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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number GRAPHIC SYSTEMS GROUP, LLC 401(K) PROFIT SHARING PLAN (PN) ▶ 002 1c Effective date of plan 05/01/1994 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number GRAPHIC SYSTEMS GROUP, LLC 52-2405785 (EIN) 2c Sponsor's telephone number 212-230-1905 33 EAST 17TH STREET 5TH FLOOR NEW YORK, NY 10003 2d Business code (see instructions) 541519 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 33 EAST 17TH STREET GRAPHIC SYSTEMS GROUP, LLC 5TH FLOOR 3c Administrator's telephone number NEW YORK, NY 10003 212-230-1905 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 2764356 0 Total plan assets..... 7a 7b Total plan liabilities..... 2764356 0 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 8a(1) (1) Employers 0 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) 24796 **b** Other income (loss)..... 8b 24796 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 29972 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f 25315 Other expenses..... 8g 55287 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -30491 Net income (loss) (subtract line 8h from line 8c)..... 8i -2733865 Transfers to (from) the plan (see instructions)

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⊢∩rm	5500-9	SE 201	11

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 2J 2F 2G 2K 3B 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				ı			
10	During the plan year:		Yes	No	Α	mount		
а	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)	10a		Χ				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	·ou						
		10b		X				
С	Was the plan covered by a fidelity bond?	10c	X			20000	00	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
е	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.)	10e	X			236	11	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Χ				0	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h	X					
İ	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	10i	X					
Part	VI Pension Funding Compliance							
11								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of	or se	ction	302 of	ERISA?	Yes X N	No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		1			
b	Enter the minimum required contribution for this plan year			12b				
С	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 negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/	Α	
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?				res X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur	nder	the co	ontrol				
_	of the PBGC?					X Yes N	10	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plar	n(s) to)				
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s	3)	
GRAI	GRAPHIC SYSTEMS GROUP LLC, 401(K) PLAN 52-2405785 003							
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cau	se is	establ	ished.			
Unde	penalties of periury and other penalties set forth in the instructions. I declare that I have examined this return	n/rer	ort. ir	ncludin	g. if applicable	le. a Schedule		

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.

SIGN	Filed with authorized/valid electronic signature.	08/20/2012	WILLIAM HUFSTADER			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN	Filed with authorized/valid electronic signature.	08/20/2012	WILLIAM HUFSTADER			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spons			

Form 5500-SF

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Department of Labor Employee Benefits Security Administration

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OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public

	Pension Benefit Guaranty Corporation Complete all entries in accord	ance with	the instructions to the Form 550	0-SF.	in openion			
-	art Annual Report Identification Information							
For	the calendar plan year 2011 or fiscal plan year beginning	01/01	/2011 and ending	12	/31/2011			
A	This return/report is for: x a single-employer plan	a multiple-e	mployer plan (not multiemployer)	ſ	a one-participant plan			
В	This return/report is: the first return/report	the final ret	urn/report					
	an amended return/report		year return/report (less than 12 mo	nfhe\				
C Check box if filling under: x Form 5558 automatic extension					7 2516			
u		ALCHISION	Ł	DFVC program				
राज्यस्य	special extension (enter description)							
	art II Basic Plan Information enter all requested infor	mation.						
1 a	Name of plan				Three-digit			
	GRAPHIC SYSTEMS GROUP, LLC 401(k) PROFIT SHARI	NG PLAN		1	plan number (PN) ► 002			
					Effective date of plan			
					05/01/1994			
2a	Plan sponsor's name and address; include room or suite number (em;	player, it for	single-employer plan)	2b	Employer Identification Number			
	Graphic Systems Group, LLC				(EIN) 52-2405785			
				2€	Plan sponsor's telephone number			
	33 East 17th Street			(212) 230-1905				
	5th Floor				Business code (see instructions) 541519			
_	New York NY 10003							
อส	Plan administrator's name and address (If same as plan sponsor, ente	er "Same")		3b Administrator's EIN				
				3 c	C Administrator's telephone number			
4	If the name and/or EiN of the plan sponsor has changed since the last	t return/repo	rt filed for this plan, enter the	4 b	EIN			
	name, EIN, and the plan number from the last return/report.	**************************************		4c PN				
	Sponsor's Name Total number of participants at the beginning of the plan year			5a	7.5			
b	Total number of participants at the end of the plan year			5b	73			
C	Number of participants with account balances as of the end of the plan							
	complete this item)		· · · · · · · · · · · · · · · · · · ·	5c	0			
6 a	Were all of the plan's assets during the plan year invested in eligible a	ssets? (See	instructions.) ,		X Yes No			
b	Are you claiming a waiver of the annual examination and report of an				<u> </u>			
	under 29 CFR 2520.104-467 (See instructions on waiver eligibility and				XYes No			
b.	If you answered "No" to either 6s or 6b, the plan cannot use Form	1 3200-21 K	nd must instead use rorm 5520.					
7 7	Plan Assets and Liabilities		(a) Beginning of Year	T	(b) End of Year			
51		7-		+				
a	Total plan assets	7a 7a	2,764,356	+	0			
b	Total plan Habilities	7b		+				
8 8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7 c	2,764,356 (a) Amount	+	(b) Total			
a	Contributions received or receivable from:		(a) Amount	507000	(b) Total			
•	(1) Employers	8a(1)	0					
	(2) Participants	8a(2)	0					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	. 8b	24,796					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			24,796			
þ	Benefits paid (including direct rollovers and insurance premiums							
2011	to provide benefits)	8 đ	29,972	\dashv				
ė	Cartain deemed and/or corrective distributions (see instructions) .	. 8e	.,,.,	-				
f	Administrative service providers (salaries, fees, commissions)	81		-				
g	Other expenses	8g	25,315	100 E	<u> </u>			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8 h			55,287			
Ì	Net income (loss) (subtract line 8h from line 8c).	. 8i		10.00	(30,491)			
Í	Transfers to (from) the plan (see instructions)	.] 8j	(2,733,865)					

	Form 5500-SF 2011	P	age 2-					
Par	(IV) Plan Characteristics		·		1.0			
	lf the plan provides pension benefits, enter the applicable pension featu 2E 2ซั 2F 2G 2K 3B 3D If the plan provides welfare benefits, enter the applicable welfare featur							The Propagation The Art 2015 of The Eq. (45) of the Propagation (45) on the Constitution (45) on
Par	ty Compliance Questions							
10	During the plan year:				Yes	No	l A	mount
а	Was there a failure to transmit to the plan any participant contribution	s within the lime peri	od described in			x		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Don line 10a.)	o not include transar	ctions reported	10a		x		
С	Was the plan covered by a fidelity bond?			10c	X	-		200,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	lily bond, that was ca	aused by fraud	10d		x		200,000
9	Were any fees or commisions paid to any brokers, agents, or other prinsurance services or other organization that provides some or all of tinstructions.)	the benefils under the	plan? (See	10e	x			23,611
f	Has the plan failed to provide any benefit when due under the plan?			10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of			10g	х			0
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)	e instructions and 29	CFR	10h	х			
į.	If 10h was answered "Yes," check the box if you either provided the resceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	of the	101	x			
	VI Pension Funding Compliance							***
11	is this a defined benefit plan subject to minimum funding requirement 5500))	s? (If "Yes," see instr	ructions and comple	te Sc	hedul	e SB (I	orm	Yes X No
12 a lf)	is this a defined contribution plan subject to the minimum funding requestions of the minimum funding requestions. It is a waiver of the minimum funding standard for a prior year is being a granting the waiver the complete sines 3, 9, and 16 of Schedule ME of the completed line 12a, complete sines 3, 9, and 16 of Schedule ME	le.) amortized in this plan	year, see instructio	ns, an	id eni	ter the (date of the le	Yes X No
b	Enter the minimum required contribution for this plan year				. [12b		
¢	Enter the amount contributed by the employer to the plan for this plan					12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a minu	s sign to the left of a	a • •	. لِ	12d		
	Will the minimum funding amount reported on line 12d be met by the	funding deadline? .	• • • • • • •	• • •		<u> </u>	Yes	No N/A
Part							····	
138	Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the emp			•	٠,٠			Yes X No
h	Were all the plan assets distributed to participants or beneficiaries, tra					13a		
	of the PBGC? If during this plan year, any assets or liabilities were transferred from twhich assets or liabilities were transferred. (See instructions.)						· · · ·	X Yes No
1	3c(1) Name of plan(s):				13	c(2) E	N(s)	13c(3) PN(s)
Ć	raphic Systems Group LLC, 401(k) Plan				52-	24057	85	003
			a 900mm 050 250 3					
Cautic	on: A penalty for the late or incomplete filling of this return/report w	vill be assessed uni	ess reasonable ca	use is	esta	blishe	d.	
SB or	penalties of perjury and other penalties set forth in the instructions, i di Schefule MB opmpleted and signed by an enrolled actuary, as well as it is true, corsect and complete.	eclare that I have ex- the electronic versio	amined this relurn/re n of this relurn/repo	eport, rt, and	inclui I to th	ding, if ne best	applicable, a of my knowl	Schedule edge and
SIG	and.	8/20/12	William Hufa	tade	r			
HER		Date	Enter name of ind	ividua	sign	ing as	plan adminis	trator
SIG	1							
HER	Signature of employer/plan sponsor	Date	Enter name of ind	ividua	t sign	ing as	employer or	plan sponsor