

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 <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>INTEGRATED PRINT AND GRAPHICS, INC 401(K) PLAN</u>	1b Three-digit plan number (PN) ► <u>002</u> 1c Effective date of plan <u>01/01/1998</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>INTEGRATED PRINT AND GRAPHICS, INC</u> <u>645 STEVENSON ROAD</u> <u>SOUTH ELGIN, IL 60177</u>	2b Employer Identification Number (EIN) <u>36-2703670</u> 2c Sponsor's telephone number <u>847-717-8229</u> 2d Business code (see instructions) <u>323100</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/28/2012</u>	<u>CHRISTOPHER GORSKI</u>
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
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3a Plan administrator's name and address (if same as plan sponsor, enter "Same") INTEGRATED PRINT AND GRAPHICS, INC 645 STEVENSON ROAD SOUTH ELGIN, IL 60177	3b Administrator's EIN 36-2703670 3c Administrator's telephone number 847-717-8229
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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
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5 Total number of participants at the beginning of the plan year	5	123
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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	113
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	14
d Subtotal. Add lines 6a , 6b , and 6c	6d	127
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	127
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	78
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 2T

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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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)** ☒ **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)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☐ **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☐ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>INTEGRATED PRINT AND GRAPHICS, INC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTEGRATED PRINT AND GRAPHICS, INC</u>	D Employer Identification Number (EIN) <u>36-2703670</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MERRILL LYNCH,PIERCE,FENNER & SMITH

13-5674085

(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)

ASCENSUS

11-3665754

(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?
99 37 15 60 50	RECORDKEEPER	1163	Yes ☒ No ☐	Yes ☐ No ☒	213	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 ☐

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
ASCENSUS	15 60	0
(d) Enter name and EIN (address) of source of indirect compensation MERRILL LYNCH,PIERCE,FENNER & SMITH 13-5674085 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND.		
(a) Enter service provider name as it appears on line 2 ASCENSUS (b) Service Codes (see instructions) 99 (c) Enter amount of indirect compensation 213		
(d) Enter name and EIN (address) of source of indirect compensation MERRILL LYNCH,PIERCE,FENNER & SMITH 13-5674085 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. QUALITY SERVICE BONUS		
(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
(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
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>INTEGRATED PRINT AND GRAPHICS, INC 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTEGRATED PRINT AND GRAPHICS, INC</u>	D Employer Identification Number (EIN) <u>36-2703670</u>	

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)	10000	10000
(2) Participant contributions	1b(2)	4810	4424
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	365690	227105
(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)	82470	71723
(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)	1554107	1857838
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	2017077	2171090

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2017077	2171090
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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)	10000	
(B) Participants	2a(1)(B)	241607	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		251607
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6	
(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)	3939	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3945
(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)	17948	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		17948
(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)		-92923
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		180577

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	25401	
(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)		25401
f Corrective distributions (see instructions)	2f		
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)	1163	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1163
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		26564

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		154013
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: DIGIOVINE HNILO JORDAN & JOHNSON LTD

(2) EIN: 36-3029663

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		200000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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?

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 <u>INTEGRATED PRINT AND GRAPHICS, INC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTEGRATED PRINT AND GRAPHICS, INC</u>	D Employer Identification Number (EIN) <u>36-2703670</u>

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	<u>0</u>
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): <u>45-0404698</u>		
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 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
Independent Auditor's Report

**INTEGRATED PRINT &
GRAPHICS, INC. 401(k) PLAN**

December 31, 2011 and 2010

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DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants/Business Consultants

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
**INTEGRATED PRINT &
GRAPHICS, INC. 401(k) PLAN**
South Elgin, Illinois

We were engaged to audit the financial statements of Integrated Print & Graphics, Inc. 401(k) Plan (the "Plan") as of December 31, 2011 and 2010 and for the year ended December 31, 2011, and the supplemental schedule as of and for the year ended December 31, 2011 as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States 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 investment information summarized in Note D, which was certified by Ascensus, the recordkeeper of the Plan, as agent for Frontier Trust Company, the Custodian 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 Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the agent on behalf of the Custodian 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 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.

DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants

Naperville, Illinois
September 18, 2012

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STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ASSETS		
Participant-directed investments, at fair value		
Registered investment companies	\$ 2,084,943	\$ 1,919,797
Receivables		
Employer contribution	10,000	10,000
Participant contributions	4,424	4,810
Notes receivable from participants	71,723	82,470
	<u>86,147</u>	<u>97,280</u>
TOTAL ASSETS	2,171,090	2,017,077
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,171,090</u>	<u>\$ 2,017,077</u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2011

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Contributions:	
Employer	\$ 10,000
Participants	241,607
	<u>251,607</u>
Investment income:	
Interest and dividends	17,954
Interest - notes receivable from participants	3,939
	<u>21,893</u>
TOTAL ADDITIONS	273,500

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Participant-directed investment income:	
Net depreciation in fair value of investments	92,923
Benefits paid to participants	25,401
Administrative expenses	1,163
	<u>119,487</u>
TOTAL DEDUCTIONS	119,487
NET INCREASE	154,013

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>2,017,077</u>
END OF YEAR	<u><u>\$ 2,171,090</u></u>

Integrated Print & Graphics, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE A--DESCRIPTION OF PLAN

The following description of the Integrated Print & Graphics, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is sponsored by Integrated Print & Graphics, Inc. (the "Company") for employees that meet specific eligibility requirements. The Plan, designated as a defined contribution plan, was established on January 1, 1998 and has been amended and restated, effective May 1, 2009. The Plan provides for contributions to be made under salary deferral agreements pursuant to Section 401(k) of the Internal Revenue Code (the "Code"). Employees of the Company, 21 years or older, are eligible to participate on the first day of the next month following their completion of one year of service as defined in the Plan. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974 ("ERISA").

Contributions

Eligible participants may elect to contribute pre-tax compensation to the Plan by means of a salary deferral agreement not to exceed the maximum percentage permitted by law of their annual compensation. Contributions are subject to limitations as provided in the Code and as described in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans in accordance with Plan provisions. Salary deferral contributions are funded proximate to the withholding date.

The Company may make discretionary matching contributions in accordance with Plan provisions. Additional amounts may be contributed at the option of the Company's board of directors under qualified matching and qualified nonelective contribution provisions of the Plan. Company contributions are funded annually after the close of the Plan year and within statutory time frames. All contributions are subject to certain limitations as defined in the Plan.

Participants direct the investment of all deferral and allocated Company contributions into various investment options offered by the Plan.

Participant Accounts

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

Investment Options

Upon enrollment in the Plan, participants may direct employee contributions in one or more of the investment options offered by the Plan. The current investment choices are more fully described in the Plan's literature. Participants may change their investment options at any time in accordance with Plan provisions. During any period in which there is no participant direction on file with the Custodian as to the investment of a participant's account, the Plan Administrator will determine how participant deferral contributions will be invested. The Plan currently offers various investment options, which include a diverse group of mutual funds.

Integrated Print & Graphics, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE A--DESCRIPTION OF PLAN--continued

Vesting

Participants are immediately vested in their voluntary contributions and in qualified matching and qualified nonelective Company contributions, plus actual earnings thereon. Vesting in the Company's discretionary matching contribution portion of their accounts, plus earnings thereon, is based on years of credited service. A participant is 100% vested after five years of credited service as defined in the Plan.

<u>Vesting Service</u>	<u>Percentage Vested</u>
Less than 2	0%
2	20%
3	40%
4	60%
5 or more	100%

Participants who attain the normal retirement age of 55, or who terminate employment due to death or disability, are 100 percent vested in their account balances.

Payment of Benefits

Upon termination of employment due to death, disability, retirement or Plan termination, a participant is entitled to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount, partial payment, or annuity contract in accordance with Plan provisions. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution in accordance with Plan provisions.

All distributions will be made as soon as administratively feasible. Mandatory distributions greater than \$1,000 but less than \$5,000, may be paid in a direct rollover to an individual retirement plan designated by the Plan Administrator. These distributions will be made if a participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or does not elect to receive the distribution directly. If a participant has a vested account balance greater than \$5,000, they are not required to take a payout from the Plan until required distribution rules apply.

Participants may elect to receive hardship withdrawals prior to termination of employment from their deferral contribution account, or an amount equal to the value of the participant's vested interest in his or her employer matching contribution. Participants may also elect to withdraw rollover contributions at any time.

Participants who have attained age 59 1/2 may also receive in-service withdrawals for elective deferrals, vested matching contributions, qualified non-elective contributions, and qualified matching contributions.

Forfeited Accounts

At December 31, 2011 and 2010, forfeited nonvested accounts totaled \$23 and \$267 respectively. These accounts may be used to reduce administrative expenses under the Plan or future employer contributions, as directed by the Plan sponsor. During the year ended December 31, 2011, forfeitures of \$273 were used to reduce administrative expenses.

Integrated Print & Graphics, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE A--DESCRIPTION OF PLAN--continued

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loans are secured by the participant's vested account balance and bear a reasonable rate of interest (3.25% to 9.75% at December 31, 2011 and 2010) as determined by the Plan Administrator based on the prevailing interest rates at loan inception charged by persons in the business of lending money for loans which would be made under similar circumstances. Loans are for a period not to exceed five years unless for the purchase of the participant's principal residence, in which case the term of the loan is determined at the time the loan is made and is to be a reasonable period of time. Principal and interest shall be repaid ratably at least quarterly by participants.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Investments in shares of registered investment companies are valued at quoted market prices which represent the net asset value of the shares or units held by the Plan at year-end. Securities that have no quoted market price, if any, are valued at estimated 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 C.

Net depreciation of investments included in the accompanying Statement of Changes in Net Assets Available for Benefits includes realized gains or losses on investments bought and sold during the year and unrealized appreciation or depreciation in the fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period.

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

Notes Receivable from Participants

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Company bears most administrative costs of the Plan.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-continued

Accounting Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan's Administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements and during the reporting period. Accordingly, actual results may differ from those estimates.

Date of Management's Review

Subsequent events were evaluated through September 18, 2012, which is the date the financial statements were available to be issued.

NOTE C--FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The 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.

Should an investment be re-characterized from one level to another level, Plan management would state the basis for the change. Under such circumstances the Plan would report the transfers in and transfers out at the beginning of the Plan quarter when change occurs.

Gains and losses (realized and unrealized) are reported as net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

Integrated Print & Graphics, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE C--FAIR VALUE MEASUREMENTS--continued

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

Level 1: Registered investment companies: Valued at quoted net asset values (NAV) of units held by the Plan at year end.

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

The following tables 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
Registered investment companies:				
Large-Cap	\$ 393,970	\$ -	\$ -	\$ 393,970
Mid-Cap	418,721	-	-	418,721
Small-Cap	173,124	-	-	173,124
International-Global	589,755	-	-	589,755
Target Date	121,496	-	-	121,496
Intermediate Bond	22,815	-	-	22,815
Intermediate Government	137,957	-	-	137,957
Money market	227,105	-	-	227,105
Total assets at fair value	<u>\$ 2,084,943</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,084,943</u>

Assets at Fair Value as of December 31, 2010

	Level 1	Level 2	Level 3	Total
Registered investment companies:				
Large-Cap	\$ 431,572	\$ -	\$ -	\$ 431,572
Mid-Cap	296,711	-	-	296,711
Small-Cap	75,885	-	-	75,885
International-Global	520,344	-	-	520,344
Target Date	100,132	-	-	100,132
Intermediate Bond	13,701	-	-	13,701
Intermediate Government	115,762	-	-	115,762
Money market	365,690	-	-	365,690
Total assets at fair value	<u>\$ 1,919,797</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,919,797</u>

Integrated Print & Graphics, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE D--INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Ascensus as agent for Frontier Trust Company, the Custodian, as of December 31, 2011 and 2010 and for the year ended December 31, 2011. Except for comparing such information as certified by the agent of the Custodian to information included in the Plan's financial statements and supplemental schedule, we did not perform any auditing procedures on the certified information.

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the agent of the Custodian as of December 31, 2011 and 2010.

	2011		2010
<u>Participant-directed investments, at fair value:</u>			
Registered investment companies, at fair value:			
American Funds Growth Fund of America R2	\$ 41,335		\$ 39,334
Columbia Small Cap Value II R	81,033		75,702
Delaware Diversified Income R	137,957	*	115,761
Alger Mid Cap Growth Institutional R	85,879		54,938
Invesco Real Estate R	26,473		15,486
Prudential Jennison Small Company R	152		182
AllianceBern International Valuation R	10,159		11,917
AllianceBern Small-Mid Cap Value R	239,029	*	163,562
AllianceBern 2010 Retirement Strategy Fund R	-		169
AllianceBern 2015 Retirement Strategy Fund R	6,970		14,089
AllianceBern 2020 Retirement Strategy Fund R	6,261		778
AllianceBern 2025 Retirement Strategy Fund R	60,821		39,039
AllianceBern 2030 Retirement Strategy Fund R	44,892		40,361
AllianceBern 2035 Retirement Strategy Fund R	7,352		5,523
AllianceBern 2040 Retirement Strategy Fund R	-		173
BlackRock Ready Assets Prime Money Fund	227,105	*	365,681
BlackRock S&P 500 Index A	92,363		60,123
BlackRock Capital Appreciation Investments A	46		231
BlackRock Government Bond BlackRock	-		13,701
BlackRock Intermediate Government Bond	22,815		-
BlackRock Mid Cap Value Opportunities R	67,340		62,726
BlackRock Global Allocation R	439,121	*	400,712
BlackRock Global SmallCap R	140,475	*	107,715
BlackRock Health Sciences Opportunities A	-		75,247
BlackRock Health Sciences Opportunities R	91,939		-
BlackRock Large Cap Core R	1,460		777
BlackRock Large Cap Value R	253,966	*	255,861
Frontier Trust Company Trust Account	-		9
Total participant-directed investments	2,084,943		1,919,797
Notes receivable from participants	71,723		82,470
	<u>\$ 2,156,666</u>		<u>\$ 2,002,267</u>

Integrated Print & Graphics, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE D--INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)-continued

*Fair value of investments representing greater than 5% of the Plan's net assets as of December 31, 2011 and 2010.

During the year ended December 31, 2011, the Plan's investments (including gains and losses on investments bought, sold and held during the year), depreciated in value \$92,923. During the year ended December 31, 2011, the Plan's investments earned interest and dividends of \$17,954.

NOTE E--TAX STATUS

On March 31, 2008, the Internal Revenue Service stated that the prototype plan document, subsequently adopted by the Plan, as then designed qualified under section 401(k) of the Internal Revenue Code (the "IRC"). The Plan has been amended since receiving the determination letter. The Plan has not received a determination letter specific to the Plan itself; however, the Plan administrator and the Plan's legal counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 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, there are no uncertain positions taken 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 no longer subject to income tax examinations for years prior to 2008.

NOTE F--PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE G--RISKS AND UNCERTAINTIES

The Plan's assets are invested directly and indirectly in various investment securities which are purchased or managed by the Custodian. The investments are exposed to various risks such as interest rate, market, and credit risks. The Plan's assets are subject to the changes in value of these underlying investments, including the potential for bankruptcy of one or more of the companies in which they are invested.

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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

The participants who have borrowed from the Plan are all employees of the Company in the Chicagoland area, and their ability to repay the notes could be affected by the economic conditions in the industry in general, the economic conditions in the Chicago metropolitan area or the economic situation of the Company itself.

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

NOTE H--RELATED PARTY TRANSACTIONS

Certain employees of the Company provide administrative services for the Plan and are not reimbursed for their services. Certain other administrative expenses are paid by the Company on behalf of the Plan. These amounts are not material to the financial statements.

Certain Plan investments are managed by affiliates of the Custodian; and therefore, qualify as party-in-interest transactions. Ascensus (the "recordkeeper") performs administrative and recordkeeping services for the Plan. During the years ended December 31, 2011 and 2010, fees paid by the Company to the Custodian and the recordkeeper and other service providers approximated \$4,000.

SUPPLEMENTAL INFORMATION

Integrated Print & Graphics, Inc. 401(k) Plan

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT YEAR END)

December 31, 2011

EIN: 36-2703670

Plan # 002

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Capital Research and Management Company	American Funds Growth Fund of America R2	**	\$ 41,335
	Columbia Management Investment Advantage LLC	Columbia Small Cap Value II R	**	81,033
	Delaware Management, Co.	Delaware Diversified Income R	**	137,957
	Fred Alger Management, Inc.	Alger Mid Cap Growth Institutional R	**	85,879
	Investco Advisers, Inc.	Invesco Real Estate R	**	26,473
	Prudential Investments LLC	Prudential Jennison Small Company R	**	152
	AllianceBernstein LP	AllianceBern International Value	**	10,159
	AllianceBernstein LP	AllianceBern Small-Mid Cap Value R	**	239,029
	AllianceBernstein LP	AllianceBern 2015 Retirement Strategy Fund R	**	6,970
	AllianceBernstein LP	AllianceBern 2020 Retirement Strategy Fund R	**	6,261
	AllianceBernstein LP	AllianceBern 2025 Retirement Strategy Fund R	**	60,821
	AllianceBernstein LP	AllianceBern 2030 Retirement Strategy Fund R	**	44,892
	AllianceBernstein LP	AllianceBern 2035 Retirement Strategy Fund R	**	7,352
	BlackRock Advisors LLC	BlackRock Ready Assets Prime Money Fund	**	227,105
	BlackRock Advisors LLC	BlackRock S&P 500 Index A	**	92,363
	BlackRock Advisors LLC	BlackRock Capital Appreciation Investments A	**	46
	BlackRock Advisors LLC	BlackRock Intermediate Government Bond	**	22,815
	BlackRock Advisors LLC	BlackRock Mid Cap Value Opportunities R	**	67,340
	BlackRock Advisors LLC	BlackRock Global Allocation R	**	439,121
	BlackRock Advisors LLC	BlackRock Global SmallCap R	**	140,475
	BlackRock Advisors LLC	BlackRock Health Science Opportunity Port R	**	91,939
	BlackRock Advisors LLC	BlackRock Large Cap Core R	**	1,461
	BlackRock Advisors LLC	BlackRock Large Cap Value R	**	253,965
	Other:			
*	Participant loans	3.25% to 9.75%	-0-	71,723
				<u>\$ 2,156,666</u>

* Party-in-interest

** Participant-directed thus cost information not required.

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e)
Formula Description

Plan Name: INTEGRATED PRINT & GRAPHICS, INC. 401(k) PLAN
Plan Number: 035136
Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
MRHCX	BlackRock Healthcare Fund Inc.	12 dollars per fund position
AGIRX	Alger Mid Cap Growth Inst'l Fund R	12 dollars per fund position
AIVRX	Alliance Bernstein International Value R	12 dollars per fund position
BHSRX	BlackRock Health Scienc Opport Port R	12 dollars per fund position
CCTRX	Columbia Small Cap Value II R	12 dollars per fund position
IARRX	Invesco Real Estate Fund R	12 dollars per fund position
LTDRX	AllianceBernstein 2010 Ret Strategy Fd R	12 dollars per fund position
LTERX	AllianceBernstein 2015 Ret Strategy Fd R	12 dollars per fund position
LTHRX	AllianceBernstein 2020 Ret Strategy Fd R	12 dollars per fund position
LTJRX	AllianceBernstein 2025 Ret Strategy Fd R	12 dollars per fund position
LTKRX	AllianceBernstein 2030 Ret Strategy Fd R	12 dollars per fund position
LTLRX	AllianceBernstein 2035 Ret Strategy Fd R	12 dollars per fund position
ABSRX	AllianceBernstein Small-Mid Cap Value R	12 dollars per fund position
MRGSX	BlackRock Global SmallCap Fund Inc.	12 dollars per fund position
MDSRX	BlackRock S & P 500 Index Fund	N/A
MRLOX	BlackRock Global Allocation Fund Inc.	12 dollars per fund position
MRLRX	BlackRock Large Cap Core Fund	12 dollars per fund position
MRLVX	BlackRock Large Cap Value Fund	12 dollars per fund position
MRRFX	BlackRock Mid Cap Value Opportunities Fd	12 dollars per fund position
DPRFX	Delaware Diversified Income Fund Class R	12 dollars per fund position
JSCRX	Prudential Jennison Small Co R	12 dollars per fund position
RGABX	American Funds Growth Fnd of Amer R2	12 dollars per fund position
BGIDX	BlackRock Government Income Portfolio	12 dollars per fund position

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e)

Formula Description

Plan Name: INTEGRATED PRINT & GRAPHICS, INC. 401(k) PLAN

Plan Number: 035136

Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
BIGEX	BlackRock Intermediate Gov Bnd Prt B1	12 dollars per fund position
MBFGX	BlackRock Capital Appreciation Fund A	12 dollars per fund position
MRAXX	Ready Assets(7dayYield:0.00%)	6 dollars per fund position
LTSRX	AllianceBernstein 2040 Ret Strategy Fd R	12 dollars per fund position

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name INTEGRATED PRINT AND GRAPHICS, INC 401(K) PLAN

EIN: 36-2703670

Plan Sponsor's Name INTEGRATED PRINT AND GRAPHICS, INC

PN: 002

(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
	Merrill Lynch	Ready Assets(7dayYield:0.00%)	0	227,105
	BlackRock	BlackRock S&P 500 Index A	0	92,363
	BlackRock	BlackRock Capital Appreciation Fund B	0	46
	BlackRock	BlackRock Mid Cap Value Opp R	0	67,340
	Alger	Alger Mid Cap Growth Institutional R	0	85,879
	BlackRock	BlackRock Global Allocation R	0	439,121
	BlackRock	BlackRock Global Small Cap R	0	140,475

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name INTEGRATED PRINT AND GRAPHICS, INC 401(K) PLAN

EIN: 36-2703670

Plan Sponsor's Name INTEGRATED PRINT AND GRAPHICS, INC

PN: 002

(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
	Invesco	Invesco Real Estate R	0	26,473
	BlackRock	BlackRock Large Cap Core R	0	1,461
	Alliance Bernstein	AllianceBern Intl Value R	0	10,159
	BlackRock	BlackRock Large Cap Value R	0	253,965
	American Funds	American Funds Growth Fund of America R2	0	41,335
	Alliance Bernstein	AllianceBern Small/Mid Cap Value R	0	239,029
	Columbia	Columbia Small Cap Value II R	0	81,033

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____
Plan Sponsor's Name _____

EIN: _____
PN: _____

(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
	Delaware	Delaware Diversified Income R	0	137,957
	Alliance Bernstein	AllianceBern 2015 Ret Strategies R	0	6,970
	Alliance Bernstein	AllianceBern 2020 Ret Strategies R	0	6,261
	Alliance Bernstein	AllianceBern 2025 Ret Strategies R	0	60,821
	Alliance Bernstein	AllianceBern 2030 Ret Strategies R	0	44,892
	Alliance Bernstein	AllianceBern 2035 Ret Strategies R	0	7,352
	Prudential	Prudential Jennison Small Company R	0	152

Plan Name	INTEGRATED PRINT AND GRAPHICS, INC 401(K) PLAN
Plan Sponsor's Name	INTEGRATED PRINT AND GRAPHICS, INC

(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
	BlackRock	BlackRock U.S. Govt Bond Port B1	0	22,815
	BlackRock	BlackRock Health Sciences Opp Port R	0	91,939
	Participants Loan Account	Various Rates and Maturities	0	71,723