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
INTERTECH GROUP 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1995

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

INTERTECH DIGITAL ENTERTAINMENT, INC.

6523 TRANSIT ROAD
LOCKPORT, NY 14094

2b Employer Identification Number (EIN) 16-1522762

2c Sponsor's telephone number 716-625-8555

2d Business code (see instructions) 238900

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.	09/13/2012	PAUL STEPHEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/13/2012	PAUL STEPHEN
	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")
INTERTECH DIGITAL ENTERTAINMENT, INC.

6523 TRANSIT ROAD
LOCKPORT, NY 14094

3b Administrator's EIN
16-1522762

3c Administrator's telephone number
716-625-8555

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**	161
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**	126
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	12
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	138
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	138
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	52
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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 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
INTERTECH GROUP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTERTECH DIGITAL ENTERTAINMENT, INC.

D Employer Identification Number (EIN)
16-1522762

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 49	CUSTODIAN	11313	Yes [X] No [ ]	Yes [ ] No [X]	5892	Yes [ ] No [X]

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

CADARET GRANT & COMPANY INC.

200 VALLEY ROAD STE 106
MT ARLINGTON, NJ 07856

(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?
27 71	BROKER	0	Yes [X] No [ ]	Yes [ ] No [X]	6169	Yes [ ] No [X]

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

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

(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
INTERTECH GROUP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTERTECH DIGITAL ENTERTAINMENT, INC.

D Employer Identification Number (EIN)
16-1522762

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)	1747	1767
(2) Participant contributions	1b(2)	10739	11078
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9688	8212
(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)	32333	31120
(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)	1194039	1192662
(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	1248546	1244839
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	2949	23237
k	Total liabilities (add all amounts in lines 1g through1j)	1k	2949	23237
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1245597	1221602

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)	18990	
	(B) Participants	2a(1)(B)	129283	
	(C) Others (including rollovers)	2a(1)(C)	2826	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		151099
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	1664	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1664
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(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)		0
(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)		-53201
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		99562
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	120324	
(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)		120324
f Corrective distributions (see instructions)	2f		3233
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)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		123557
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-23995
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: THE BONADIO GROUP (2) EIN: 16-1131146

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		250000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **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
INTERTECH GROUP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTERTECH DIGITAL ENTERTAINMENT, INC.

D Employer Identification Number (EIN)
16-1522762

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**

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): 31-4156830

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):

INTERTECH GROUP
401(K) PROFIT SHARING PLAN

Financial Statements as of
December 31, 2011 and 2010
and
Supplemental Schedule
Together with
Independent Auditors' Report

Bonadio & Co., LLP
Certified Public Accountants

Bonadio & Co., LLP
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of the
Intertech Group 401(k) Profit Sharing Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the Intertech Group 401(k) Profit Sharing Plan (the Plan) as of December 31, 2011 and 2010 and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental 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 4, which was certified by Nationwide Trust Company, FSB, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that Nationwide Trust Company, FSB holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bonadio & Co., LLP

August 29, 2012
Williamsville, New York

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Williamsville, NY 14221
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ROCHESTER • BUFFALO
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INTERTECH GROUP 401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	2011	2010
ASSETS		
INVESTMENTS, at fair value:		
Mutual funds	$ 1,192,662	$ 1,194,039
Money market funds	8,212	9,688
Total investments	1,200,874	1,203,727
RECEIVABLES:		
Notes receivable from participants	31,120	32,333
Employee contributions	11,078	10,739
Employer contributions	1,767	1,747
Total receivables	43,965	44,819
Total assets	1,244,839	1,248,546
LIABILITIES		
Excess employee contribution refundable	19,837	2,559
Excess employer contribution refundable	3,400	390
Total liabilities	23,237	2,949
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,221,602	$ 1,245,597

The accompanying notes are an integral part of these statements.

INTERTECH GROUP 401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	2011	2010
ADDITIONS:		
Employee contributions	$ 129,283	$ 138,029
Employer contributions	18,990	23,574
Rollover contributions	2,826	5,649
Interest income on notes receivable from participants	1,664	2,280
Net appreciation in fair value of investments including gains and losses on sales	-	130,909
Total additions	152,763	300,441
DEDUCTIONS:		
Net depreciation in fair value of investments including gains and losses on sales	53,201	-
Benefit payments	123,557	42,765
Total deductions	176,758	42,765
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	(23,995)	257,676
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	1,245,597	987,921
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 1,221,602	$ 1,245,597

The accompanying notes are an integral part of these statements.

1. DESCRIPTION OF PLAN

The following is a brief description of the Intertech Group 401(k) Profit Sharing Plan (the Plan) provided for general information purposes only. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution retirement plan as permitted under Section 401(k) of the Internal Revenue Code, covering eligible employees of Intertech Digital Entertainment, Inc. (the Company) and affiliated employers. The Plan is funded by employee and employer contributions. A portion of administrative expenses may be paid by the Plan. Administrative expenses not paid by the Plan are paid by the Plan Sponsor. At December 31, 2011 and 2010 the assets of the Plan were maintained in investment funds held by Nationwide Trust Company, FSB. The Plan is subject to the provisions of ERISA.

Eligibility

Employees must have attained age 21 and completed 3 months of service, as defined, to be eligible to participate in the Plan. Employees must have attained age 21 and completed 1 year of service, as defined, to be eligible to receive employer matching and profit sharing contributions. In addition to the eligibility requirements discussed above, an employee must also complete 1,000 hours of service during the Plan year and be an employee on the last day of the Plan year to receive employer profit sharing contributions.

Contributions

Participants may authorize an elective deferral contribution in an amount equal to a percentage of the contributing employee's compensation as defined by the Plan, not to exceed the maximum annual limitations as provided by the Internal Revenue Code. Participants who are age 50 or older before the end of the Plan year are allowed to make an additional "catch-up" contribution. This contribution was limited to $5,500 in 2011 and 2010. The "catch-up" contribution is also subject to the employer matching contribution. The Company's discretionary match of employee contributions is 20% of the participant's contribution, with a maximum match of 10% of the participant's compensation. The Plan also provides the company to make a discretionary profit sharing contribution into the plan. There have been no profit sharing contributions by the Company for the years ended December 31, 2011 and 2010. Participants may also contribute amounts representing distributions from other qualified pension plans.

Investments

Participants direct the investment of all contributions into various investment options offered by the Plan. Participants may change their investment allocation on a daily basis.

Vesting

Participants are immediately 100% vested in their elective deferral contributions plus actual earnings thereon. Participants are 100% vested in employer matching contributions and profit sharing contributions after three years of service. Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their entire account balance.

1. DESCRIPTION OF PLAN (Continued)

Forfeitures

At December 31, 2011 and 2010 accumulated forfeitures of employer matching and profit sharing contributions forfeited by participants totaled $167 and $204, respectively. These accounts are used to offset future employer contributions and Plan administrative costs. Forfeitures of $0 and $484 were used during 2011 and 2010, respectively to reduce employer contributions.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocation of (a) the Company's matching contributions, (b) the Company's profit sharing contributions, (c) Plan earnings and losses, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years and may exceed five years for the purchase of a primary residence. The loans are collateralized by the vested balance in the participant's account and bear interest at a rate as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

Withdrawals and Distributions

Unless a participant elects otherwise, distributions will be made as soon as practical after a participant's termination of service due to retirement, death or disability. The normal retirement date is the date upon which a participant reaches age 65. Participants may also receive in-service withdrawals under certain circumstances, as defined.

Participants may receive their accumulated vested benefits held by the Plan's custodian upon termination of employment or elect to keep his or her vested balance in excess of $5,000 in the Plan. If the participant elects to keep his or her vested interest in the Plan, the participant's account will continue to receive its share of earnings and losses.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan prepares its financial statements on the accrual basis of accounting and presents the fair value of net assets available for benefits and changes in those net assets in conformity with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan's assets include various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to the value of such investments, changes in the values of investments will occur and such changes could materially affect the amounts reported in the accompanying financial statements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits
Benefits are recorded when paid.

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

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

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

Income Taxes
The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008 that the Plan is qualified and the trust established under the plan is tax-exempt, under the appropriate sections of the code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more than likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2011 and 2010, there are no uncertain positions take or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is generally no longer subject to income tax examinations for years prior to 2008.

Reclassifications
Certain reclassifications have been made to the prior year information to conform to the current year presentation.

3. INVESTMENTS

At either December 31, 2011 and 2010 or both, the following investments comprised 5% or more of the Plan's net assets available for benefits:

	2011	2010
BlackRock EQ Dividend Fund	$ 142,575	$ 76,727
Invesco Van Kampen Equity & Income Fund	$ 137,298	$ 218,737
Oakmark Global II Fund	$ 81,075	$ 58,408*
MFS Value Fund	$ 57,533*	$ 71,092
Federated Capital Appreciation Fund	$ 55,150*	$ 64,764
Oppenheimer Capital Appreciation Fund	$ 28,601*	$ 70,186

(* - presented for comparative purposes)

The net appreciation (depreciation) in fair value of mutual funds (including gains and losses on investments bought and sold as well as held during the year) on investments was ($53,201) and $130,909 for the years ended December 31, 2011 and 2010, respectively.

4. FINANCIAL CERTIFICATION

The following financial information relating to the Plan's assets at December 31, 2011 and 2010, as well as investment income and investment transactions for the years then ended, has been derived from information provided by Nationwide Trust Company, FSB, the custodian of the Plan, and has been certified by them as complete and accurate.

4. **FINANCIAL CERTIFICATION (Continued)**

	2011	2010
Investments at fair value:		
BlackRock EQ Dividend Fund	$ 142,575	$ 76,727
Invesco Van Kampen Equity & Income Fund	137,298	218,737
Oakmark Global II Fund	81,075	58,408
MFS Value Fund	57,533	71,092
Federated Capital Appreciation Fund	55,150	64,764
MFS Research Bond Fund	53,634	14,525
Janus Forty Fund	47,517	61,074
VIC Diversified Stock Fund	46,485	48,651
Baron Opportunity Retail	44,231	-
Principal MidCap Blend Fund	39,249	35,477
Wells Fargo Advisors Small Cap Value Fund	38,643	42,116
Nationwide Mid Cap Market Index Fund	35,796	35,120
Oppenheimer Global Fund	35,752	37,494
Sentinal Gov't Securities Fund	34,604	35,858
Nationwide Small Cap Index Fund	33,932	29,981
Neuberger Berman Genesis Trust	33,380	-
Goldman Sachs Growth Opportunity Fund	33,186	46,471
Thronburg Int'l Value Fund	29,210	38,690
Oppenheimer Capital Appreciation Fund	28,601	70,186
Buffalo Small Cap Fund	26,421	23,145
RS Partners Fund	26,072	24,953
Fidelity Adv MidCap Fund	25,671	52,364
JP Morgan Mid Cap Value Fund	23,459	29,844
Goldman Sachs Short Duration Gov't Fund	22,449	20,192
Fidelity Adv Leveraged Company Stock Fund	12,209	11,844
Nationwide Bond Index Fund	9,496	9,427
Pioneer Growth Opportunities Fund	9,414	9,159
Heartland Value Fund	8,674	22,569
Nationwide Money Market Fund	8,212	9,688
BlackRock Gov't Bond Portfolio	5,837	-
UBS Small Cap Growth Fund	5,521	4,752
Parnassus Workplace	4,648	-
JP Morgan Small Cap Equity Fund	4,559	-
Putnam International Equity Fund	381	-
BlackRock Gov't Income Portfolio	-	419
	$ 1,200,874	$ 1,203,727
Investment income for the year:		
Net appreciation (depreciation) in fair value of investments	$ (53,201)	$ 130,909

5. FAIR VALUE MEASUREMENTS

The Plan uses various valuation techniques in determining fair value. FASB ASC Section 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described 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 include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Money market funds: Valued based on quoted market prices in active markets.

Mutual funds: Valued based on quoted market prices in active markets.

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

5. **FAIR VALUE MEASUREMENTS (Continued)**

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

	Assets at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 8,212	$ -	$ -	$ 8,212
Mutual funds:				
Large Value	200,108	-	-	200,108
Moderate Allocation	137,298	-	-	137,298
Mid-Cap Growth	136,468	-	-	136,468
World Stock	116,827	-	-	116,827
Large Blend	101,635	-	-	101,635
Small Blend	98,647	-	-	98,647
Mid-Cap Blend	87,254	-	-	87,254
Large Growth	80,766	-	-	80,766
Intermediate-Term Bond	63,130	-	-	63,130
Small Growth	45,915	-	-	45,915
Intermediate government	40,441	-	-	40,441
Foreign Large Growth	29,210	-	-	29,210
Mid-Cap Value	23,459	-	-	23,459
Short Government	22,449	-	-	22,449
Small Value	8,674	-	-	8,674
Foreign Large Blend	381	-	-	381
	$ 1,200,874	$ -	$ -	$ 1,200,874

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

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 9,688	$ -	$ -	$ 9,688
Mutual funds:				
Moderate allocation	218,737	-	-	218,737
Large value	147,819	-	-	147,819
Large growth	131,260	-	-	131,260
Large blend	113,415	-	-	113,415
Mid-Cap growth	98,835	-	-	98,835
Small blend	97,050	-	-	97,050
World stock	95,902	-	-	95,902
Mid-Cap blend	82,441	-	-	82,441
Foreign large growth	38,690	-	-	38,690
Small growth	37,056	-	-	37,056
Intermediate government	36,277	-	-	36,277
Mid-Cap value	29,844	-	-	29,844
Intermediate-term bond	23,952	-	-	23,952
Small value	22,569	-	-	22,569
Short government	20,192	-	-	20,192
	$ 1,203,727	$ -	$ -	$ 1,203,727

6. PARTY-IN-INTEREST TRANSACTIONS

In 2011 and 2010, certain Plan investments were managed by Nationwide Trust Company, FSB. Nationwide Trust Company, FSB is the custodian of the Plan for the years ended December 31, 2011 and 2010, and therefore these transactions qualify as party-in-interest.

Investment income earned on assets invested with Nationwide Trust Company, FSB amounted to ($3,117) and $12,248 for the year ended December 31, 2011 and 2010, respectively.

Notes receivable from participants of $31,120 and $32,333 as of December 31, 2011 and 2010, respectively, with interest rates ranging from 4.25% to 9.25% also qualify as party-in-interest. Interest income on notes receivable from participants amounted to $1,664 and $2,280 for the years ended December 31, 2011 and 2010, respectively.

7. SUBSEQUENT EVENTS

Subsequent events have been evaluated through August 29, 2012, which is the date the financial statements were available to be issued.

Schedule I

INTERTECH GROUP 401(K) PROFIT SHARING PLAN

FEIN 16-1522762 / PN 001
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

	Identity of Issue	Current Value
	MONEY MARKET FUNDS:	
*	Nationwide Money Market Fund	$ 8,212
	MUTUAL FUNDS:	
	BlackRock EQ Dividend Fund	142,575
	Invesco Van Kampen Equity & Income Fund	137,298
	Oakmark Global II Fund	81,075
	MFS Value Fund	57,533
	Federated Capital Appreciation Fund	55,150
	MFS Research Bond Fund	53,634
	Janus Forty Fund	47,517
	VIC Diversified Stock Fund	46,485
	Baron Opportunity Retail	44,231
	Principal MidCap Blend Fund	39,249
	Wells Fargo Advisors Small Cap Value Fund	38,643
*	Nationwide Mid Cap Market Index Fund	35,796
	Oppenheimer Global Fund	35,752
	Sentinal Gov't Securities Fund	34,604
*	Nationwide Small Cap Index Fund	33,932
	Neuberger Berman Genesis Trust	33,380
	Goldman Sachs Growth Opportunity Fund	33,186
	Thronburg Int'l Value Fund	29,210
	Oppenheimer Capital Appreciation Fund	28,601
	Buffalo Small Cap Fund	26,421
	RS Partners Fund	26,072
	Fidelity Adv MidCap Fund	25,671
	JP Morgan Mid Cap Value Fund	23,459
	Goldman Sachs Short Duration Gov't Fund	22,449
	Fidelity Adv Leveraged Company Stock Fund	12,209
*	Nationwide Bond Index Fund	9,496
	Pioneer Growth Opportunities Fund	9,414
	Heartland Value Fund	8,674
	BlackRock Gov't Bond Portfolio	5,837
	UBS Small Cap Growth Fund	5,521
	Parnassus Workplace	4,648
	JP Morgan Small Cap Equity Fund	4,559
	Putnam International Equity Fund	381
		1,192,662
*	Notes receivable from participants, with interest rates ranging from 4.25% - 9.25%	31,120
		$ 1,231,994

* The above named is a party-in-interest

This schedule was prepared solely from information which has been certified as complete and accurate by Nationwide Trust Company, FSB.
The accompanying notes are an integral part of this schedule.

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

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

Name of plan
INTERTECH GROUP 401(K) PROFIT SHARING PLAN

Employer Identification Number
16-1522762

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	NATIONWIDE TRUST COMPANY	BUF SMCAP	0	26,797
	NATIONWIDE TRUST COMPANY	BARON IOPPR		44,514
	NATIONWIDE TRUST COMPANY	BLKRK US GOV BD PORT INV A		5,837
	NATIONWIDE TRUST COMPANY	UBS US SMCAP GR A		5,521
	NATIONWIDE TRUST COMPANY	FED CAP APP A		55,490
	NATIONWIDE TRUST COMPANY	FIDADV LEVR CO STK A		12,258
	NATIONWIDE TRUST COMPANY	FIDADV STKSEL MDCAP A		25,831
	NATIONWIDE TRUST COMPANY	NW MNY MKT INST		8,227
	NATIONWIDE TRUST COMPANY	GDMNSCS SHRT DUR GOVT A		22,612
	NATIONWIDE TRUST COMPANY	GDMNSCS GR OPPR A		33,379
	NATIONWIDE TRUST COMPANY	HEARTLAND VAL INV		8,743
	NATIONWIDE TRUST COMPANY	JNS FRTY S		47,689
	NATIONWIDE TRUST COMAPNY	JPM MDCAP VAL A		23,528
	NATIONWIDE TRUST COMPANY	JPM SMCAP EQ A		4,595
	NATIONWIDE TRUST COMPANY	PTNM INTL EQ A		424
	NATIONWIDE TRUST COMPANY	OKMRK GLB II		81,607
	NATIONWIDE TRUST COMPANY	VIC DIVRS STK A		46,895
	NATIONWIDE TRUST COMPANY	BLKRK EQ DIVD INV		143,566
	NATIONWIDE TRUST COMPANY	MFS VAL A		57,967
	NATIONWIDE TRUST COMPANY	MFS RSRCH BD A		54,259
	NATIONWIDE TRUST COMPANY	NW BD INDX A		9,522
	NATIONWIDE TRUST COMPANY	NEUBER GENESIS TR		33,617
	NATIONWIDE TRUST COMPANY	NW MDCAP MKT INDX		35,959
	NATIONWIDE TRUST COMPANY	NW SMCAP INDX A		34,204
	NATIONWIDE TRUST COMPANY	OPP CAP APP A		28,791
	NATIONWIDE TRUST COMPANY	PIONR GR OPPR A		9,512
	NATIONWIDE TRUST COMPANY	OPP GLBL A		35,928
	NATIONWIDE TRUST COMPANY	PRNCPL MDCAP BLND		39,386
	NATIONWIDE TRUST COMPANY	PARNASSUS WRKPLC		4,726
	NATIONWIDE TRUST COMPANY	RS PTNRS A		26,244
	NATIONWIDE TRUST COMPANY	SNTNL GOVT SEC A		34,727
	NATIONWIDE TRUST COMPANY	WFA SMCAP VAL A		38,817
	NATIONWIDE TRUST COMPANY	THRNBRG INTL VAL		29,427
	NATIONWIDE TRUST COMPANY	INVSCO VK EQ INC		137,937