



12027524

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
WASHINGTON, DC 20549

ORIGINAL

SEC

Mail Processing  
Section

JUN 26 2012

FORM 11-K

Washington DC

FOR ANNUAL REPORTS OF EMPLOYEE STOCK PURCHASE, SAVINGS  
AND SIMILAR PLANS PURSUANT TO SECTION 15(d) OF THE  
SECURITIES EXCHANGE ACT OF 1934

ANNUAL REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES  
EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2011

OR

TRANSITION REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES  
EXCHANGE ACT OF 1934

For the transition period from \_\_\_\_\_ to \_\_\_\_\_.

Commission file number: 000-54246

A. Full title of the plan and the address of the plan, if different from that of the issuer named  
below:

**Alliance Bank Profit Sharing / 401(k) Plan**

B. Name of issuer of the securities held pursuant to the plan and the address of its principal  
executive office:

**Alliance Bancorp, Inc. of Pennsylvania  
541 Lawrence Road  
Broomall, Pennsylvania 19008**

SEC  
Mail Processing  
Section

JUN 26 2012

Washington DC  
408

## **REQUIRED INFORMATION**

*Financial Statements.* The following financial statements are filed as part of this annual report for the Alliance Bank Profit Sharing / 401(k) Plan (the "Plan") and appear immediately after the signature page hereof:

Form 5500 Annual Return/Report of Employee Benefit Plan for the Plan for the year ended December 31, 2011.

## SIGNATURES

*The Plan.* Pursuant to the requirements of the Securities Exchange Act of 1934, the administrator for the Plan has duly caused this annual report to be signed by the undersigned hereunto duly authorized.

### ALLIANCE BANK PROFIT SHARING / 401(K) PLAN

June 26, 2012

By: Joseph M. Vetter  
Joseph M. Vetter, on behalf of  
Alliance Bank as the Plan Administrator

**Form 5500**

**Form 5500-SF**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**2011**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

**A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer)  a one-participant plan

**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** Check box if filing under:  Form 5558  automatic extension  DFVC program

special extension (enter description)

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

**1a** Name of plan  
Alliance Bank Profit Sharing/401(k) Plan

**1b** Three-digit plan number (PN) ▶ 003

**1c** Effective date of plan  
07/01/1984

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  
Greater Delaware Valley Savings Bank d/b/a/ Alliance Bank  
541 Lawrence Road  
Broomall PA 19008-3599

**2b** Employer Identification Number (EIN) 23-2750261

**2c** Sponsor's telephone number (610) 359-6940

**2d** Business code (see instructions) 522120

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

**3b** Administrator's EIN

**3c** Administrator's telephone number

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

**a** Sponsor's name

**4b** EIN

**4c** PN

**5a** Total number of participants at the beginning of the plan year ..... 79

**5b** Total number of participants at the end of the plan year ..... 78

**5c** Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) ..... 74

**6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No

**6b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

**Part III Financial Information**

7 Plan Assets and Liabilities	(a) Beginning of Year		(b) End of Year
	7a	7b	7c
a Total plan assets .....	2,961,107		3,264,077
b Total plan liabilities .....			
c Net plan assets (subtract line 7b from line 7a) .....	2,961,107		3,264,077
8 Income, Expenses, and Transfers for this Plan Year	(a) Amount		(b) Total
a Contributions received or receivable from:			
(1) Employers .....	8a(1)	100,000	
(2) Participants .....	8a(2)	203,032	
(3) Others (including rollovers) .....	8a(3)		
b Other income (loss) .....	8b	180,679	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	8c		483,711
d Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	8d	180,711	
e Certain deemed and/or corrective distributions (see instructions) .....	8e		
f Administrative service providers (salaries, fees, commissions) .....	8f		
g Other expenses .....	8g	30	
h Total expenses (add lines 8d, 8e, 8f, and 8g) .....	8h		180,741
i Net income (loss) (subtract line 8h from line 8c) .....	8i		302,970
j Transfers to (from) the plan (see instructions) .....	8j		

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 2E 2F 2G 2J 2K 2T 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

	Yes	No	Amount
<b>10</b> During the plan year:			
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	X		6,000,000
<b>d</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>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) .....		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....	X		39,686
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....		X	

**Part VI Pension Funding Compliance**

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) .....  Yes  No
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..  Yes  No  
 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)
- a** 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 letter ruling granting the waiver. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.
- b** Enter the minimum required contribution for this plan year..... 

12b	
-----	--
- c** Enter the amount contributed by the employer to the plan for this plan year..... 

12c	
-----	--
- d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) ..... 

12d	
-----	--
- e** Will the minimum funding amount reported on line 12d be met by the funding deadline? .....  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

- 13a** Has a resolution to terminate the plan been adopted in any plan year? .....  Yes  No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year ..... 

13a	
-----	--
- b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....  Yes  No
- c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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>	<i>Joseph M. Vetter</i>	6/22/12	JOSEPH M. VETTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<i>Peter J. Meier</i>	6/26/12	PETER J. MEIER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

**Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits**

Department of the Treasury  
Internal Revenue Service

Under Section 6057 of the Internal Revenue Code

**PART I Annual Statement Identification Information**

For the plan year beginning 01/01/2011, and ending 12/31/2011

- A  elects to voluntarily file Form 8955-SSA. (See instructions.)
- B  Check here if this is an amended registration statement.
- C Check the appropriate box if filing under:  Form 5558  Automatic extension  
 Special extension (enter description)

**PART II Basic Plan Information - enter all requested information**

1a Name of plan Alliance Bank Profit Sharing/401(k) Plan	1b Plan Number (PN) 003
--	----------------------------

**Plan Sponsor Information**

2a Plan sponsor's name Greater Delaware Valley Savings Bank.	2b Employer Identification Number (EIN) 23-2750261
2c Trade name (if different from plan sponsor name)	2d Plan sponsor's phone number (610) 359-6940
2e In care of name	

2f Mailing address (room, apt., suite no. and street, or P.O. Box) 541 Lawrence Road	2g City Broomall	2h State PA	2i ZIP code 19008-3599
2j Foreign province (or state)	2k Foreign country	2l Foreign postal code	

**Plan Administrator Information**

3a Plan administrator's name (if other than plan sponsor) Same	3b Employer Identification Number (EIN)		
3c In care of name	3d Plan administrator's phone number		
3e Mailing address (room, apt., suite no. and street, or P.O. Box)	3f City	3g State	3h ZIP code
3i Foreign province (or state)	3j Foreign country	3k Foreign postal code	

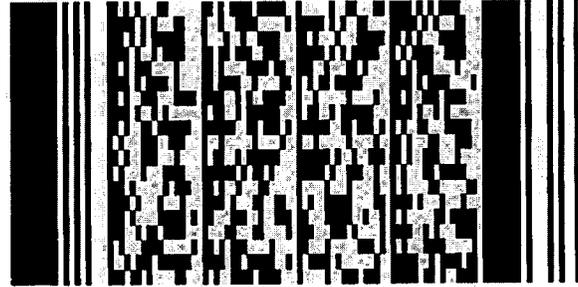
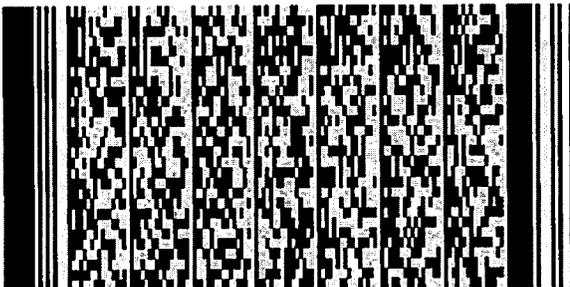
4 If the name or EIN of the plan administrator has changed since the last return filed for this plan, enter the name and EIN from the last filed return:  
Plan administrator's name EIN

5 If the name or EIN of the plan sponsor has changed since the last return filed for this plan, enter the name, EIN, and plan number from that return:  
Plan sponsor's name EIN Plan Number (PN)

6 a. Participants who separated with a deferred vested benefit required to be reported on this Form 8955-SSA . . . . .	6a	2
b. Participants who separated with a deferred vested benefit voluntarily reported on this Form 8955-SSA in the same year as the separation occurred . . . . .	6b	0
7 Total number of participants reported on lines 6a and 6b . . . . .	7	2
8 Did the plan administrator provide an individual statement to each participant required to receive a statement? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>Sign Here</b>	Signature of plan sponsor <i>[Signature]</i>	Date signed 6/26/12	Signature of plan administrator <i>[Signature]</i>	Date signed 6/26/12
------------------	---	------------------------	---	------------------------



Name of plan Alliance Bank Profit Sharing/401(k) Plan	Plan Number 003	EIN 23-2750261
--	--------------------	-------------------

**PART III Participant Information - enter all requested information**

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

**Code A** — has not previously been reported.

**Code B** — has previously been reported under the above plan number, but whose previously reported information requires revisions.

**Code C** — has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.

**Code D** — has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"					Use with entry code "A" or "B"				Entry code "C" only	
(a) Entry Code	(b) Social Security Number (or FOREIGN)	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
A	021-40-4370	PAMELA	M	SCHIRNER	A	A		13,512		
A	192-44-1496	STEPHEN	M	GUALBERTI	A	A		71,999		

