Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FASTSIGNS INTERNATIONAL, INC. 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1992

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

FASTSIGNS INTERNATIONAL INC.

2542 HIGHLANDER WAY
CARROLLTON, TX 75006-2333

2542 HIGHLANDER WAY
CARROLLTON, TX 75006-2333

2b Employer Identification Number (EIN)
74-2437291

2c Sponsor's telephone number
214-346-5600

2d Business code (see instructions)
339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/06/2012	BRENDA GROENEWEEGEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

2542 HIGHLANDER WAY
CARROLLTON, TX 75006-2333

3b Administrator's EIN
74-2437291

3c Administrator's telephone number
214-346-5600

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	118
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	95
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	29
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	124
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	124
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	88
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
FASTSIGNS INTERNATIONAL, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FASTSIGNS INTERNATIONAL INC.

D Employer Identification Number (EIN)
74-2437291

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FID INV INST OPS CO

04-2647786

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

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

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

FIDELITY INVESTMENTS INST

04-2647786

(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?
64 37 65 60	RECORDKEEPING	1269	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
KEELEY SMALL CAP VAL - US BOND 39-0281260	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MSIF EMERGING MKTS P MORGAN 13-3799749	0.35%

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
FASTSIGNS INTERNATIONAL, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FASTSIGNS INTERNATIONAL INC.

D Employer Identification Number (EIN)
74-2437291

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	939903	1062072
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	217274	177134
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5724040	3212225
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	6881217	4451431
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6881217	4451431

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	222570	
	(C) Others (including rollovers)	2a(1)(C)	82465	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		305035
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	99	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	12755	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12854
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	108838	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		108838
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-123932
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		302795
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2717338	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2717338
f Corrective distributions (see instructions)	2f		13941
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1302	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1302
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2732581
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-2429786
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: GRANT THORNTON LLP (2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		275000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

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)

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
FASTSIGNS INTERNATIONAL, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FASTSIGNS INTERNATIONAL INC.

D Employer Identification Number (EIN)
74-2437291

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Statements and Report of Independent Certified Public Accountants

FASTSIGNS International, Inc. 401k Plan

December 31, 2011 and 2010

I N D E X

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Financial Statements	
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Supplemental Schedule	
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)	13

Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 not included herein have been omitted as there were no transactions or assets of the type required to be disclosed in such schedules.

Grant Thornton

Report of Independent Certified Public Accountants

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Plan Administrator
FASTSIGNS International, Inc. 401k Plan

We were engaged to audit the financial statements of the FASTSIGNS International, Inc. 401k Plan (the "Plan") as of December 31, 2011 and 2010, and for the year ended December 31, 2011 and the supplemental schedule (Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2011 and 2010, and for the year ended December 31, 2011 that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America established by the American Institute of Certified Public Accountants and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Dallas, Texas
July 30, 2012

FASTSIGNS International, Inc. 401k Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2011	2010
Assets		
Investments, at fair value		
Mutual funds	$3,212,225	$5,724,040
Money market accounts	1,062,072	939,903
Total investments	4,274,297	6,663,943
Notes receivable from participants	182,829	222,545
Total assets	4,457,126	6,886,488
Liabilities		
Excess contributions payable	6,091	13,942
Net assets available for benefits	$4,451,035	$6,872,546

The accompanying notes are an integral part of these statements.

FASTSIGNS International, Inc. 401k Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2011

Additions:	
Additions to net assets attributed to:	
Investment income:	
Net depreciation in fair value of investments	$ (123,934)
Interest income	108,938
Net investment loss	(14,996)
Interest income on notes receivable from participants	13,179
Contributions:	
Participants' contributions	216,479
Rollovers	82,465
Total contributions	298,944
Total additions	297,127
Deductions:	
Deductions from net assets attributed to:	
Benefits paid to participants	2,717,336
Administrative expenses	1,302
Total deductions	2,718,638
Net decrease in assets	(2,421,511)
Net assets available for plan benefits:	
Beginning of year	6,872,546
End of year	$ 4,451,035

The accompanying notes are an integral part of this statement.

FASTSIGNS International, Inc. 401k Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

NOTE A - DESCRIPTION OF PLAN

The following description of the FASTSIGNS International, Inc. 401k Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

FASTSIGNS International, Inc. (the "Company," "Employer," or "Sponsor") established the Plan for the purpose of encouraging savings for retirement and to provide a tax-qualified facility for accumulation of funds to be used to provide benefits payable to an employee upon retirement, death, disability, termination of employment, or on certain other occasions.

The Plan is a defined contribution plan pursuant to Section 401(k) of the Internal Revenue Code ("IRC"), and covers all eligible employees of the Company. Any employee of the Company who is older than 18 years of age is eligible to participate in the Plan. The Plan was established effective June 1, 1992 and has been amended several times, the most recent being effective May 24, 2011. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Participants can defer up to 60% of their eligible compensation on a pre-tax basis, subject to the IRC's contribution limitation, which is adjusted annually for cost of living fluctuations. The maximum allowable participant deferral was $16,500 for both 2011 and 2010.

The Plan permits participants 50 years of age or older to make an additional "catch-up" contribution. These participants could contribute an additional $5,500 per year for both 2011 and 2010. Catch-up contributions are not subject to Company matching contributions. Participants may also rollover funds from other qualified plans into the Plan.

The Plan permits the Company to make discretionary matching contributions, the amount of which is determined annually by the Board of Directors. The Company did not provide a discretionary matching contribution in either 2011 or 2010. To be eligible to receive matching employer contributions, the employee must provide six months of service to the Company.

Profit Sharing

The Company may also elect to make discretionary profit sharing contribution to the plan. For the 2011 and 2010 plan years, no such contributions were made.

Participant Accounts

Each participant's account is credited with the participant's contribution and withdrawals, an allocation of Plan earnings and expenses, and any Employer contributions. Participants are entitled to the benefit of their vested balance.

NOTE A - DESCRIPTION OF PLAN - Continued

The participant determines the investment fund allocation of elective and matching contributions. Contributions may be allocated entirely to one fund or to a combination of funds or accounts. Participants may change their investment options daily.

Vesting

All participant contributions are 100% vested when made. A participant who terminates service due to death or permanent disability is fully vested in his or her account. All participants are fully vested upon reaching the age of 60. Participants vest in employer matching contributions according to the following schedule:

Years of Service	Vested Percentage
Less than 2	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

Benefits Paid to Participants

Upon retirement, death, disability, or termination of employment, a participant (or the participant's beneficiary, if applicable) may elect to receive either a lump sum amount, installment payments, or if the account balance is greater than $5,000, defer payment until normal retirement date. A participant may also choose to roll over their vested account balance into another qualified plan.

Notes Receivable from Participants

The Plan permits participants to borrow from their vested account balance. These borrowings are required to be for an amount not greater than the lesser of 50% of the participant's vested account balance or $50,000, but not less than $1,000. All loans bear interest at rates established by the Plan administrator. Notes receivable from participants bear interest at a rate of 6.75% at December 31, 2011 and 2010. The notes receivable have repayment terms of up to five years unless the proceeds are used to acquire the participant's principal residence, in which case the note receivable repayment period may not extend beyond ten years from the date of the loan. All notes receivable are secured by participants' rights, title and interest in vested account balances. Principal and interest are paid ratably through payroll deductions. The costs associated with the processing and administration of notes receivable from participants are assessed to the participants receiving loans.

NOTE A - DESCRIPTION OF PLAN - Continued

Forfeitures

Forfeiture amounts were approximately $249,000 and $224,000 as of December 31, 2011 and 2010, respectively. Forfeitures are used to reduce the Employer matching contributions or reduce plan expenses, as permitted by the Plan document. There were no forfeitures used to reduce Employer matching contributions or plan expenses during 2011.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared using the accrual basis of accounting.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Delinquent loans are reclassified as distributions based upon the terms of the Plan document.

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 D for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The Plan presents in the statement of changes in net assets available for benefits, the net appreciation or depreciation in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation or depreciation on investments.

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 that affect the reported amounts of assets and liabilities. Actual results could differ from those estimates.

Benefits Paid to Participants

Benefits paid to participants are recorded when paid.

Expenses of Administering the Plan

Certain costs and expenses incurred by the Plan are to be paid directly by the Employer.

NOTE C - INVESTMENTS

Investments that individually represent 5% or more of the Plan's net assets are separately identified as follows:

	December 31,	
	2011	2010
Investments at fair value		
Fidelity Retirement Money Market Portfolio	$1,062,072	$939,903
Fidelity Balanced Fund	540,491	637,107
Fidelity Low-Priced Stock Fund	312,951	561,767
Fidelity Mid-Cap Stock Fund	297,778	496,410
Spartan U.S. Bond Index Fund	258,988	206,181
Fidelity Small Cap Discovery Fund	*	483,392
Fidelity Freedom 2015 Fund	*	378,519
Fidelity Diversified International Fund	*	374,208
Fidelity Growth Company Fund	*	351,832

* Investment did not represent 5% or more of the Plan's assets available for benefits.

NOTE D - FAIR VALUE MEASUREMENTS

The Plan uses 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 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

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 included 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 other 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.

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.

NOTE D - FAIR VALUE MEASUREMENTS - Continued

The asset 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 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.

Mutual Funds - The fair value of units attributable to Plan participants in mutual funds is measured by the net asset value at the end of the plan year, which is determined by the Plan Trustee based on the fair market value of the underlying assets in the investment fund.

Money Market Accounts - Investments in money market funds are treated as cash equivalents, which approximates fair value.

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 estimate of fair value at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

	Assets at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
As of December 31, 2011:				
Mutual funds:				
Mid/Large Cap Stock	$2,413,816	$ -	$ -	$2,413,816
Small Cap Stock	252,107	-	-	252,107
International	246,819	-	-	246,819
Fixed Income	299,483	-	-	299,483
Money market accounts	1,062,072	-	-	1,062,072
Total investments at fair value	$4,274,297	$ -	$ -	$4,274,297

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
As of December 31, 2010:				
Mutual funds:				
Mid/Large Cap Stock	$4,382,559	$ -	$ -	$4,382,559
Small Cap Stock	511,885	-	-	511,885
International	483,108	-	-	483,108
Fixed Income	346,488	-	-	346,488
Money market accounts	939,903	-	-	939,903
Total investments at fair value	$6,663,943	$ -	$ -	$6,663,943

NOTE E - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Sponsor has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that all of the following data included in the accompanying financial statements, supplemental schedule, and Note C is complete and accurate:

- Investments and notes receivable from participant, as shown in the statements of net assets available for benefits as of December 31, 2011 and 2010.
- Net investment loss and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2011.
- Schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2011.

During 2011, the Plan's investments (including investments bought and sold, as well as held during the year) depreciated in fair value as determined by quoted market prices as follows:

	2011
Mid/large cap equity investments	$ (81,195)
Smallcap equity investments	1,242
International equity investments	(51,426)
Income bond investments	7,445
	$(123,934)

NOTE F - RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Fidelity Management Trust Company, the Trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions. In addition, certain fees and expenses of the Plan are paid by the Sponsor.

NOTE G - PLAN TERMINATION

While the Employer has not expressed any intent to terminate the Plan, it has the right to discontinue contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event the Plan is terminated, the accounts of all participants will become fully vested.

NOTE H - RISKS AND UNCERTAINTIES

The Plan provides for various investment options. These investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits. The Plan does not obtain or require collateral for these investment securities.

NOTE I - TAX STATUS

The Internal Revenue Service ("IRS") has issued an opinion letter dated October 9, 2003 to the Trustee stating that the Prototype Plan (upon which the Plan is based) constitutes a qualified plan under Section 401(a) of the IRC and, accordingly, the Plan is exempt from federal income taxes under the provisions of Section 401(a). Subsequent to this determination by the IRS, the Plan was amended. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and continues to be tax exempt.

NOTE J - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	December 31,	
	2011	2010
Net assets available for benefits per the financial statements	$4,451,035	$6,872,546
Add (less):		
Excess contribution payable	6,091	13,942
Deemed distributions	(5,695)	(5,271)
Net assets available for benefits per Form 5500	$4,451,431	$6,881,217

NOTE J - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 - Continued

The following is a reconciliation of additions to net assets between the financial statements and Form 5500:

	December 31, 2011
(Decrease) in net assets per the financial statements	$(2,421,511)
Add (less):	
Change in excess contribution payable	(7,851)
Change in deemed distributions	(424)
Additions in net assets per Form 5500	$(2,429,786)

NOTE K - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through July 30, 2012, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events that would require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULE

FASTSIGNS International, Inc. 401k Plan

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2011

EIN: 75-2142963
Plan Number: 001

(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investment	(e) Current value
*	Fidelity Management Trust Company	Fidelity Retirement Money Market Portfolio	$1,062,072
*	Fidelity Management Trust Company	Fidelity Balanced Fund	540,491
*	Fidelity Management Trust Company	Fidelity Low-Priced Stock Fund	312,951
*	Fidelity Management Trust Company	Fidelity Mid-Cap Stock Fund	297,778
*	Fidelity Management Trust Company	Spartan U.S. Bond Index Fund	258,988
*	Fidelity Management Trust Company	Fidelity Diversified International Fund	222,011
*	Fidelity Management Trust Company	Fidelity Small Cap Discovery Fund	215,009
*	Fidelity Management Trust Company	Fidelity Freedom 2030 Fund	202,747
*	Fidelity Management Trust Company	Fidelity Freedom 2010 Fund	175,289
*	Fidelity Management Trust Company	Fidelity Independence Fund	154,891
*	Fidelity Management Trust Company	Fidelity Growth Company Fund	133,390
*	Fidelity Management Trust Company	Fidelity Freedom 2040 Fund	126,878
*	Fidelity Management Trust Company	Spartan 500 Index Fund	109,212
*	Fidelity Management Trust Company	Fidelity Value Fund	74,573
*	Fidelity Management Trust Company	Fidelity Equity-Income II Fund	65,990
*	Fidelity Management Trust Company	Fidelity Dividend Growth Fund	59,989
*	Fidelity Management Trust Company	Fidelity Freedom 2050 Fund	38,947
*	Fidelity Management Trust Company	Fidelity Freedom 2020 Fund	37,464
	Keeley	Keeley Small Cap Value Fund	37,098
*	Fidelity Management Trust Company	Fidelity Freedom 2035 Fund	32,503
*	Fidelity Management Trust Company	Fidelity Emerging Markets Fund	22,499
*	Fidelity Management Trust Company	Fidelity Freedom Income	21,278
*	Fidelity Management Trust Company	Fidelity Freedom 2005 Fund	17,180
*	Fidelity Management Trust Company	Fidelity Leveraged Company Stock Fund	17,113
*	Fidelity Management Trust Company	Fidelity Freedom 2025 Fund	13,929
*	Fidelity Management Trust Company	Fidelity Freedom 2015 Fund	12,602
*	Fidelity Management Trust Company	Fidelity Fund	5,172
	Morgan Stanley	Morgan Stanley Institutional Fund	2,309
*	Fidelity Management Trust Company	Fidelity Freedom 2000 Fund	2,037
*	Fidelity Management Trust Company	Fidelity Freedom 2045 Fund	1,907
	Total investments		$4,274,297
*	Note receivable from Participants	Notes receivable, interest rate of 6.75%	$ 182,829

* Indicates a party-in-interest.

Note: Information on cost of the investments is excluded, as all investments are participant directed.

8901

Form **8955-SSA**

Department of the Treasury
Internal Revenue Service

Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits

Under Section 6057 of the Internal Revenue Code

OMB No. 1545-2187

2011

This Form is NOT Open to Public Inspection

PART I Annual Statement Identification Information

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

A ☐ Check here if plan is a government, church, or other plan that 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	1b Plan Number (PN)
FastSigns International, Inc. 401k Plan	001

Plan Sponsor Information

2a Plan sponsor's name	2b Employer Identification Number (EIN)
Fastsigns International, Inc.	74-2437291
2c Trade name (if different from plan sponsor name)	2d Plan sponsor's phone number: 214-346-5600
2e In care of name	

2f Mailing address (room, apt., suite no. and street, or P.O. Box)	2g City	2h State	2i ZIP code
2542 Highlander Way	Carrollton	TX	750062333

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)	3b Employer Identification Number (EIN)
SAME	
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?	☑ Yes ☐ 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.

Sign Here ▶	Signature of plan sponsor	Date signed	Signature of plan administrator	Date signed





Name of plan	Plan Number	EIN
FastSigns International, Inc. 401k Plan	001	74-2437291

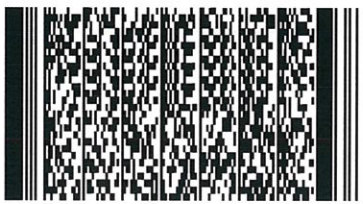
PART III Participant Information – enter all requested information

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	461-65-3557	SCOTT		WATSON		A	A		109,581		
A	554-37-8077	MARK		BEHRENS		A	A		145,349		
D	451-27-6153	CAROL		KERNS							
D	462-69-0686	TIMOTHY		MCBRIDE							





5500 WORKSHEET

Part I Asset and Liability Statement	Schedule H Line Item	Schedule I Line Item	Beginning Of Year	End Of Year
ASSETS				
A. Noninterest-bearing Cash	1(a)		$0.00	$0.00
B. Receivables				
Employers	1(b)(1)		$0.00	$0.00
Participants	1(b)(2)		$0.00	$0.00
Other	1(b)(3)		$0.00	$0.00
C. General Investments				
Interest-bearing Cash	1(c)(1)		$939,903.34	$1,062,072.26
U.S. Government Securities	1(c)(2)		$0.00	$0.00
Non-Emp Corp Debt Instr(Preferred)	1(c)(3)(A)		$0.00	$0.00
Non-Emp Corp Debt Instr(All Other)	1(c)(3)(B)		$0.00	$0.00
Non-Emp Corp Stock(Preferred)	1(c)(4)(A)		$0.00	$0.00
Non-Emp Corp Stock(Common)	1(c)(4)(B)		$0.00	$0.00
Partnership/Joint Venture Interests	1(c)(5)	3(a)	$0.00	$0.00
Non-Employer Real Estate	1(c)(6)	3(c)	$0.00	$0.00
Loans (other than to participants)	1(c)(7)	3(f)	$0.00	$0.00
Loans to Participants	1(c)(8)	3(e)	$217,273.94	$177,133.86
Interest in Common/Collective Trusts	1(c)(9)		$0.00	$0.00
Interest in Pooled Separate Accounts	1(c)(10)		$0.00	$0.00
Interest in Master Trust Invst. Ent.	1(c)(11)		$0.00	$0.00
Interest in 103-12 Investment Ent.	1(c)(12)		$0.00	$0.00
Interest in Registered Inv. Companies	1(c)(13)		$5,724,039.62	$3,212,224.54
Funds Held in Insurance Comp Gen Acct	1(c)(14)		$0.00	$0.00
Other	1(c)(15)		$0.00	$0.00
D. Employer Related Investment				
Employer Securities	1(d)(1)	3(d)	$0.00	$0.00
Employer Real Property	1(d)(2)	3(b)	$0.00	$0.00
E. Buildings/Other Prop. Used in Plan Op	1(e)	3(g)	$0.00	$0.00
F. Total Assets	1(f)	1(a)	$6,881,216.90	$4,451,430.66
LIABILITIES				
G. Benefit Claims Payable	1(g)		$0.00	$0.00
H. Operating Payables	1(h)		$0.00	$0.00
I. Acquisition Indebtedness	1(i)		$0.00	$0.00
J. Other Liabilities	1(j)		$0.00	$0.00
K. Total Liabilities	1(k)	1(b)	$0.00	$0.00
NET ASSETS				
L. Net Assets	1(l)	1(c)	$6,881,216.90	$4,451,430.66

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See chapter 7 of the Fidelity auditor's guide for financial statement presentation and disclosure information.

5500 WORKSHEET

Part II Income and Expense Statement	Schedule H Line Item	Schedule I Line Item	Amount
INCOME			
A. Cash Contributions - Employer	2(a)(1)(A)	2(a)(1)	$0.00
Cash Contributions - Part.(Non-Rollover)	2(a)(1)(B)	2(a)(2)	$222,570.38
Cash Contributions - Other(Inc. Rollover)	2(a)(1)(C)	2(a)(3)	$82,465.42
Non-Cash Contributions	2(a)(2)	2(b)	$0.00
Total Contributions	2(a)(3)		$305,035.80
B. Interest on Interest-Bearing Cash	2(b)(1)(A)	2(c)	$99.28
Interest on U.S. Government Securities	2(b)(1)(B)	2(c)	$0.00
Interest on Corp. Debt Instr.(Long Term)	2(b)(1)(C)(i)	2(c)	$0.00
Interest on Corp. Debt Instr.(Short Term)	2(b)(1)(C)(ii)	2(c)	$0.00
Interest on Loans (Other than to Part.)	2(b)(1)(D)	2(c)	$0.00
Interest on Participant Loans	2(b)(1)(E)	2(c)	$12,754.87
Other Interest	2(b)(1)(F)	2(c)	$0.00
Total Interest	2(b)(1)(G)		$12,854.15
Dividends - Corporate Stock (Preferred)	2(b)(2)(A)	2(c)	$0.00
Dividends - Corporate Stock (Common)	2(b)(2)(B)	2(c)	$0.00
Reg. Invest. Company Shares	2(b)(2)(C)	2(c)	$108,838.30
Total Dividends	2(b)(2)(D)		$108,838.30
Rents	2(b)(3)	2(c)	$0.00
Net Real. Gain/Loss - Aggr. Proceeds	2(b)(4)(A)	2(c)	$0.00
Net Real. Gain/Loss - Aggr. Carrying Amt	2(b)(4)(B)	2(c)	$0.00
Net Real. Gain/Loss	2(b)(4)(C)		$0.00
Unrealized Appr./Depr. - Real Estate	2(b)(5)(A)	2(c)	$0.00
Unrealized Appr./Depr. - Other	2(b)(5)(B)	2(c)	$0.00
Total Unrealized Appreciation/Depreciation	2(b)(5)(C)		$0.00
Net Invest Gain/Loss - Com./Coll. Trust	2(b)(6)	2(c)	$0.00
Net Invest Gain/Loss - Pooled Sep. Accts	2(b)(7)	2(c)	$0.00
Net Invest Gain/Loss - Master Trust Accts	2(b)(8)	2(c)	$0.00
Net Invest Gain/Loss - 103-12 Investment	2(b)(9)	2(c)	$0.00
Net Invest Gain/Loss - Reg. Invest Comp	2(b)(10)	2(c)	($123,933.84)
C. Other Income	2(c)	2(c)	$0.00
D. Total Income	2(d)	2(d)	$302,794.41

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See chapter 7 of the Fidelity auditor's guide for financial statement presentation and disclosure information.

5500 WORKSHEET

Part II Income and Expense Statement	Schedule H Line Item	Schedule I Line Item	Amount
EXPENSES			
E. Payments to Participants and Beneficiaries	2(e)(1)		$2,717,337.65
Pay. to Insur. Carr. for Provision Benefit	2(e)(2)		$0.00
Other Payments	2(e)(3)		$0.00
Total Benefit Payments	2(e)(4)	2(e)	$2,717,337.65
F. Corrective Distributions	2(f)	2(f)	$13,940.51
G. Deemed Distributions of Participant Loans	2(g)	2(g)	$0.00
H. Interest Expense	2(h)		$0.00
I. Administrative Expenses-Professional Fees	2(i)(1)		$0.00
Administrative Expenses-Contract Admin Fee	2(i)(2)		$0.00
Administrative Expenses-Adv./Manag. Fees	2(i)(3)		$0.00
Administrative Expenses-Other	2(i)(4)		$1,302.49
Total Administrative Expenses	2(i)(5)	2(h)	$1,302.49
J. Total Expenses	2(j)(b)	2(j)	$2,732,580.65
NET INCOME AND RECONCILIATION			
K. Net Income/Loss	2(k)	2(k)	($2,429,786.24)
L. Transfer of Assets to this Plan	2(l)(1)	2(l)	$0.00
Transfer of Assets from this Plan	2(l)(2)	2(l)	$0.00
Net Amount of Intra-Plan Transfers			$0.00
Assets Converted/Transferred to Fidelity			$0.00
Net Assets - Beginning of Year			$6,881,216.90
Net Assets - End of Year			$4,451,430.66

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See chapter 7 of the Fidelity auditor's guide for financial statement presentation and disclosure information.