Funds New Perspective Fund | 8,508,794 |
| Schwab Value Advantage Money Market Fund | 7,315,226 |
| Vanguard Small Cap Growth Index | 3,996,203 |

| | December 31, 2012 |
|---|---|
| American Funds Fundamental Investors | $ 8,885,818 |
| American Funds Growth Fund of America | 7,287,206 |
| Royce Low Priced Stock Fund | 2,607,549 |
| Vanguard Total Bond Market Index Signal Fund | 2,657,981 |
| American Funds New Perspective Fund | 6,759,490 |
| Schwab Value Advantage Money Market Fund | 5,613,240 |

**Note 4 - Investments and Fair Value Measurements - Continued**

The Plan's investments in mutual funds, including gains and losses on investments bought and sold, as well as held during the year, appreciated by $7,934,547 and $4,239,684 during the years ended December 31, 2013 and 2012, respectively.

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are 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:

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

If the asset 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.

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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies at December 31, 2013 and 2012.

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.

Common/Collective Trust Fund (Fund): It is the policy of the Fund to use its best efforts to maintain a stable NAV of $1.00 per unit (although there is no guarantee that the Fund will be able to maintain this value), and to earn interest. The Fund may invest in a diversified portfolio of traditional guaranteed investment contracts (GICs), synthetic GICs, bank investment contracts (BICs), separate account GICs, repurchase agreements, other collective investment trusts, cash and cash equivalents, including money market instruments, and other investments having the characteristics of a guaranteed return of principal and fixed rate of interest. The Fund's assets are valued in the principal market where it sells the particular asset or transfers the liability with the greatest volume and level of activity. In the absence of a principal market, the valuation is based on the most advantageous market for the asset (i.e., the market where the asset could be sold at a price that maximizes the amount to be received).

**Note 4 - Investments and Fair Value Measurements - Continued**

The following tables set forth by level within the fair value hierarchy, the Plan's assets at fair value:

| | December 31, 2013 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Money Market Funds | | | | |
| Schwab Value Advantage Money Market Fund | $ 7,315,226 | $ - | $ - | $ 7,315,226 |
| Mutual Funds | | | | |
| Domestic Equity Funds | | | | |
| Value Funds | | | | |
| American Century Mid Cap Value Fund | 1,016,314 | - | - | 1,016,314 |
| Allianz NFJ Small Cap Value Fund | 472,582 | - | - | 472,582 |
| MFS Value Fund | 586,208 | - | - | 586,208 |
| Blended Funds | | | | |
| F-Squared Alpha Sector U.S. Equity | 115,053 | | | 115,053 |
| Lord Abbott Value Fund | 1,676,018 | - | - | 1,676,018 |
| Vanguard 500 Index Fund | 1,832,462 | - | - | 1,832,462 |
| Vanguard Small Cap Index Fund | 592,006 | - | - | 592,006 |
| Growth Funds | | | | |
| American Funds Fundamental Investors | 11,449,235 | - | - | 11,449,235 |
| American Funds Growth Fund of America | 10,916,029 | - | - | 10,916,029 |
| Columbia Acorn Fund | 991,533 | - | - | 991,533 |
| Vanguard Growth Index Fund | 354,196 | - | - | 354,196 |
| Vanguard Small Cap Growth Index Fund | 3,996,203 | | | 3,996,203 |
| International Equity Funds | | | | |
| Blended Funds | | | | |
| Lazard Emerging Markets Equity Fund | 214,383 | - | - | 214,383 |
| Growth Funds | | | | |
| American Funds Europacific Growth Fund | 740,920 | - | - | 740,920 |
| Columbia Acorn International Fund | 252,332 | - | - | 252,332 |
| Fixed Income Funds | | | | |
| American Century Inflation Fund | 681,363 | - | - | 681,363 |
| Fidelity Advisors Strategic Income Fund | 486,340 | - | - | 486,340 |
| MFS Government Securities Fund | 807,480 | - | - | 807,480 |
| Templeton Global Bond Adv | 326,304 | - | - | 326,304 |
| Vanguard Convertible Securities Fund | 804,274 | - | - | 804,274 |
| Vanguard Total Bond Market Index Signal Fund | 2,545,670 | - | - | 2,545,670 |
| Other Funds | | | | |
| American Funds New Perspective Fund | 8,508,794 | - | - | 8,508,794 |
| Aberdeen Equity Fund | 313,716 | - | - | 313,716 |
| Cohen & Steers Realty Shares | 285,109 | - | - | 285,109 |
| Federated Institutional High Yield Bond Fund | 489,446 | - | - | 489,446 |
| Common/Collective Trust Fund | | | | |
| Magic Fund | - | 195,507 | - | 195,507 |
| | $ 57,769,196 | $ 195,507 | $ - | $ 57,964,703 |

**Note 4 - Investments and Fair Value Measurements - Continued**

| | December 31, 2012 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Money Market Funds | | | | |
| Schwab Value Advantage Money Market Fund | $ 5,613,240 | $ - | $ - | $ 5,613,240 |
| Mutual Funds | | | | |
| Domestic Equity Funds | | | | |
| Value Funds | | | | |
| American Century Mid Cap Value Fund | 730,303 | - | - | 730,303 |
| Allianz NFJ Small Cap Value Fund | 849,438 | - | - | 849,438 |
| MFS Value Fund | 1,049,007 | - | - | 1,049,007 |
| Blended Funds | | | | |
| Lord Abbott Value Fund | 1,878,454 | - | - | 1,878,454 |
| Thornburg Value Fund | 381,230 | - | - | 381,230 |
| Vanguard 500 Index Fund | 1,037,104 | - | - | 1,037,104 |
| Vanguard Small Cap Index Fun | 189,401 | - | - | 189,401 |
| Growth Funds | | | | |
| American Funds Fundamental Investors | 8,885,818 | - | - | 8,885,818 |
| American Funds Growth Fund of America | 7,287,206 | - | - | 7,287,206 |
| Columbia Acorn Fund | 766,454 | - | - | 766,454 |
| Royce Low Priced Stock Fund | 2,607,549 | - | - | 2,607,549 |
| Vanguard Growth Index | 225,929 | - | - | 225,929 |
| International Equity Funds | | | | |
| Blended Funds | | | | |
| Lazard Emerging Markets Equity Fund | 313,152 | - | - | 313,152 |
| Growth Funds | | | | |
| American Funds Europacific Growth Fund | 378,583 | - | - | 378,583 |
| Columbia Acorn International Fund | 274,301 | - | - | 274,301 |
| Fixed Income Funds | | | | |
| American Century Inflation Fund | 714,520 | - | - | 714,520 |
| Fidelity Advisors Strategic Income Fund | 1,445,436 | - | - | 1,445,436 |
| MFS Government Securities Fund | 639,816 | - | - | 639,816 |
| Templeton Global Bond Adv | 212,427 | - | - | 212,427 |
| Vanguard Convertible Securities Fund | 192,139 | - | - | 192,139 |
| Vanguard Total Bond Market Index Signal Fund | 2,657,981 | - | - | 2,657,981 |
| Other Funds | | | | |
| American Funds New Perspective Fund | 6,759,490 | - | - | 6,759,490 |
| Aberdeen Equity Fund | 187,284 | - | - | 187,284 |
| Cohen & Steers Realty Shares | 897,972 | - | - | 897,972 |
| Federated Institutional High Yield Bond Fund | 421,233 | - | - | 421,233 |
| | $ 46,595,467 | $ - | $ - | $ 46,595,467 |

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2013:

| | Fair Value | Unfunded Commitments | Redemption Frequency (if currently eligible) |
|---|---|---|---|
| Common collective trust (a) | $ 195,507 | N/A | Daily |

(a) The individual investments that make up this fund have the following investment strategy:

**Note 5 - Investment Contracts**

The Plan maintains common collective trusts investing in investment contracts issued by insurance companies (GICs), investment contracts issued by commercial banks (BICs), other investment contracts, and money market funds. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Fair value of the investment contract at December 31, 2013, approximates contract value. Contract value, as reported to the Plan by the Trustee, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on actual investment income from the underlying investments for the last month of the year, annualized and divided by the fair value of the investment portfolio on the report date. Such interest rates are viewed on a quarterly basis for resetting. The future crediting rate of the Fund will be impacted by the quarterly adjustment based on the book value of the contract, the market yield of the underlying assets, the fair value of the underlying assets, and the average duration of the underlying assets.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The average yields earned by the guaranteed investment contract are as follows:

| Average Yields | 2013 |
|---|---|
| Based on actual earnings | 1.69% |
| Based on interest rate credited to participants | 1.60% |

**Note 6 - Related Party Transactions and Party-In-Interest Transactions**

The Company paid for certain administrative expenses on behalf of the Plan totaling $-0- and $11,098 for the years ended December 31, 2013 and 2012, respectively. Certain Plan administrative functions are also performed by employees of the Company, who do not receive compensation from the Plan for such functions.

In addition, cash held in a money market fund, which is offered as an investment option of the Plan, is managed by Charles Schwab Trust Company, the Trustee of the Plan.

**Note 7 - 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 provisions of ERISA. Upon termination of the Plan, the participants will become 100% vested in their accounts.

**Note 8 - Tax Status**

The Internal Revenue Service (IRS) has ruled that the Prototype Non-Standardized Profit Sharing Plan adopted by the Plan on July 15, 2008, and updated on January 1, 2010, constitutes a qualified plan under Section 401(a) of the IRC and is, therefore, exempt from federal income taxes under the provisions of Section 501(a). The prototype plan has received an opinion letter dated May 23, 2008, from the IRS as to the prototype plan's qualified status. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Plan's management evaluates tax positions taken by the Plan and recognizes a tax liability or asset if an uncertain tax position was taken and it is more likely than not that the tax position would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions. The Plan is no longer subject to income tax examinations for Plan years prior to 2009.

**Note 9 - Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit. 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 statements of net assets available for benefits.

# Whiteman Osterman & Hanna LLP
# Profit Sharing and 401(k) Plan

Supplemental Schedule Required Under ERISA and
Department of Labor Regulations
Schedule H
December 31, 2013

**Line 4i - Schedule of Assets (Held at end of Year)**

| | (a) Identity of Party | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value | (d) Cost (1) | (e) Current Value |
|---|---|---|---|---|---|
| | | Aberdeen Equity Fund | Mutual Fund | | $ 313,716 |
| | | Allianz NFJ Small Cap Value | Mutual Fund | | 472,582 |
| | | American Century Inflation Fund | Mutual Fund | | 681,363 |
| | | American Century Mid Cap Value Fund | Mutual Fund | | 1,016,314 |
| | | American Funds Europacific Growth Fund | Mutual Fund | | 740,920 |
| | | American Funds Fundamental Investors | Mutual Fund | | 11,449,235 |
| | | American Funds Growth Fund of America | Mutual Fund | | 10,916,029 |
| | | American Funds New Perspective Fund | Mutual Fund | | 8,508,794 |
| | | Cohen & Steers Realty Shares | Mutual Fund | | 285,109 |
| | | Columbia Acorn Fund | Mutual Fund | | 991,533 |
| | | Columbia Acorn International Fund | Mutual Fund | | 252,332 |
| | | F Squared Alpha Sector US Equity | Mutual Fund | | 115,053 |
| | | Federated Institutional High Yield Bond Fund | Mutual Fund | | 489,446 |
| | | Fidelity Advisors Strategic Income Fund | Mutual Fund | | 486,340 |
| | | Lazard Emerging Markets Equity Fund | Mutual Fund | | 214,383 |
| | | Lord Abbott Value Fund | Mutual Fund | | 1,676,018 |
| | | MFS Government Securities Fund | Mutual Fund | | 807,480 |
| | | MFS Value Fund | Mutual Fund | | 586,208 |
| | | Templeton Global Bond Adv | Mutual Fund | | 326,304 |
| | | Vanguard 500 Index Fund | Mutual Fund | | 1,832,462 |
| | | Vanguard Convertible Securities Fund | Mutual Fund | | 804,274 |
| | | Vanguard Growth Index Fund | Mutual Fund | | 354,196 |
| | | Vanguard Small Cap Index Fund | Mutual Fund | | 592,006 |
| | | Vanguard Small Cap Growth Index | Mutual Fund | | 3,996,203 |
| | | Vanguard Total Bond Market Index Signal Fund | Mutual Fund | | 2,545,670 |
| | | EB Managed Guaranteed Investment Contract Fund | Common/Collective Trust Fund | | 195,507 |
| * | | Schwab Value Advantage Money Market Fund | Money Market Fund | | 7,315,226 |
| | | | | | 57,964,703 |
| * | | Participant Notes Receivable | 4.25% - 6.00% | | 383,567 |
| | | | | | $ 58,348,270 |

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

(1) Cost information may be omitted with respect to participant or beneficiary directed transactions under an individual account plan.

*See Independent Auditor's Report.*

**Whiteman Osterman & Hanna LLP Profit Sharing and 401(k) Plan**
**Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information**
**December 31, 2013**

**EIN: 14-1564599**
**Plan Number: 001**

| **Received by Charles Schwab & Co., Inc. (EIN#94-1737782)** | | |
|---|---|---|
| **Fund Family/Provider** | **EIN** | **Formula** |
| Aberdeen | 51-0368279 | Rate of 0.01% of average daily balance of asset(s) |
| Allianz Funds | 33-0457728 | Rate of 0.01% of average daily balance of asset(s) |
| American Century Investments | 43-0821857 | Range of 0.01 - 0.05% of average daily balance of assets |
| Cohen & Steers | 14-1904657 | Rate of 0.04% of average daily balance of asset(s) |
| Columbia | 93-0577450 | Range of 0.04 - 0.05% of average daily balance of assets |
| Fidelity Investments | 06-1194217 | Rate of 0.02% of average daily balance of asset(s) |
| Franklin Templeton Investments | 94-3167260 | Rate of 0.01% of average daily balance of asset(s) |
| Lazard | 20-4571006 | Rate of 0.01% of average daily balance of asset(s) |
| Lord Abbett | 13-3731507 | Rate of 0.04% of average daily balance of asset(s) |
| MFS | 04-3253929 | Rate of 0.04% of average daily balance of asset(s) |
| **Received by Charles Schwab Bank (EIN#42-1558009)** | | |
| **Fund Family/Provider** | **EIN** | **Formula** |
| Victory | 34-6542451 | Rate of 0.02% of average daily balance of asset(s) |

# Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR: Whiteman Osterman & Hanna LLP
NAME OF PLAN: Whiteman Osterman & Hanna LLP Profit Sharing and 401(k) Plan
EIN: 14-1564599
PLAN NUMBER: 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | PARTICIPANT LOANS | Loans (4.25% - 6.00%) | | 383,567 |
| * | SCHWAB VALUE ADVANTAGE INSTL | Money Market / Cash Equivalent | | 7,315,226 |
| | MAGIC FUND | Common Collective Trust Fund | | 195,507 |
| | ABERDEEN EQUITY LONG | Registered Investment Company | | 313,716 |
| | ALLIANZGI NFJ SMALL CAP VAL I | Registered Investment Company | | 472,582 |
| | AMER CENTURY INFLAT-ADJ BD A | Registered Investment Company | | 681,363 |
| | AMERCENT MIDCAP VALUE INSTL | Registered Investment Company | | 1,016,314 |
| | AMERICAN FUNDAMENTAL INVSTR R6 | Registered Investment Company | | 11,449,234 |
| | AMERICAN NEW PERSPECTIVE R6 | Registered Investment Company | | 8,508,794 |
| | COHEN & STEERS REALTY SHARES | Registered Investment Company | | 285,109 |
| | COLUMBIA ACORN A | Registered Investment Company | | 991,533 |
| | COLUMBIA ACORN INTL CL Z | Registered Investment Company | | 252,332 |
| | EUROPACIFIC GROWTH R6 | Registered Investment Company | | 740,920 |
| | F SQUAR ALPHA SECTOR US EQ I | Registered Investment Company | | 115,053 |
| | FEDERATED INSTL HI YLD BOND | Registered Investment Company | | 489,446 |
| | FIDELITY ADV STRAT INCOM CL I | Registered Investment Company | | 486,340 |
| | GROWTH FUND OF AMERICA R6 | Registered Investment Company | | 10,916,030 |
| | LAZARD EMERGING MARKETS INSTL | Registered Investment Company | | 214,383 |
| | LORD ABBETT FUNDAMENTAL EQT A | Registered Investment Company | | 1,676,018 |
| | MFS GOVT SECURITIES CL A | Registered Investment Company | | 807,480 |
| | MFS VALUE FUND CLASS A | Registered Investment Company | | 586,208 |
| | TEMPLETON GLOBAL BOND ADV | Registered Investment Company | | 326,304 |
| | VANGUARD 500 INDEX SIGNAL | Registered Investment Company | | 1,832,462 |
| | VANGUARD CONVERTIBLE SEC | Registered Investment Company | | 804,274 |
| | VANGUARD GROWTH INDEX SIGNAL | Registered Investment Company | | 354,196 |
| | VANGUARD SMALL CAP GRTH INDEX | Registered Investment Company | | 3,996,203 |
| | VANGUARD SMALL CAP IDX SIGNAL | Registered Investment Company | | 592,006 |
| | VANGUARD TTL BOND MKT IDX SIG | Registered Investment Company | | 2,545,670 |

* Party in interest