

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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  
 a single-employer plan;  a DFE (specify) \_\_\_\_\_
- B** This return/report is:  the first return/report;  the final return/report;  
 an amended return/report;  a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here. . . . .
- D** Check box if filing under:  Form 5558;  automatic extension;  the DFVC program;  
 special extension (enter description)

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

<b>1a</b> Name of plan <u>THE WOLF ORGANIZATION RETIREMENT PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
	<b>1c</b> Effective date of plan <u>12/31/1955</u>
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  <u>THE WOLF ORGANIZATION, INC.</u>  <u>P.O. BOX 1267</u> <u>YORK, PA 17405</u>  <u>20 WEST MARKET STREET</u> <u>YORK, PA 17405</u>	<b>2b</b> Employer Identification Number (EIN) <u>23-2437069</u>
	<b>2c</b> Sponsor's telephone number <u>717-852-4800</u>
	<b>2d</b> Business code (see instructions) <u>444190</u>

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

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

<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/10/2013</u>	<u>MICHAEL NEWSOME</u>
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/09/2013</u>	<u>DAVID CONFER</u>
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	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)

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address  THE WOLF ORGANIZATION, INC.  P.O. BOX 1267 YORK, PA 17405	<b>3b</b> Administrator's EIN 23-2437069  <b>3c</b> Administrator's telephone number 717-852-4800
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<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 226
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<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
<b>a</b> Active participants.....	<b>6a</b> 113
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b> 24
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b> 77
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b> 214
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b> 7
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b> 221
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b> 2

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A 1G 1I

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

**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

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

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

<b>A</b> Name of plan <u>THE WOLF ORGANIZATION RETIREMENT PLAN</u>		<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE WOLF ORGANIZATION, INC.</u>		<b>D</b> Employer Identification Number (EIN) <u>23-2437069</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....		<b>2a</b>	<u>4804344</u>
<b>b</b> Actuarial value .....		<b>2b</b>	<u>5064172</u>
<b>3</b> Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....		<b>3a</b>	<u>28</u> <u>4406064</u>
<b>b</b> For terminated vested participants .....		<b>3b</b>	<u>79</u> <u>2421327</u>
<b>c</b> For active participants:			
(1) Non-vested benefits .....		<b>3c(1)</b>	<u>3046</u>
(2) Vested benefits .....		<b>3c(2)</b>	<u>6719323</u>
(3) Total active .....		<b>3c(3)</b>	<u>119</u> <u>6722369</u>
<b>d</b> Total .....		<b>3d</b>	<u>226</u> <u>13549760</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....		<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....		<b>4b</b>	
<b>5</b> Effective interest rate .....		<b>5</b>	<u>7.17 %</u>
<b>6</b> Target normal cost .....		<b>6</b>	<u>163000</u>

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

<b>SIGN HERE</b>	Signature of actuary	<u>10/09/2013</u>
	<u>ABIGAIL S. FORTINO, A.S.A.</u>	Date
	Type or print name of actuary	<u>11-07221</u>
	<u>CONRAD SIEGEL ACTUARIES</u>	Most recent enrollment number
	Firm name	<u>717-652-5633</u>
	<u>P.O. BOX 5900, 501 CORPORATE CIRCLE</u> <u>HARRISBURG, PA 17110-0900</u>	Telephone number (including area code)
	Address of the firm	

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

<b>Part II Beginning of Year Carryover Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>0.36%</u> .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		37
	<b>b</b> Interest on (a) using prior year's effective interest rate of <u>6.41%</u> except as otherwise provided (see instructions) .....		2
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		39
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	37.37 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	37.37 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	29.44 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	37.37 %

<b>Part IV Contributions and Liquidity Shortfalls</b>							
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/15/2012	351712	0					
07/13/2012	351712	0					
10/15/2012	327291	0					
01/15/2013	327291	0					
			<b>Totals ▶</b>	<b>18(b)</b>	1358006	<b>18(c)</b>	0

<b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	1298192

<b>20</b> Quarterly contributions and liquidity shortfalls:			
<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52%
	<input type="checkbox"/> N/A, full yield curve used		
<b>b</b> Applicable month (enter code).....		<b>21b</b>	4
<b>22</b> Weighted average retirement age .....		<b>22</b>	65
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....		<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....		<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....		<b>30</b>	0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6) .....		<b>31a</b>	163000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....		<b>31b</b>	0
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	8485588	1135058	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....		<b>33</b>	0
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....		<b>34</b>	1298058
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....			
<b>36</b> Additional cash requirement (line 34 minus line 35).....		<b>36</b>	1298058
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		<b>37</b>	1298192
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....		<b>38a</b>	134
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....		<b>38b</b>	0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....		<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years.....		<b>40</b>	0

<b>Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)</b>			
<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:			
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input checked="" type="checkbox"/> 15 years		
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input checked="" type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011		
<b>42</b> Amount of acceleration adjustment .....		<b>42</b>	0
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....		<b>43</b>	0

**SCHEDULE C  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Service Provider Information**

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

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

OMB No. 1210-0110

**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

<b>A</b> Name of plan <u>THE WOLF ORGANIZATION RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>THE WOLF ORGANIZATION, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>23-2437069</u>	

**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

M&T BANK

16-0538020

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

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

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

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

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

MANUFACTURERS AND TRADERS TRUST CO.

16-1538020

(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?
21 52 28 62 50	NONE	21437	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CONRAD SIEGEL ACTUARIES

23-1669823

(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?
11 38 15 49 17 50	NONE	21375	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PARENTEBEARD LLC

23-2932984

(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	7000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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



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

<b>a</b> Name: PARENTEBEARD LLC	<b>b</b> EIN: 23-2932984
<b>c</b> Position: ACCOUNTANT	
<b>d</b> Address: 221 WEST PHILADELPHIA STREET YORK, PA 17401	<b>e</b> Telephone: 717-846-7000

Explanation: REORGANIZATION AT PARENTEBEARD

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**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**

<b>A</b> Name of plan <b>THE WOLF ORGANIZATION RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE WOLF ORGANIZATION, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>23-2437069</b>	

**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.

<b>Assets</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	546333	327291
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other.....	<b>1b(3)</b>	13799	1042
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	385947	2930257
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>	2753384	2198918
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other.....	<b>1c(3)(B)</b>	1115771	150693
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	0	0
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	0	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)	0	0
(2) Employer real property .....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e) .....	1f	4815234	5608201
<b>Liabilities</b>			
g Benefit claims payable .....	1g	0	0
h Operating payables .....	1h	0	0
i Acquisition indebtedness .....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	4815234	5608201

**Part II Income and Expense Statement**

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

Income		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1358006	
(B) Participants .....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions .....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		1358006
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	324	
(B) U.S. Government securities .....	2b(1)(B)	6965	
(C) Corporate debt instruments .....	2b(1)(C)	58755	
(D) Loans (other than to participants) .....	2b(1)(D)	0	
(E) Participant loans .....	2b(1)(E)	0	
(F) Other .....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		0
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....	2b(4)(A)	18887245	
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)	18942305	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other .....	2b(5)(B)	-532	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
<b>(6)</b> Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		0
<b>(7)</b> Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
<b>(8)</b> Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		0
<b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		0
<b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		0
<b>c</b> Other income.....	<b>2c</b>		0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1368458

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
<b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	415439	
<b>(2)</b> To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	0	
<b>(3)</b> Other .....	<b>2e(3)</b>	0	
<b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		415439
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		0
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		0
<b>h</b> Interest expense.....	<b>2h</b>		0
<b>i</b> Administrative expenses: <b>(1)</b> Professional fees .....	<b>2i(1)</b>	28375	
<b>(2)</b> Contract administrator fees .....	<b>2i(2)</b>	0	
<b>(3)</b> Investment advisory and management fees .....	<b>2i(3)</b>	21437	
<b>(4)</b> Other .....	<b>2i(4)</b>	110240	
<b>(5)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		160052
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		575491

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		792967
<b>l</b> Transfers of assets:			
<b>(1)</b> To this plan.....	<b>2l(1)</b>		
<b>(2)</b> From this plan .....	<b>2l(2)</b>		

**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: REINSEL KUNTZ LESHAR LLP

**(2)** EIN: 23-2108173

**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:

**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.).....

**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.).....

	Yes	No	Amount
<b>4a</b>		X	
<b>4b</b>		X	

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

**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)**

<b>6a</b> Name of trust	<b>6b</b> Trust's EIN



<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2012</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

<b>A</b> Name of plan <u>THE WOLF ORGANIZATION RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>THE WOLF ORGANIZATION, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>23-2437069</u>	

<b>Part I</b>	<b>Distributions</b>
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**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): 16-6265709

**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 2

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

**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

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

**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

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

**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

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

**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:

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

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

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

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....	<b>16b</b>	

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

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

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

**19** If the total number of participants is 1,000 or more, complete 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): \_\_\_\_\_

**The Wolf Organization  
Retirement Plan**

**Financial Statements and  
Supplemental Schedules**

**December 31, 2012 and 2011**

# **The Wolf Organization Retirement Plan**

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December 31, 2012 and 2011

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## Independent Auditor's Report

To the Plan Administrator and Participants  
The Wolf Organization Retirement Plan  
York, Pennsylvania

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Wolf Organization Retirement Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2012, 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 2012 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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified or provided by The Manufacturers and Traders Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the 2012 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 a certification from the trustee as of and for the year ended December 31, 2012, 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 2012 financial statements. Accordingly, we do not express an opinion on the 2012 financial statements.

## **Other Matter - Supplemental Schedules**

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of or for the year ended December 31, 2012, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are 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 schedules.

## **Other Matter - 2011 Financial Statements**

The financial statements of the Plan as of and for the year ended December 31, 2011, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated September 24, 2012, 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 2011 financial statements (b) the form and content of the information included in the 2011 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 ERISA.

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

The form and content of the information included in the 2012 financial statements and supplemental schedules, 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 ERISA.

*Reinsel Kintz Leshner LLP*

October 2, 2013  
York, Pennsylvania

# The Wolf Organization Retirement Plan

## Statement of Net Assets Available for Benefits

	December 31,	
	<u>2012</u>	<u>2011</u>
<b>Assets</b>		
<b>Investments, at Fair Value</b>		
Money market fund	\$ 2,930,257	\$ 385,947
U.S. government securities	2,198,918	2,753,384
Corporate bonds	<u>150,693</u>	<u>1,115,771</u>
	5,279,868	4,255,102
<b>Receivables</b>		
Employer contributions	327,291	546,333
Accrued interest and dividend income	<u>1,042</u>	<u>13,799</u>
<b>Net Assets Available for Benefits</b>	<u>\$ 5,608,201</u>	<u>\$ 4,815,234</u>



## The Wolf Organization Retirement Plan

### Statement of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2012	2011
<b>Additions</b>		
Investment income		
Net depreciation in fair value of investments	\$ (55,592)	\$ (85,764)
Interest and dividends	66,044	97,940
	10,452	12,176
Employer contributions	1,358,006	1,480,413
<b>Total Additions</b>	<b>1,368,458</b>	<b>1,492,589</b>
<b>Deductions</b>		
Benefits paid to participants	415,439	408,794
Administrative expenses	160,052	155,015
<b>Total Deductions</b>	<b>575,491</b>	<b>563,809</b>
<b>Net Increase</b>	<b>792,967</b>	<b>928,780</b>
<b>Net Assets Available for Benefits at Beginning of Year</b>	<b>4,815,234</b>	<b>3,886,454</b>
<b>Net Assets Available for Benefits at End of Year</b>	<b>\$ 5,608,201</b>	<b>\$ 4,815,234</b>

## **The Wolf Organization Retirement Plan**

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Notes to Financial Statements

December 31, 2012 and 2011

### **Note 1 - Description of Plan**

The following description of The Wolf Organization Retirement Plan (the Plan) provides only general information. Participants should refer to the plan agreement for more complete information.

#### **General**

The Plan is a noncontributory defined benefit pension plan covering substantially all full-time employees of The Wolf Organization, Inc. (Company). An employee became a participant in the Plan on the January 1 or July 1 immediately following the completion of three months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

As of December 31, 2007, the Plan sponsor adopted an amendment to the Plan which froze future benefit accruals and froze future participation in the Plan for employees hired after December 31, 2007.

#### **Pension Benefits**

Employees are eligible for normal retirement benefits at age sixty-five or the fifth anniversary of participation, if later. The Plan also has provisions for early retirement benefits. The normal retirement pension is payable monthly as long as the participant lives, with payments ceasing upon the participant's death. If the present value of the pension does not exceed \$1,000, a lump sum payment is automatic. Retirement benefits can also be paid in the form of a lump sum, joint and survivor annuity, or life annuity with certain period.

Upon termination of employment other than by retirement, disability, or death, a participant may elect to receive a lump sum payment equal to the present value of the pension, as soon as administratively possible after termination of employment. Effective March 31, 2010, a participant may no longer elect the lump sum payment option if the current value of their benefit exceeds \$5,000.

## **The Wolf Organization Retirement Plan**

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### Notes to Financial Statements

December 31, 2012 and 2011

#### **Note 1 - Description of Plan (continued)**

The amount of monthly pension is equal to 1/12th of the sum of:

1. 0.75% of average annual compensation for calendar years 1973, 1974, and 1975, plus 0.75% of average annual compensation for calendar years 1973, 1974, and 1975 in excess of \$6,600, all multiplied by the number of years of service from February 25, 1946 to December 31, 1975, plus
2. For years after December 31, 1975 through December 31, 1988
  - a. 1.0% of annual compensation, plus
  - b. 1.0% of annual compensation over \$15,300, plus
3. For years after December 31, 1988 through December 31, 2007
  - a. 1.85% of annual compensation

The Plan was amended on December 31, 2007 to freeze future benefit accruals.

#### **Death and Disability Benefits**

Participants are eligible for pre-retirement death benefits if death occurs after five years of credited service. The spouse will receive a benefit as though the participant retired on the date of death and elected a 50% qualified joint and survivor annuity. Participants are eligible for disability benefits if disability occurs while in the service of the employer. The participant will become fully vested as of the date of disability.

#### **Vesting**

A participant's retirement benefits vest upon completion of five years of service.

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

##### **Basis of Accounting**

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

##### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

# The Wolf Organization Retirement Plan

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Notes to Financial Statements

December 31, 2012 and 2011

## Note 2 - Summary of Significant Accounting Policies (continued)

### Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

### Payment of Benefits

Benefits are recorded when paid.

### Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

### Recent Accounting Pronouncements

In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs*, (ASU 2011-04). ASU 2011-04 amended ASC 820, *Fair Value Measurements and Disclosures*, to converge the fair value measurement guidance in GAAP and International Financial Reporting Standards (IFRSs). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. The adoption of ASU 2011-04 did not have a material impact on the Plan's financial statements.

In October 2012, the FASB issued ASU 2012-04, *Technical Corrections and Improvements*. The amendments in this update cover a wide range of topics in the Accounting Standards Codification, including plan accounting. These amendments include technical corrections and improvements to the Accounting Standards Codification and conforming amendments related to fair value measurements. The amendments in this update will generally be effective for fiscal periods beginning after December 15, 2013, except for amendments in this update where there was no transition guidance which were immediately effective upon issuance. The adoption of immediately effective amendments was not significant to the Plan's financial statements. The adoption of ASU 2012-04 is not expected to have a material impact on the Plan's financial statements in future periods.

## The Wolf Organization Retirement Plan

Notes to Financial Statements

December 31, 2012 and 2011

### Note 3 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions under \$5,000 effective March 31, 2010, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits presented below is based on actuarial valuations as of January 1, 2012 and 2011 prepared by an actuary from Conrad Siegel Actuaries. The actuarial present value of accumulated plan benefits is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of January 1, 2012 and 2011 is as follows:

	<u>2012</u>	<u>2011</u>
<b>Vested Benefits</b>		
Retired participants and beneficiaries	\$ 4,269,534	\$ 4,334,587
Other participants	<u>8,313,318</u>	<u>7,739,688</u>
<b>Total Vested Benefits</b>	<b>12,582,852</b>	12,074,275
Nonvested benefits	<u>2,769</u>	<u>14,086</u>
<b>Total Actuarial Present Value of Accumulated Plan Benefits</b>	<b><u>\$ 12,585,621</u></b>	<b><u>\$ 12,088,361</u></b>

## The Wolf Organization Retirement Plan

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### Notes to Financial Statements

December 31, 2012 and 2011

#### Note 3 - Actuarial Present Value of Accumulated Plan Benefits (continued)

The changes in the actuarial present value of the accumulated plan benefits for the year ended December 31, 2011 are summarized as follows:

<b>Actuarial Present Value of Accumulated Plan Benefits, at Beginning of Year</b>	<u>\$ 12,088,361</u>
Increase (decrease) during the year attributable to	
Change in actuarial assumptions	20,481
Change in actuarial estimates	(34,113)
Increase for interest	919,686
Benefits paid	<u>(408,794)</u>
<b>Net Increase</b>	<u>497,260</u>
<b>Actuarial Present Value of Accumulated Plan Benefits, at End of Year</b>	<u><u>\$ 12,585,621</u></u>

Significant actuarial assumptions underlying the actuarial computations as of January 1, 2012 and 2011 are:

- a) Mortality - IRS 2012 Static Table, as of January 1, 2012. IRS 2011 Static Table as of January 1, 2011.
- b) Retirement age - Assumed to be normal retirement age (age sixty-five) as of January 1, 2012 and 2011.
- c) Discount rate - 7.75% as of January 1, 2012 and 2011.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

## The Wolf Organization Retirement Plan

### Notes to Financial Statements

December 31, 2012 and 2011

#### Note 4 - Information Certified and Provided by The Manufacturers and Traders Trust Company

The following is a summary of the Plan's asset information as of December 31, 2012 and 2011, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules that was prepared by or derived from information provided by the trustee and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that information provided to the plan administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets. Investments that represent 5% or more of the Plan's net assets at December 31, 2012 and 2011 are separately identified:

	<u>2012</u>	<u>2011</u>
<b>Investments at Fair Value</b>		
Money market funds		
Wilmington Prime Money Market CL SLCT	\$ 2,930,257	\$ -
MTB Money Market-Inst I-Fund #420	<u>-</u>	<u>385,947</u>
	<u>2,930,257</u>	<u>385,947</u>
U.S. government securities		
Federal Home Loan Bank Z-CPN 3/26/13	1,199,508	-
Federal Home Loan Bank Z-CPN 3/26/13	999,410	-
Huntington National FDIC 0.73564% 6/1/12	-	1,002,690
John Deere Cap FDIC 2.875% 6/19/12	-	506,485
Goldman Sachs FDIC 3.250% 6/15/12	-	454,371
General Electric Cap-FDIC 0.22244% 5/8/12	-	400,532
Other	-	389,306
	<u>2,198,918</u>	<u>2,753,384</u>
Corporate bonds		
Other	<u>150,693</u>	<u>1,115,771</u>
	<u>\$ 5,279,868</u>	<u>\$ 4,255,102</u>
<b>Accrued Interest and Dividend Income</b>	<u>\$ 1,042</u>	<u>\$ 13,799</u>

## The Wolf Organization Retirement Plan

Notes to Financial Statements

December 31, 2012 and 2011

### Note 4 - Information Certified and Provided by The Manufacturers and Traders Trust Company (continued)

The Manufacturers and Traders Trust Company also certified to the completeness and accuracy of (\$55,592) and (\$85,764) of net depreciation in fair value of investments and \$66,044 and \$97,940 of interest and dividend income related to the aforementioned assets for the years ended December 31, 2012 and 2011, respectively. During the years ended December 31, 2012 and 2011, the Plan's investments (including investments bought and sold, as well as held during the year) depreciated in value by (\$55,592) and (\$85,764), respectively, as follows:

	<u>2012</u>	<u>2011</u>
Corporate bonds	\$ (33,683)	\$ (37,534)
U.S. government securities	<u>(21,909)</u>	<u>(48,230)</u>
	<u>\$ (55,592)</u>	<u>\$ (85,764)</u>

### Note 5 - Fair Value Measurements

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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



## The Wolf Organization Retirement Plan

### Notes to Financial Statements

December 31, 2012 and 2011

#### Note 5 - Fair Value Measurements (continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2012 and 2011.

The money market funds are valued at the net asset value of shares held by the Plan at year-end.

Corporate bonds are valued based on quoted values of the bonds held by the Plan at year-end, or are valued at the closing price reported in the active market on which the bonds are traded.

U.S. government securities are valued based on yields currently available on comparable securities of issuers with similar credit ratings since quoted market prices in an active market are not available.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011.

	Fair Value Measurements at December 31, 2012			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
<b>Money Market Fund</b>	\$ 2,930,257	\$ -	\$ -	\$ 2,930,257
<b>U.S. Government Securities</b>	-	2,198,918	-	2,198,918
<b>Corporate Bond</b> A credit rating	150,693	-	-	150,693
	<u>\$ 3,080,950</u>	<u>\$ 2,198,918</u>	<u>\$ -</u>	<u>\$ 5,279,868</u>

## The Wolf Organization Retirement Plan

### Notes to Financial Statements

December 31, 2012 and 2011

#### Note 5 - Fair Value Measurements (continued)

	Fair Value Measurements at December 31, 2011			Total
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
<b>Money Market Fund</b>	\$ 385,947	\$ -	\$ -	\$ 385,947
<b>U.S. Government Securities</b>	-	2,753,384	-	2,753,384
<b>Corporate Bonds</b>				
A credit rating	660,305	-	-	660,305
AA credit rating	100,342	-	-	100,342
Aa credit rating	355,124	-	-	355,124
<b>Total Corporate Bonds</b>	1,115,771	-	-	1,115,771
	<u>\$ 1,501,718</u>	<u>\$ 2,753,384</u>	<u>\$ -</u>	<u>\$ 4,255,102</u>

#### Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers, if any, between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2012 and 2011, there were no transfers in or out of Levels 1 or 2.

#### Note 6 - Funding Policy

The Company's funding policy is to make annual contributions to the Plan as determined by the Plan's independent actuary in amounts necessary to provide the Plan with assets sufficient to fund participants' benefits by the time they retire. No participant contributions are permitted. The minimum funding requirements of ERISA were met for 2012 and 2011.

Company contributions to the Plan are made in amounts as determined by the Company. Such amounts are based upon an annual valuation by Conrad Siegel Actuaries to determine the contributions necessary to maintain the Plan on a sound actuarial basis. The Plan is 31.30% and 29.44% funded as of January 1, 2012 and 2011, respectively.

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

## **The Wolf Organization Retirement Plan**

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### Notes to Financial Statements

December 31, 2012 and 2011

#### **Note 7 - Tax Status**

The Internal Revenue Service has determined and informed the Company by a letter dated January 5, 2011, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified and the related trust is exempt from taxation.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. Federal, state, or local tax authorities for years before 2009.

#### **Note 8 - Plan Termination**

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation, (PBGC), (a U.S. Government agency), up to the applicable limitations (discussed subsequently).
- c. All other vested benefits (that is, vested benefits not insured by PBGC.)
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

## **The Wolf Organization Retirement Plan**

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Notes to Financial Statements

December 31, 2012 and 2011

### **Note 9 - Risks and Uncertainties**

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

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

### **Note 10 - Related Party Transactions**

Certain plan investments are shares of money market funds managed by Manufacturers and Traders Trust Company. Manufacturers and Traders Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

### **Note 11 - Subsequent Events**

Plan management has evaluated subsequent events through October 2, 2013. This date is the date the financial statements were available to be issued. No material events subsequent to December 31, 2012 were noted.

## The Wolf Organization Retirement Plan

EIN #23-2437069 Plan #001

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

December 31, 2012

(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
	<b>Money Market Fund</b>			
*	Wilmington Prime Money Market CL SLCT	2,930,257 shs.	\$ 2,930,257	\$ 2,930,257
	<b>U.S. Government Securities</b>			
	Federal Home Loan Bank Z-CPN 3/26/13	1,200,000 shs.	1,199,508	1,199,508
	Federal Home Loan Bank Z-CPN 3/26/13	1,000,000 shs.	999,410	999,410
			2,198,918	2,198,918
	<b>Corporate Bond</b>			
	Anheuser-Busch 2.500% 3/26/13	150,000 shs.	151,226	150,693
	<b>Total Assets (Held at End of Year)</b>		<u>\$ 5,280,401</u>	<u>\$ 5,279,868</u>

This schedule was derived from data certified by The Manufacturers and Traders Trust Company.

\* Represents a party-in-interest.

**The Wolf Organization Retirement Plan**

EIN #23-2437069 Plan #001

Schedule H, Line 4j - Schedule of Reportable Transactions  
Year Ended December 31, 2012

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	<b>Single Transactions</b>							
	Citibank NA V-Q 0.4669% 11/15/12	\$ 1,501,646	\$ -	\$ -	\$ -	\$ 1,501,646	\$ 1,501,646	\$ -
	Citibank NA V-Q 0.44053% 11/15/12	-	1,500,000	-	-	1,501,646	1,500,000	(1,646)
	John Deere Cap FDIC 2.875% 6/19/12	-	500,000	-	-	506,485	500,000	(6,485)
	Federal Home Loan Bank Z-CPN 12/21/12	999,178	-	-	-	999,178	999,178	-
	Federal Home Loan Bank Z-CPN 12/21/12	-	999,178	-	-	999,178	999,178	-
	Federal Home Loan Bank Disc Nt 6/25/12	279,899	-	-	-	279,899	279,899	-
	Federal Home Loan Bank Z-CPN 6/25/12	-	279,899	-	-	279,899	279,899	-
	Federal Home Loan Bank Z-CPN 3/26/13	1,199,508	-	-	-	1,199,508	1,199,508	-
	Federal Home Loan Bank Z-CPN 6/26/12	999,410	-	-	-	999,410	999,410	-
	Federal Home Loan Bank Z-CPN 3/26/12	249,918	-	-	-	249,918	249,918	-
	Federal National Mortgage Association Disc Nt 6/27/12	-	249,918	-	-	249,918	249,918	-
	Federal National Mortgage Association Z-CPN 6/27/12	-	-	-	-	-	-	-
	Federal National Mortgage Association 0.5% 10/30/12	375,326	-	-	-	375,326	375,326	-
	Federal National Mortgage Assn 0.5% 10/30/12	-	375,000	-	-	375,326	375,000	(326)
	Federal National Mortgage Assn 0.5% 10/30/12	740,666	-	-	-	740,666	740,666	-
	Federal National Mortgage Assn 0.5% 10/30/12	-	740,000	-	-	740,666	740,000	(666)
	Federal National Mortgage Assn 0.5% 10/30/12	-	400,000	-	-	400,532	400,000	(532)
	General Electric Cap-FDIC 0.22244% 5/08/12	-	448,000	-	-	454,371	448,000	(6,371)
	Goldman Sachs FDIC 3.250% 6/15/12	-	1,000,000	-	-	1,002,690	1,000,000	(2,690)
*	Huntington National FDIC 0.73564% 6/01/12	-	-	-	-	-	-	-
*	MTB Money Market Inst I-FD #420	311,360	-	-	-	311,360	311,360	-
*	MTB Money Market Inst I-FD #420	-	662,397	-	-	662,397	662,397	-
*	MTB Money Market-Fund Select Shares	662,397	-	-	-	662,397	662,397	-
*	MTB Money Market-Fund Select Shares	-	249,918	-	-	249,918	249,918	-
*	MTB Money Market-Fund Select Shares	-	279,899	-	-	279,899	279,899	-
*	MTB Money Market-Fund Select Shares	275,054	-	-	-	275,054	275,054	-
*	MTB Money Market-Fund Select Shares	-	575,672	-	-	575,672	575,672	-
*	Wilmington Prime Money Market CL SLCT	575,672	-	-	-	575,672	575,672	-
*	Wilmington Prime Money Market CL SLCT	-	254,908	-	-	254,908	254,908	-
*	Wilmington Prime Money Market CL SLCT	-	-	-	-	-	-	-
*	Wilmington Prime Money Market CL SLCT	351,712	-	-	-	351,712	351,712	-
*	Wilmington Prime Money Market CL SLCT	400,000	-	-	-	400,000	400,000	-
*	Wilmington Prime Money Market CL SLCT	964,577	-	-	-	964,577	964,577	-
*	Wilmington Prime Money Market CL SLCT	390,234	-	-	-	390,234	390,234	-
*	Wilmington Prime Money Market CL SLCT	797,105	-	-	-	797,105	797,105	-
*	Wilmington Prime Money Market CL SLCT	507,188	-	-	-	507,188	507,188	-
*	Wilmington Prime Money Market CL SLCT	-	1,502,385	-	-	1,502,385	1,502,385	-
*	Wilmington Prime Money Market CL SLCT	274,592	-	-	-	274,592	274,592	-
*	Wilmington Prime Money Market CL SLCT	250,000	-	-	-	250,000	250,000	-
*	Wilmington Prime Money Market CL SLCT	-	999,178	-	-	999,178	999,178	-
*	Wilmington Prime Money Market CL SLCT	-	-	-	-	-	-	-
*	Wilmington Prime Money Market CL SLCT	351,712	-	-	-	351,712	351,712	-
*	Wilmington Prime Money Market CL SLCT	-	1,117,386	-	-	1,117,386	1,117,386	-

**The Wolf Organization Retirement Plan**

EIN #23-2437069 Plan #001  
 Schedule H, Line 4j - Schedule of Reportable Transactions (continued)  
 Year Ended December 31, 2012

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<b>Single Transactions (continued)</b>								
*	Wilmington Prime Money Market CL SLCT	234,973	-	-	-	234,973	234,973	-
*	Wilmington Prime Money Market CL SLCT	327,291	-	-	-	327,291	327,291	-
*	Wilmington Prime Money Market CL SLCT	1,117,788	-	-	-	1,117,788	1,117,788	-
*	Wilmington Prime Money Market CL SLCT	-	999,410	-	-	999,410	999,410	-
*	Wilmington Prime Money Market CL SLCT	1,500,000	-	-	-	1,500,000	1,500,000	-
*	Wilmington Prime Money Market CL SLCT	-	1,199,508	-	-	1,199,508	1,199,508	-
*	Wilmington Prime Money Market CL SLCT	356,325	-	-	-	356,325	356,325	-
*	Wilmington Prime Money Market CL SLCT	999,980	-	-	-	999,980	999,980	-
		<u>154,185</u>	-	-	-	<u>154,185</u>	<u>154,185</u>	-
	Abbott Laboratories 5.15% 11/30/12	(1)	-	-	-	-	-	-
		<u>154,185</u>	-	-	-	<u>154,185</u>	<u>150,000</u>	<u>(4,185)</u>
	Abbott Laboratories 5.15% 11/30/12	-	150,000	-	-	-	-	-
		(1)	-	-	-	-	-	-
	BlackRock Inc. 2.25% 12/10/12	151,664	-	-	-	151,664	151,664	-
		(1)	-	-	-	-	-	-
	BlackRock Inc. 2.25% 12/10/12	-	150,000	-	-	-	-	-
		(1)	-	-	-	-	-	-
		<u>151,565</u>	-	-	-	<u>151,565</u>	<u>151,565</u>	-
	Caterpillar Financial 1.9% 12/17/12	(1)	-	-	-	-	-	-
		<u>151,565</u>	-	-	-	<u>151,565</u>	<u>151,565</u>	-
	Caterpillar Financial 1.9% 12/17/12	-	150,000	-	-	-	-	-
		(1)	-	-	-	-	-	-
		<u>152,019</u>	-	-	-	<u>152,019</u>	<u>152,019</u>	-
	General Electric Cap Mtn 5.25% 10/19/12	(1)	-	-	-	-	-	-
		<u>152,019</u>	-	-	-	<u>152,019</u>	<u>152,019</u>	-
	General Electric Cap Mtn 5.25% 10/19/12	-	150,000	-	-	-	-	-
		(3)	-	-	-	-	-	-
		<u>311,380</u>	(1)	-	-	<u>311,380</u>	<u>311,380</u>	-
	MTB Money Market-Inst I-Fd #420	(3)	-	-	-	-	-	-

**The Wolf Organization Retirement Plan**

EIN #23-2437069 Plan #001

Schedule H, Line 4j - Schedule of Reportable Transactions (continued)

Year Ended December 31, 2012

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<b>Series Transactions (continued)</b>								
*	MTB Money Market-Inst I-Fd #420	-	<u>697,327</u> (3)	-	-	<u>697,327</u>	<u>697,327</u>	-
*	MTB Money Market-Fund Select Shares	<u>1,111,765</u> (10)	-	-	-	<u>1,111,765</u>	<u>1,111,765</u>	-
*	MTB Money Market-Fund Select Shares	-	<u>1,111,765</u> (6)	-	-	<u>1,111,765</u>	<u>1,111,765</u>	-
	Principal Life Mtn 5.3% 12/14/12	<u>152,550</u> (1)	-	-	-	<u>152,550</u>	<u>152,550</u>	-
	Principal Life Mtn 5.3% 12/14/12	-	<u>150,000</u> (1)	-	-	<u>152,550</u>	<u>150,000</u>	<u>(2,550)</u>
*	Wilmington Prime Money Market CL SLCT	<u>10,676,460</u> (43)	-	-	-	<u>10,676,460</u>	<u>10,676,460</u>	-
*	Wilmington Prime Money Market CL SLCT	-	<u>7,746,203</u> (32)	-	-	<u>7,746,203</u>	<u>7,746,203</u>	-

This schedule was derived from data certified by The Manufacturers and Traders Trust Company.

\* Represents a party-in-interest.



**THE WOLF ORGANIZATION RETIREMENT PLAN**  
**DISTRIBUTION OF ACTIVE MEMBERS BY AGE & SERVICE AS OF 01/01/2012**

Attained Age	Years of Credited Service to Date											Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total	
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	1	1	0	0	0	0	0	0	0	0	2
30-34	1	6	3	1	0	0	0	0	0	0	0	11
35-39	0	6	5	4	0	0	0	0	0	0	0	15
40-44	0	3	4	8	1	0	0	0	0	0	0	16
45-49	2	3	5	5	4	1	2	0	0	0	0	22
50-54	0	2	6	4	0	2	1	0	0	0	0	15
55-59	0	4	5	6	3	4	2	1	0	0	0	25
60-64	0	2	2	4	0	1	1	0	0	0	0	10
65-69	1	0	0	0	1	0	0	1	0	0	0	3
70+	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>4</b>	<b>27</b>	<b>31</b>	<b>32</b>	<b>9</b>	<b>8</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>119</b>

Average Age: 47.7 Years    Average Service to Date: 10.5 Years

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

Name of Plan: The Wolf Organization Retirement Plan  
EIN: 23-2437069  
PN: 001  
Plan Year: 1/1/2012 - 12/31/2012

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**Interest Rates**

	<u>MAP-21</u>	<u>Pre MAP-21</u>
First Segment (1 to 60 months):	5.54%	2.06%
Second Segment (61 to 240 months):	6.85%	5.25%
Third Segment (Beyond 240 months):	7.52%	6.32%

(Results in an Effective Interest Rate of 7.17% under MAP-21)

**Salary**

Not Applicable

**Withdrawal**

Table D-5: Rates of withdrawal at selected ages:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
20	8.0000%	35	6.5000%	50	2.5000%
25	8.0000%	40	5.0000%	55	1.0000%
30	7.0000%	45	4.0000%	60	0.0000%

**Mortality**

IRS 2012 Static Table

Incorporated into the table are rates for annuitants projected 7 years and rates for non-annuitants projected 15 years using Scale AA to reflect mortality improvement.

**Disability**

No disability was assumed.

**Retirement**

Normal Retirement Age, or age on valuation date, if greater.

## Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Name of Plan: The Wolf Organization Retirement Plan

EIN: 23-2437069

PN: 001

Plan Year: 1/1/2012 - 12/31/2012

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### **Preretirement Death Benefit**

Liabilities computed on the assumption that all participants will have spouses of the same age at the date of eligibility for the benefit.

### **Lump Sum Distributions**

100% assumed to elect a lump sum distribution valued using the IRS 2012 Applicable Mortality Table.

### **Expenses**

Plan-related expenses expected to be paid from plan assets during the plan year.

### **Actuarial Value of Assets**

Average of the Adjusted Market Values as of the valuation date and the 2 preceding valuation dates. The averaging is adjusted for contributions, distributions and expected earnings, using an assumed interest rate of 7.75% (but not in excess of the applicable third segment rate for that year). The resulting value may not be less than 90% nor more than 110% of the Adjusted Market Value of Assets.

**Schedule H, line 4j – Schedule of Reportable Transactions**

Plan Name: The Wolf Organization Retirement Plan  
Employer I.D. #: 23-2437069  
Plan Number: 001

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
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Schedule of Reportable Transactions is contained in the attached audit report.

SB Actuary Signature  
The Wolf Organization Retirement Plan  
EIN: 23-2437069  
Plan Number: 001

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2012</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

<b>A</b> Name of plan THE WOLF ORGANIZATION RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE WOLF ORGANIZATION, INC.	<b>D</b> Employer Identification Number (EIN) 23-2437069	

**E** Type of plan:  Single  Multiple-A  Multiple-B  Other **F** Prior year plan size:  100 or fewer  101-500  More than 500

Part I	Basic Information		
<b>1</b>	Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2012</u>	
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	4804344
	<b>b</b> Actuarial value .....	<b>2b</b>	5064172
<b>3</b>	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment.....	<b>3a</b>	4406064
	<b>b</b> For terminated vested participants.....	<b>3b</b>	2421327
	<b>c</b> For active participants:		
	(1) Non-vested benefits .....	<b>3c(1)</b>	3046
	(2) Vested benefits .....	<b>3c(2)</b>	6719323
	(3) Total active.....	<b>3c(3)</b>	6722369
	<b>d</b> Total.....	<b>3d</b>	13549760
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	7.17%
<b>6</b>	Target normal cost .....	<b>6</b>	163000

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

<table style="width:100%;"> <tr> <td style="width:15%; text-align: center; vertical-align: top;"><b>SIGN HERE</b></td> <td style="width:45%; text-align: center; vertical-align: top;"> </td> <td style="width:40%; text-align: center; vertical-align: top;"> </td> </tr> <tr> <td></td> <td style="text-align: center;">Signature of actuary</td> <td style="text-align: center;">Date</td> </tr> <tr> <td></td> <td style="text-align: center;">Abigail S. Fortino, A.S.A.</td> <td style="text-align: center;">1107221</td> </tr> <tr> <td></td> <td style="text-align: center;">Type or print name of actuary</td> <td style="text-align: center;">Most recent enrollment number</td> </tr> <tr> <td></td> <td style="text-align: center;">Conrad Siegel Actuaries</td> <td style="text-align: center;">717-652-5633</td> </tr> <tr> <td></td> <td style="text-align: center;">Firm name</td> <td style="text-align: center;">Telephone number (including area code)</td> </tr> <tr> <td></td> <td style="text-align: center;">P.O. Box 5900, 501 Corporate Circle</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Harrisburg PA 17110-0900</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Address of the firm</td> <td></td> </tr> </table>	<b>SIGN HERE</b>				Signature of actuary	Date		Abigail S. Fortino, A.S.A.	1107221		Type or print name of actuary	Most recent enrollment number		Conrad Siegel Actuaries	717-652-5633		Firm name	Telephone number (including area code)		P.O. Box 5900, 501 Corporate Circle			Harrisburg PA 17110-0900			Address of the firm		
<b>SIGN HERE</b>																												
	Signature of actuary	Date																										
	Abigail S. Fortino, A.S.A.	1107221																										
	Type or print name of actuary	Most recent enrollment number																										
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	Firm name	Telephone number (including area code)																										
	P.O. Box 5900, 501 Corporate Circle																											
	Harrisburg PA 17110-0900																											
	Address of the firm																											

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

<b>Part II</b>	<b>Beginning of Year Carryover Prefunding Balances</b>	
	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b> Interest on line 9 using prior year's actual return of <u>0.36%</u> .....	0	0
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		37
<b>b</b> Interest on (a) using prior year's effective interest rate of <u>6.41%</u> except as otherwise provided (see instructions).....		2
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		39
<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b> Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	0

<b>Part III</b>	<b>Funding Percentages</b>	
<b>14</b> Funding target attainment percentage.....	<b>14</b>	37.37%
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	37.37%
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	29.44%
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	37.37%

<b>Part IV Contributions and liquidity shortfalls</b>					
<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2012	351712	0			
07/13/2012	351712	0			
10/15/2012	327291	0			
01/15/2013	327291	0			
<b>Totals ▶</b>			<b>18(b)</b>	1358006	<b>18(c)</b>
					0

<b>19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:</b>	
<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b> 0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 1298192

**20 Quarterly contributions and liquidity shortfalls:**

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

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

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

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

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52%	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 65

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment .....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment .....  Yes  No

**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment .....  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment ..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6).....	<b>31a</b>	163000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment.....	8485588	1135058
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33** 0

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	<b>34</b>	1298058
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement.....		0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	1298058
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	1298192

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	134
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

**41** If an election was made to use PRA 2010 funding relief for this plan:

**a** Schedule elected .....  2 plus 7 years  15 years

**b** Eligible plan year(s) for which the election in line 41a was made .....  2008  2009  2010  2011

<b>42</b> Amount of acceleration adjustment .....	<b>42</b>	0
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>	0



**Schedule SB, line 19 - Discounted Employer Contributions**

Name of Plan: The Wolf Organization Retirement Plan

EIN: 23-2437069

PN: 001

Plan Year: 1/1/2012 - 12/31/2012

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Effective Interest Rate: 7.17%  
Late Quarterly Interest Rate: 12.17%

<b>Contribution Date</b>	<b>Applicable Plan Year</b>	<b>Contribution Amount</b>	<b>Interest Adjusted Contribution</b>
4/15/2012	2012	351,712	344,775
7/13/2012	2012	351,712	339,003
10/15/2012	2012	327,291	309,888
1/15/2013	2012	327,291	304,526

Total

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1,358,006

1,298,192

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**Schedule SB, line 22 - Description of Weighted Average Retirement Age**

Name of Plan: The Wolf Organization Retirement Plan

EIN: 23-2437069

PN: 001

Plan Year: 1/1/2012 - 12/31/2012

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The description of weighted average retirement age is contained in the first page of the attached Schedule SB, Part V - Statement of Actuarial Assumptions/ Methods.

**Schedule H, line 4i – Schedule of Assets (Acquired and Disposed of Within Year)**

Plan Name: The Wolf Organization Retirement Plan  
Employer I.D. #: 23-2437069  
Plan Number: 001

<u>(a) Identity of issue, borrower, lessor, or similar party</u>	<u>(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>(c) Costs of acquisitions</u>	<u>(d) Proceeds of dispositions</u>
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Schedule of Assets (Acquired and Disposed of Within Year) is contained in the attached audit report.

Schedule SB, Part V - Summary of Plan Provisions  
The Wolf Organization Retirement Plan  
EIN: 23-2437069  
Plan Number: 001

The Wolf Organization Retirement Plan  
Actuarial Valuation as of January 1, 2012  
**Summary of Plan Provisions**

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### **Eligibility**

An employee becomes a participant in the Plan on the January 1 or July 1 after the completion of three months of service. Employees hired between May 1, 2007, and December 31, 2007, shall participate on December 31, 2007. No participants shall participate after December 31, 2007.

### **Retirement Benefits**

#### Normal Retirement

A participant is eligible for normal retirement after attainment of age 65, or the fifth anniversary of participation, if later.

The normal retirement pension is payable monthly as long as the participant lives, with payments ceasing upon the participant's death.

The amount of monthly pension is equal to 1/12th of the sum of:

- 0.75% of prior compensation, plus 0.75% of prior compensation in excess of \$6,600, all multiplied by the number of years of service from February 25, 1946, to December 31, 1975, plus
- For years after December 31, 1975,  
1.0% of annual compensation, plus  
1.0% of annual compensation over \$15,300, plus
- For years after December 31, 1988,  
1.85% of annual compensation.

A pension credit is given in the first and final plan year of employment if the employee is working at a rate of 1,000 or more hours during such period. No pension credits are accrued after December 31, 2007.

Compensation in any year is limited to the amount permitted in IRC Section 401(a)(17).

#### Late Retirement

If a participant continues working after his normal retirement date, his pension would not start until he actually retires, subject to minimum distribution rules at age 70 1/2 or later. The late retirement benefit is the greater of the pension accrued to the late retirement date or the actuarial equivalent of the normal retirement benefit.

The Wolf Organization Retirement Plan  
Actuarial Valuation as of January 1, 2012  
**Summary of Plan Provisions**

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Early Retirement

A participant is eligible for early retirement after attainment of age 55 and completion of five years of service, or the fifth anniversary of participation, if later. The early retirement benefit is the benefit accrued to the date of early retirement, reduced 5/9 of 1% for each of the first 60 months early and 5/18 of 1% for each month early in excess of 60 months.

Accrued Pension

The benefit accrued at any date other than the normal retirement date is determined according to the normal retirement benefit formula, but based upon compensation and service to date. The accrued pension is frozen as of December 31, 2007.

Death Benefits

The death benefit for a vested participant is a 50% survivor pension for his spouse. Payment of the survivor benefit would begin on the date on which the participant would first have been eligible for retirement. The amount of survivor benefit would be the 50% survivor benefit payable under a joint and 50% survivor pension option, based upon the pension accrued to the date of death and reduced for early commencement of benefits, if applicable.

Vesting

A participant's benefits vest upon completion of five years of service. The vested benefit is a deferred pension beginning at normal retirement equal to the benefit accrued to the date of termination.

Payment Options

Upon retirement, a participant's monthly pension will be paid in one of the options listed below. The amount of pension would be actuarially adjusted for each option:

- Lifetime Pension – A monthly pension payable with payments ceasing upon death.
- Joint and Survivor Pension – A monthly pension payable for life. Upon death, if the survivor annuitant is still living, payments will continue during the survivor annuitant's lifetime. Pension payments to the survivor annuitant could be 100%, 75%, 66 2/3%, or 50% of the amount payable to the participant. The participant elects the percentage to be continued to the survivor.

If the participant is married at retirement, the automatic pension option will be a joint and 50% survivor pension with the spouse named as survivor annuitant. The pension will be paid in this form, unless the participant elects another option with the spouse's written consent.

The Wolf Organization Retirement Plan  
Actuarial Valuation as of January 1, 2012  
**Summary of Plan Provisions**

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- Lifetime Pension with Certain Period – A monthly pension payable for life. Upon death, payments will continue to the beneficiary for the remainder of the certain period, if the participant dies before a specified number of monthly payments (60, 120, or 180) have been made. If the participant lives beyond the certain period, payments will continue for life.
- Lump Sum Payment – The present value of the monthly pension will be paid to the participant in a lump sum.

If the present value of the monthly pension does not exceed \$5,000, a lump sum payment is automatic.

Upon termination of employment other than by retirement, disability, or death, a participant may elect to receive a lump sum payment equal to the present value of the monthly pension, as soon as administratively possible after termination of employment.

Actuarial Equivalence

Monthly Retirement Benefits: Actuarial equivalence is determined on the basis of tabular factors incorporated into the Plan.

Lump Sum is determined on the basis of stated actuarial assumptions:

Mortality table: The Code section 417 mortality table

Interest rate: The Code section 417 interest rates

Code Section 417 Mortality Table

The Code section 417 mortality table is the Applicable Mortality Table released annually by the Internal Revenue Service.

Code Section 417 Interest Rates

The Code section 417 interest rates are the Segment Rates for the second month preceding the first day of the plan year that contains the annuity starting date.

Contributions

The employer pays the full cost of the Plan. Employee contributions are not required.

Changes in Principal Plan Benefit Provisions

None

Significant Events

None

**Schedule H, line 4i – Schedule of Assets (Held At End of Year)**

Plan Name: The Wolf Organization Retirement Plan  
Employer I.D. #: 23-2437069  
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
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Schedule of Assets (Held At End of Year) is contained in the attached audit report.



**Schedule SB, line 32 - Schedule of Amortization Bases**

Name of Plan: The Wolf Organization Retirement Plan

EIN: 23-2437069

PN: 001

Plan Year: 1/1/2012 - 12/31/2012

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<b>Type of Base (shortfall or Waiver)</b>	<b>Initial Date</b>	<b>Amortization Base</b>	<b>Amortization Installment</b>	<b>Present Value of Remaining Amortization Installment</b>	<b>Remaining Amortization Years</b>
shortfall	1/1/2008	1,358,303	228,452	650,010	3
shortfall	1/1/2009	859,311	151,294	559,171	4
shortfall	1/1/2010	7,234,512	721,693	6,574,463	13
shortfall	1/1/2011	1,429,354	138,406	1,319,339	14
shortfall	1/1/2012	(617,395)	(104,787)	(617,395)	7

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\$ 10,264,085
\$ 1,135,058
\$ 8,485,588

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