

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>SWANK AUDIO VISUALS, LLC EMPLOYEE PROFIT SHARING 401(K) PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>12/15/2005</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>SWANK AUDIO VISUALS, LLC</u> <u>639 GRAVOIS BLUFFS BLVD SUITE E</u> <u>FENTON, MO 63026</u>	2b Employer Identification Number (EIN) <u>43-1814760</u> 2c Sponsor's telephone number <u>636-680-2830</u> 2d Business code (see instructions) <u>512100</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>10/08/2012</u>	<u>DANIEL BAUMAN</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)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SWANK AUDIO VISUALS, LLC 639 GRAVOIS BLUFFS BLVD SUITE E FENTON, MO 63026	3b Administrator's EIN 43-1814760 3c Administrator's telephone number 636-680-2830
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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	1631
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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	1539
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	100
d Subtotal. Add lines 6a , 6b , and 6c	6d	1639
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1639
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	767
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	76

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 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)	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)** ☒ 2 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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>SWANK AUDIO VISUALS, LLC EMPLOYEE PROFIT SHARING 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SWANK AUDIO VISUALS, LLC</u>	D Employer Identification Number (EIN) <u>43-1814760</u>

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE AND ANNUITY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>84-0467907</u>	<u>68322</u>	<u>332394-01</u>	<u>324</u>	<u>01/01/2011</u>	<u>12/31/2011</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>0</u>	<u>0</u>

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	2498834
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)	2552514
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	39770
(4) Transferred from separate account	7c(4)	2439762
(5) Other (specify below)	7c(5)	69888

▶ **LOAN PAYMENTS**

(6) Total additions	7c(6)	5101934
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d Total of balance and additions (add b and c(6))	7d	5101934
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	115727
(2) Administration charge made by carrier	7e(2)	5448
(3) Transferred to separate account	7e(3)	2481925
(4) Other (specify below)	7e(4)	0

(5) Total deductions	7e(5)	2603100
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f Balance at the end of the current year (subtract e(5) from d)	7f	2498834
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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>SWANK AUDIO VISUALS, LLC EMPLOYEE PROFIT SHARING 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SWANK AUDIO VISUALS, LLC</u>	D Employer Identification Number (EIN) <u>43-1814760</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>42-0127290</u>	<u>61271</u>	<u>453280</u>	<u>0</u>	<u>01/01/2011</u>	<u>12/31/2011</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>0</u>	<u>0</u>

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE INVESTMENT ANNUITY

b Balance at the end of the previous year	7b	933455
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c Additions: (1) Contributions deposited during the year	7c(1)	21830	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	2447	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)	5986	

▶ LOAN PAYMENT

(6) Total additions	7c(6)	30263
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d Total of balance and additions (add b and c(6))	7d	963718
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	12505	
(2) Administration charge made by carrier	7e(2)	4893	
(3) Transferred to separate account	7e(3)	26714	
(4) Other (specify below)	7e(4)	919606	

▶ REFUND, NEW LOANS, TRANSFER TO NEW ADMINISTRATOR

(5) Total deductions	7e(5)	963718
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f Balance at the end of the current year (subtract e(5) from d)	7f	0
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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>SWANK AUDIO VISUALS, LLC EMPLOYEE PROFIT SHARING 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SWANK AUDIO VISUALS, LLC</u>	D Employer Identification Number (EIN) <u>43-1814760</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

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

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)

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	401	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT-WEST LIFE & ANNUITY COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	3562	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

LOCKTON INVESTMENT ADVISORS, LLC

P.O. BOX 877579
KANSAS CITY, MO 64187

(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	INVESTMENT ADVISOR	36476	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)

MCGLADREY & PULLEN, LLP

331 WEST THIRD STREET STE 200
DAVENPORT, IA 52801

(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?
10	AUDITOR	11641	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL LIFE INSURANCE COMPANY

711 HIGH STREET
DES MOINES, IA 50392

(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?
13	CONTRACT ADMINISTRATOR	7090	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
(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
(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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>SWANK AUDIO VISUALS, LLC EMPLOYEE PROFIT SHARING 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SWANK AUDIO VISUALS, LLC</u>	D Employer Identification Number (EIN) <u>43-1814760</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP BLEND SEP ACCT-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-029</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP BLEND SEP ACCT-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-020</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN GOVT & HQ BOND SA-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-007</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MONEY MARKET SEP ACCT-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP VALUE SEP ACCT-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-031</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN U.S. PROPERTY SEP ACCT-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN BOND AND MORTGAGE SA-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-005</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN DIVERSIFIED INTL SA-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-015	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S & P 500 INDEX SA-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S & P 600 INDEX SA-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-028	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S & P 400 IDX SA-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-023	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP GROWTH I SA-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-070	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP GROWTH II SA-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-067	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2010 SEP ACCT-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2020 SEP ACCT-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2030 SEP ACCT-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-077	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2040 SEP ACCT-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-078	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2050 SEP ACCT-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-079	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME STRAT INC SA-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-080	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGE CAP VALUE I SA-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-098	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE PLUS BOND I SA-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-115	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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>SWANK AUDIO VISUALS, LLC EMPLOYEE PROFIT SHARING 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SWANK AUDIO VISUALS, LLC</u>	D Employer Identification Number (EIN) <u>43-1814760</u>	

Part I	Asset and Liability Statement
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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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	1467
(2) Participant contributions	1b(2)	0	6627
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	735851	928863
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)	17256215	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	628346	17404520
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	929768	2498834
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	19550180	20840311

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	19550180	20840311
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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)	487585	
(B) Participants	2a(1)(B)	2068508	
(C) Others (including rollovers)	2a(1)(C)	19299	
(2) Noncash contributions	2a(2)	0	2575392
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	29605	
(F) Other	2b(1)(F)	42174	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		71779
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	381492	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		381492
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		529629
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-1528238
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		2030054

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	671963	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		671963
f Corrective distributions (see instructions)	2f		10560
g Certain deemed distributions of participant loans (see instructions).....	2g		21158
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	36242	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		36242
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		739923

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1290131
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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: MCGLADREY LLP

(2) EIN: 42-0714325

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.).....	☒		115298
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.).....		☒	
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.)		☒	
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.).....		☒	
e Was this plan covered by a fidelity bond?.....	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒		
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.).....		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	☒		
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.	☒		

- 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>SWANK AUDIO VISUALS, LLC EMPLOYEE PROFIT SHARING 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SWANK AUDIO VISUALS, LLC</u>	D Employer Identification Number (EIN) <u>43-1814760</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>84-1455663</u> <u>42-0127290</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
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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): _____

Swank Audio Visuals, LLC
Employee Profit Sharing 401(k) Plan

Financial Report
December 31, 2011

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Independent Auditor's Report

To the Investment Committee
Swank Audio Visuals, LLC Employee Profit Sharing 401(k) Plan
St. Louis, Missouri

We were engaged to audit the accompanying statements of net assets available for benefits of Swank Audio Visuals, LLC Employee Profit Sharing 401(k) Plan (the Plan) as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedules of Schedule H, Part IV, Line 4i - Schedule of assets (held at end of year) and Schedule H, Part IV, Line 4a - Schedule of delinquent participant contributions as of and for the year ended December 31, 2011. These financial statements and supplemental schedules 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 information summarized in Note 4, which was certified or provided by Orchard Trust Company, LLC and Great West Life & Annuity Insurance Company, the current custodians of the Plan and Principal Life Insurance Company and Delaware Charter and Trust Company, doing business as Principal Trust Company, the former custodians of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodians held the Plan's assets and executed transactions. The Plan Administrator has obtained certifications from the custodians regarding the completeness and accuracy of the information summarized in Note 4 that was provided to the Plan Administrator by the current custodian as of December 31, 2011 and for the period from March 1, 2011 to December 31, 2011, and the former custodian from January 1, 2011 to February 29, 2011, and as of December 31, 2010.

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 schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that derived from the information certified or provided by the current and former custodians, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McGladrey LLP

St. Louis, Missouri
October 5, 2012

Swank Audio Visuals, LLC Employee Profit Sharing 401(k) Plan

**Statements of Net Assets Available for Benefits
December 31, 2011 and 2010**

	2011	2010
Assets		
Investments, at fair value:		
Shares of registered investment companies - mutual funds	\$ 17,404,520	\$ 628,346
Guaranteed interest accounts with insurance company	2,498,834	929,768
Insurance company pooled separate accounts	-	17,256,215
	<u>19,903,354</u>	<u>18,814,329</u>
Receivables:		
Participant contributions	6,627	-
Employer contributions	1,467	-
Notes from participants	<u>928,863</u>	<u>735,851</u>
Net assets available for benefits	<u><u>\$ 20,840,311</u></u>	<u><u>\$ 19,550,180</u></u>

See Notes to Financial Statements.

Swank Audio Visuals, LLC Employee Profit Sharing 401(k) Plan

**Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2011**

<hr/> Additions (reductions) to net assets attributable to:	
Investment income (loss):	
Net depreciation in fair value of investments	\$ (998,609)
Dividends on shares of registered investment companies - mutual funds	381,492
Interest earned on guaranteed interest accounts	42,174
	<hr/> (574,943) <hr/>
Interest income on notes from participants	<hr/> 29,605 <hr/>
Contributions:	
Participants	2,068,508
Employer	487,585
Rollovers	19,299
	<hr/> 2,575,392 <hr/>
Total additions	<hr/> 2,030,054 <hr/>
Deductions from net assets attributed to:	
Benefits paid	703,681
Administrative expenses	36,242
Total deductions	<hr/> 739,923 <hr/>
Net increase	1,290,131
Net assets available for benefits:	
Beginning of year	<hr/> 19,550,180 <hr/>
End of year	<hr/> \$ 20,840,311 <hr/>

See Notes to Financial Statements.

Swank Audio Visuals, LLC Employee Profit Sharing 401(k) Plan

Notes to Financial Statements

Note 1. Description of Plan

The following description of Swank Audio Visuals, LLC Employee Profit Sharing 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General: The Plan is a defined contribution plan sponsored by Swank Audio Visuals, LLC (the Company) for the benefit of its employees who become eligible to participate immediately upon hire. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Change in custodians: The Plan changed its custodian and recordkeeper from Principal Life Insurance Company and Delaware Charter and Trust Company, doing business as Principal Trust Company, to Orchard Trust Company, LLC and Great West Life & Annuity Insurance Company, effective March 1, 2011.

Contributions: Participants may elect to reduce their salary and have that amount contributed to the Plan. The elective deferred amount may not be more than the lesser of: (a) 100% of their compensation, (b) maximum dollar limit allowed under the requirements of the Internal Revenue Code (\$16,500 for 2011) or (c) such lesser amount as determined by the discrimination tests for the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may choose to begin elective deferral contributions at the beginning of each quarter of the Plan year. Rollover contributions to participants from another qualified plan are permitted as defined in the Plan. The Company may make discretionary matching contributions of employees' salary reduction amounts at a percentage determined by the Company. The Company may also contribute an annual profit-sharing amount, which is discretionary as determined by the Company's Board of Directors. Contributions are subject to certain limitations.

Participant accounts: Each participant's account is credited with the participant's elective and, if applicable, rollover contributions, transfers to the Plan, and allocations of (a) the Company's contributions, (b) Plan earnings, and (c) 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.

Vesting: Participants are immediately vested in their elective and, if applicable, rollover contributions plus actual earnings thereon. Matching and discretionary contributions are subject to vesting percentages, and employees must have at least worked 1,000 hours of service to begin vesting, which starts after two years of service at 25% and increases ratably until five years when participants are 100% vested.

Notes from participants: Notes from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Participants may borrow from their fund accounts a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loan terms include a maximum of 5 years. Loans are secured by the balance in the participant's account and bear interest at a rate as determined by the Plan Administrator which is to be based on an average of the rate used for similar loan transactions used by several commercial banks in the general geographic area of the Plan. The interest rate applicable to all outstanding loans as of December 31, 2011 ranges from 3.25% to 8.25%. Principal and interest is paid ratably through biweekly payroll deductions.

Payment of benefits: Upon termination of service for reasons other than death, participants may elect to receive a lump-sum amount or installments equal to the value of their accounts, unless benefits are less than \$5,000. If benefits are less than \$5,000, participants can either receive a lump sum distribution or roll funds over into an Individual Retirement Account or other qualified plan. If a participant dies, a death benefit equal to the value of the participants' account is paid to the participant's beneficiary. Withdrawals other than for termination are permitted under circumstances provided by the Plan.

Swank Audio Visuals, LLC Employee Profit Sharing 401(k) Plan

Notes to Financial Statements

Note 1. Description of Plan (Continued)

Forfeited accounts and excess contributions: Forfeited non-vested accounts are used to reduce future employer contributions. For the 2011 Plan year, \$13,554 was used to reduce employer contributions. At December 31, 2011 and 2010, the amount of forfeited non-vested accounts was not significant. Contributions made to the Plan by and for the benefit of highly compensated employees may be returned to them when the Plan fails discrimination testing. Such excess contributions during the years presented have not been significant.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis. For the year ended December 31, 2011, the fair value and contract value of the Plan's guaranteed investment contract are the same; therefore, no adjustment is recorded.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition: The Plan provides for various investment options in investment securities. The Plan reports these securities 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. The methods used to estimate the fair value of investments are described in Note 4.

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. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits: Benefits are recorded when paid.

Administrative expenses: Certain administrative functions applicable to the Plan are performed by employees of the Company. No such employees receive compensation from the Plan. Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

Recent accounting pronouncements: In January 2010, the Financial Accounting Standards Board (FASB) issued an amendment, *Fair Value Measurements and Disclosures — Improving Disclosures about Fair Value Measurements* (ASU 2010-06), which required new disclosures and reasons for transfers of financial assets and liabilities between Levels 1 and 2. This amendment also clarified that fair value measurement disclosures are required for each class of financial assets and liabilities, and disclosures about inputs and valuation techniques are required for both Level 2 and Level 3 measurements. It further clarified that the reconciliation of Level 3 measurements should separately

Swank Audio Visuals, LLC Employee Profit Sharing 401(k) Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

present purchases, sales, issuances, and settlements instead of netting these changes. With respect to matters other than Level 3 measurements, the amendment was effective and adopted for the period beginning January 1, 2010, which did not have a material effect on the Plan's financial statements. The guidance related to Level 3 measurements was effective and adopted for the year beginning January 1, 2011, which did not have any effect on the Plan's financial statement disclosures.

In May 2011, the FASB issued updated accounting guidance related to fair value measurements and disclosures that result in common fair value measurements and disclosures between U.S. GAAP and International Financial Reporting Standards. This guidance includes amendments that clarify the application of existing fair value measurement requirements, in addition to other amendments that change principles or requirements for measuring fair value and for disclosing information about fair value measurements. This guidance is effective for annual periods beginning after December 15, 2011. The guidance will primarily impact the Plan's disclosures, but otherwise is not expected to have a material impact on the Plan's financial statements.

Note 3. Information Certified or Provided by the Custodians

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the DOL'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 information certified or provided by Orchard Trust Company, LLC and Great West Life & Annuity Insurance Company, and by Principal Life Insurance Company and Delaware Charter and Trust Company, doing business as Principal Trust Company, the current and former custodians, respectively, except for comparing such information certified or provided by the custodians to information included in the Plan's financial statements, Note 4, and the supplemental schedule of assets (held at end of year).

Swank Audio Visuals, LLC Employee Profit Sharing 401(k) Plan

Notes to Financial Statements

Note 3. Information Certified or Provided by the Custodians (Continued)

Single assets representing more than 5% of the Plan's net assets as of December 31, 2011 and 2010 are separately identified.

	December 31,	
	2011	2010
Investments at fair value:		
Mutual Funds:		
Wells Fargo Advantage DJ 2030 A	\$ 1,045,333	\$ **
American Funds Europacific Growth R4	2,067,147	**
Invesco Small Cap Core Equity 1	2,097,899	**
Invesco Mid Cap Core Equity 1	1,059,544	**
Prudential Stock Index Class A	2,624,192	**
Ridgeworth Intermediate Bond A	1,849,127	**
Other mutual fund investments < 5%	6,661,278	628,346
Pooled Separate Accounts:		
Principal Lg Cap S&P 500 Idx Sep Acct	*	2,839,788
American Century Inv. Mgmt. LgCap Growth II Sep Acct	*	977,682
Principal MidCap Blend Sep Acct	*	1,188,215
Principal Money Market Sep Acct	*	1,324,779
Principal Diversified Intl Sep Acct	*	2,357,505
Principal Small Cap Blend Sep Acct	*	2,091,577
Other pooled separate accounts < 5%	*	6,476,669
Guaranteed Interest Accounts:		
Key Guaranteed Portfolio Fund	2,498,834	**
Guaranteed Interest Accounts < 5%	-	929,768
Total investments at fair value	<u>\$ 19,903,354</u>	<u>\$ 18,814,329</u>
Notes from Participants	<u>\$ 928,863</u>	<u>\$ 735,851</u>

* Investment did not represent 5% of the Plan's net assets at December 31, 2011.

** Investment did not represent 5% of the Plan's net assets at December 31, 2010.

The custodians also certified to the completeness and accuracy of \$42,174 of interest earned on guaranteed interest accounts, \$29,605 of interest on notes from participants, and \$381,492 of dividends on shares of registered investment companies – mutual funds for the year ended December 31, 2011.

During the year ended December 31, 2011, the custodians also certified to the completeness and accuracy of the net depreciation in value of the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) of \$998,609, as follows:

Shares of registered investment companies - mutual funds	\$ (1,528,238)
Insurance company pooled separate accounts	529,629
	<u>\$ (998,609)</u>

Swank Audio Visuals, LLC Employee Profit Sharing 401(k) Plan

Notes to Financial Statements

Note 4. Fair Value Measurements

FASB 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 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;
- Quotes 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.

The 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.

Shares of registered investment companies – mutual funds: Valued at the closing price reported on the active market on which the individual securities are traded.

Guaranteed interest accounts with insurance company: Valued daily based on the valuation method disclosed in the annuity contract, as calculated by the annuity provider. See Note 6 for additional information. The previous guaranteed interest account was valued at the fair value based on a formula specified in the Plan's group annuity contract with Principal Life Insurance Company, which took into account currently credited interest rates.

Shares of insurance company pooled separate accounts: Valued at the total of the net asset value of shares held by the Plan at year end except for the following three: (1) Money Market is valued at amortized cost; (2) Bond and Mortgage and (3) Government and High Quality Bond are both valued based on pricing applications as determined by Interactive Data Corporation. The Plan's interest in these accounts was based on information provided by the Plan's custodians.

U.S. Property pooled separate account: Valued using discounted cash flow valuation models that utilize public real estate market data inputs.

Swank Audio Visuals, LLC Employee Profit Sharing 401(k) Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

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.

The following tables set forth by level, within 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
Mutual Funds:				
Asset Allocation Funds	\$ 2,632,911	\$ -	\$ -	\$ 2,632,911
International Funds	2,328,926	-	-	2,328,926
Specialty Funds	1,007,180	-	-	1,007,180
Small Cap Funds	3,141,040	-	-	3,141,040
Mid Cap Funds	1,537,676	-	-	1,537,676
Large Cap Funds	4,533,084	-	-	4,533,084
Bond Funds	2,223,703	-	-	2,223,703
Guaranteed Interest Accounts	-	2,498,834	-	2,498,834
	<u>\$ 17,404,520</u>	<u>\$ 2,498,834</u>	<u>\$ -</u>	<u>\$ 19,903,354</u>

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts:				
Conservative Allocation Funds	\$ -	\$ 518,156	\$ -	\$ 518,156
Foreign Funds	-	2,357,505	-	2,357,505
Income Funds	-	815,297	-	815,297
Intermediate Funds	-	1,083,532	-	1,083,532
Large Cap Funds	-	4,306,712	-	4,306,712
Medium Cap Funds	-	1,387,201	-	1,387,201
Moderate Allocation Funds	-	1,929,021	-	1,929,021
Real Estate Funds	-	-	929,341	929,341
Small Cap Funds	-	2,604,671	-	2,604,671
Stable Income Funds	-	1,324,779	-	1,324,779
Mutual Funds:				
Large Value Funds	281,926	-	-	281,926
Small Cap Funds	186,903	-	-	186,903
International Funds	159,517	-	-	159,517
Guaranteed Interest Accounts	-	-	929,768	929,768
	<u>\$ 628,346</u>	<u>\$ 16,326,874</u>	<u>\$ 1,859,109</u>	<u>\$ 18,814,329</u>

Swank Audio Visuals, LLC Employee Profit Sharing 401(k) Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

The tables below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2011:

U.S. Property Separate Account:	
Balance, beginning of year	\$ 929,341
Total gains (losses)	23,245
Purchases	20,268
Sales	(18,032)
Repayments	3,897
Settlements	(395)
Transfer	(958,324)
Balance, end of year	<u>\$ -</u>
Guaranteed Interest Accounts:	
Balance, beginning of year	\$ 929,768
Total gains (losses)	6,130
Purchases	21,829
Sales	(14,080)
Repayments	5,986
Settlements	(4,893)
Transfer	(944,740)
Balance, end of year	<u>\$ -</u>

Note 5. Fair Value of Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent)

The following table sets forth additional disclosures of Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2010:

Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled Separate Accounts:				
Large cap funds (a)	\$ 4,306,712	\$ -	Daily	Daily
Medium cap funds (b)	1,387,201	-	Daily	Daily
Small cap funds (c)	2,604,671	-	Daily	Daily
Foreign fund (d)	2,357,505	-	Daily	Daily
Asset allocation funds (e)	2,447,177	-	Daily	Daily
Intermediate term bond (f)	761,115	-	Daily	Daily
Intermediate government (g)	322,417	-	Daily	Daily
Income fund (h)	815,297	-	Daily	Daily
Stable income fund (i)	1,324,779	-	Daily	Daily
Real estate equity (j)	929,341	-	Daily	Daily
Total	<u>\$ 17,256,215</u>	<u>\$ -</u>		

Swank Audio Visuals, LLC Employee Profit Sharing 401(k) Plan

Notes to Financial Statements

Note 5. Fair Value of Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent) (Continued)

- (a) There are three pooled separate accounts that made up this category. One invested mainly in domestic stocks, and the other two invested in its own single mutual fund. While the underlying assets values are quoted prices, the net asset values of the separate accounts are not publicly quoted.
- (b) There are two pooled separate accounts that made up this category. These accounts invested mainly in domestic stocks. While the underlying assets values are quoted prices, the net asset values of the separate accounts are not publicly quoted.
- (c) There are two pooled separate accounts that made up this category. These accounts invested mainly in domestic stocks. While the underlying assets values are quoted prices, the net asset values of the separate accounts are not publicly quoted.
- (d) This pooled separate account invested mainly in international stocks. The majority of the underlying securities are quoted prices for similar assets in active or non-active markets. When markets move outside of set thresholds in a day, instead of accepting the exchange quote from its pricing service, Principal used prices determined by the Fair Market Value mode which is a multi-factor regression model. This model was used to adjust closing prices on foreign markets for activity between the closing of the foreign and U.S markets.
- (e) The pooled separate accounts in this category invested in its own single mutual fund and are managed based on the number of years to retirement therefore the accounts' investments gradually become more conservative as the target retirement date approaches. While the underlying assets values are quoted prices, the net asset values of the separate accounts are not publicly quoted.
- (f) The pooled separate account in this category invested in its own single mutual fund. While the underlying assets value is a quoted price, the net asset value of the separate account is not publicly quoted.
- (g) This pooled separate account invested mainly in fixed securities such as asset backed securities, residential mortgage backed securities, commercial mortgage backed securities, and government bonds. The majority of the underlying securities have quoted prices for similar assets in active or non-active markets.
- (h) This pooled separate account invested mainly in fixed securities such as domestic and foreign corporate bonds, asset backed securities, commercial mortgage backed securities, and government bonds. The majority of the underlying securities have quoted prices for similar assets in active or non-active markets.
- (i) This pooled separate account invested mainly in short term securities such as commercial paper. The majority of the underlying securities have quoted prices for similar assets in active or non-active markets.

Swank Audio Visuals, LLC Employee Profit Sharing 401(k) Plan

Notes to Financial Statements

Note 5. Fair Value of Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent) (Continued)

- (j) This category invested the majority of its assets in U.S. commercial real estate holdings including multifamily, office, warehouse, manufacturing, and retail properties. It focuses on properties that return both lease income and appreciation of the buildings' marketable value. The fair value of the underlying real estate was estimated using discounted cash flow valuation models that utilized public real estate market data inputs such as transaction prices, market rents, vacancy levels, leasing absorption, market cap rates, and discount rates. In addition, each property was appraised annually by an independent appraiser. As of December 31, 2009, a limitation was in effect which delayed the payment of withdrawal requests and provides for payments of such requests on a pro rata basis as cash becomes available. This limitation was lifted during the Plan year ended December 31, 2010.

Note 6. Investment in Guaranteed Interest Accounts with Insurance Company

The Plan currently has a benefit-responsive investment contract with Great West Life & Annuity Insurance Company (Insurer). The insurer maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by the Insurer, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal for transfer of all or a portion of their investment at contract value. For the year ended December 31, 2011, the fair value and contract value of the Plan's guaranteed investment contracts are the same; therefore, no adjustment is recorded in the statement of net assets available for benefits.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Swank Audio Visuals, LLC Employee Profit Sharing 401(k) Plan

Notes to Financial Statements

Note 6. Investment in Guaranteed Interest Accounts with Insurance Company (Continued)

The guaranteed-investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Average yields:	2011
Based on actual earnings	1.66%
Based on interest rate credited to participants	2.03%

The Plan previously entered into a Guaranteed Interest Account (GIA) contract with Principal Life Insurance Company (Principal) through March 1, 2011. Principal maintained the Plan's deposit in the GIA, to which it added interest at the contract rates which ranged from 0.60% - 4.27% as of December 31, 2010. The account was credited with earnings on the underlying investments and could be charged for participant withdrawals and expenses. Principal was contractually obligated to repay principal and a specified interest rate that was guaranteed to the Plan. As such, an adjustment to the contract value of the GIA for market value was only recorded if the resulting market value was less than the contract value. This contract was determined to not be fully benefit-responsive as market value adjustments are made for certain types of withdrawals.

Note 7. Tax Status

The Employer has adopted Orchard Trust Company's prototype standardized plan, for which a favorable opinion letter was issued to Orchard Trust Company, by the Internal Revenue Service, on March 31, 2008. Orchard Trust Company is a member of the Great-West family of companies. The Plan has been amended since receiving this determination. However, the Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2008.

Note 8. Plan Termination

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

Note 9. Party-in-Interest Transactions

Fees paid by the Plan for investment management and administrative services amounted to \$36,242 for the year ended December 31, 2011. The Company did not pay for any Plan expenses for the year ended December 31, 2011.

Swank Audio Visuals, LLC Employee Profit Sharing 401(k) Plan

Notes to Financial Statements

Note 10. Risks and Uncertainties

The Plan invests in various 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 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 statement of net assets available for benefits.

Note 11. Prohibited Transactions

During 2008, 2010 and 2011, the Plan Sponsor inadvertently failed to deposit \$105,595 of participant deferrals and \$36,028 of participant loan repayments within the required timeframe as stated by the United States DOL. The DOL considers late deposits to be prohibited transactions. The Plan Sponsor reimbursed the Plan for lost interest in the amount of \$161 related to the 2008 and 2010 late deposits, and \$158 related to the 2011 late deposits. The Plan sponsor filed Form 5330 and paid the applicable excise tax in 2011. The excise tax payments were made from the Plan sponsor's assets and not from assets of the Plan.

Note 12. Subsequent Events

The Plan Administrator has evaluated subsequent events occurring subsequent to December 31, 2011 as to their potential impact to the financial statements through October 5, 2012, the date the financial statements were available to be issued.

Swank Audio Visuals, LLC Employee Profit Sharing 401(k) Plan
Form 5500, Schedule H, Part IV, Line 4i - Schedule of assets (held at end of year)
December 31, 2011

(a)	(b) Identity of issuer, 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
Shares of Registered Investment				
Companies - Mutual Funds:				
	Wells Fargo Advantage Funds	Wells Fargo Advantage DJ Target Today A	N/A	\$ 131,592
	Wells Fargo Advantage Funds	Wells Fargo Advantage DJ 2010 A	N/A	409,966
	Wells Fargo Advantage Funds	Wells Fargo Advantage DJ Target 2020 A	N/A	247,634
	Wells Fargo Advantage Funds	Wells Fargo Advantage DJ 2030 A	N/A	1,045,333
	Wells Fargo Advantage Funds	Wells Fargo Advantage DJ Target 2040 A	N/A	503,576
	Wells Fargo Advantage Funds	Wells Fargo Advantage DJ 2050 A	N/A	294,810
	American Funds	American Funds Europacific Growth R4	N/A	2,067,147
	JPMorgan Funds	JPMorgan International Equity Index A	N/A	132,358
	Oppenheimer Funds	Oppenheimer Developing Markets Y	N/A	129,421
	Oppenheimer Funds	Oppenheimer Real Estate Y	N/A	1,007,180
	Delaware Investments	Delaware Small Cap Value Fund Instl	N/A	56,869
	Eagle Asset	Eagle Small Cap Growth R5	N/A	138,321
	Invesco Funds	Invesco Small Cap Core Equity 1	N/A	2,097,899
	Invesco Funds	Invesco Van Kampen Small Cap Value Y	N/A	339,694
	Prudential Investments	Prudential Jennison Small Company Fund	N/A	21,010
	Vanguard Funds	Vanguard Small Index Fund	N/A	487,247
	Invesco Funds	Invesco Mid Cap Core Equity 1	N/A	1,059,544
	Maxim Funds	Maxim T. Rowe Price Mid-Cap Growth	N/A	134,513
	Vanguard Funds	Vanguard Mid Capitalization Index	N/A	260,662
	Victory Funds	Victory Established Value Fund - R	N/A	82,957
	American Funds	American Funds Growth Fund R4	N/A	1,027,266
	Fidelity Investments	Fidelity Contrafund	N/A	106,417
	Pioneer Investments	Pioneer Cullen Value Y	N/A	741,636
	Prudential Investments	Prudential Stock Index Class A	N/A	2,624,192
	T. Rowe Price Funds	T. Rowe Price Equity income Fund	N/A	33,573
	Federated Funds	Federated Income Instl	N/A	374,576
	RidgeWorth Investments	Ridgeworth Intermediate Bond A	N/A	1,849,127
Balance to next page				17,404,520

Swank Audio Visuals, LLC Employee Profit Sharing 401(k) Plan
Form 5500, Schedule H, Part IV, Line 4i - Schedule of assets (held at end of year) - Continued
December 31, 2011

(a)	(b) Identity of issuer, 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
Guaranteed Interest Accounts:				
*	Great West Life & Annuity	Key Guaranteed Portfolio Fund (Interest Rate of 2.03%)	N/A	<u>2,498,834</u>
*	Participants	Notes receivable (interest rate 3.25% to 8.25%, maturity of 1 to 5 years)	N/A	<u>928,863</u>
				<u><u>\$ 20,832,217</u></u>

* Represents a party-in-interest.

N/A - Not applicable, participant directed account.

The above information has been certified by Orchard Trust Company, LLC and Great West Life & Annuity Insurance Company, the Plan's custodians, as complete and accurate.

Swank Audio Visuals, LLC Employee Profit Sharing 401(k) Plan
Form 5500, Schedule H, Part IV, Line 4a - Schedule of delinquent participant contributions
Year Ended December 31, 2011

Participant Contributions Transferred Late to Plan: \$ 141,623	Total that constitute prohibited non-exempt transactions: \$ 141,623			Total fully corrected under VFCP and PTE 2002-51 PTE 2002-51
Check here if late participant loan repayments are included ☒	Contributions not corrected	Contributions corrected outside of VFCP	Contributions pending correction in VFCP	
2008	\$ -	\$ -	\$ -	\$ 9,663 *
2010	\$ -	\$ -	\$ -	\$ 16,662 *
2011	\$ 114,995	\$ -	\$ -	\$ 303 **

* Lost earnings of \$161 were calculated and remitted to the Plan in September 2011.

** Lost earnings of \$1, \$146 and \$11 were calculated and remitted to the Plan in June 2011,
August 2012 and September 2012, respectively.

ASSETS HELD FOR INVESTMENT PURPOSES

Swank Audio Visuals LLC Employee Profit Sharing 401(k) Plan
01-JAN-11 to 31-DEC-11

24-JAN-12 23:59:34

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1STWRX			130,961.27	131,592.32
1STNRX			407,954.13	409,966.36
1STTRX			252,951.93	247,634.08
1STHRX			1,124,332.06	1,045,332.87
1STFRX			556,092.44	503,576.00
1WFQGX			329,262.82	294,810.40
1AFEP4			2,495,025.76	2,067,147.09
1OEIAX			161,441.45	132,358.35
1ODVYX			154,665.61	129,421.17
1OREYX			978,604.52	1,007,180.09
1DEVIX			62,295.25	56,868.61
1HSRSX			145,493.46	138,321.34
1SMEIX			2,270,327.82	2,097,898.67
1VSMIX			404,069.01	339,693.49
1PGOAX			22,228.33	21,009.73
1NAESX			526,217.01	487,247.39
1GTAVX			1,212,100.65	1,059,543.75
1MGRXTM			160,793.47	134,512.90
1VIMSX			283,321.58	260,661.98
1GETGX			89,182.95	82,956.64
1AFGF4			1,134,113.48	1,027,265.41
1FCNTX			108,325.10	106,417.20
1CVFYX			822,317.34	741,635.69
1PSIAX			2,758,169.65	2,624,192.40
1PRFDX			34,841.83	33,573.26
1FICMX			369,899.50	374,576.42
1IBASX			1,837,488.23	1,849,126.59
1PORT		1.800	2,459,844.36	2,498,833.25
			21,292,321.01	19,903,353.45
PARTICIPANT LOANS	VARIOUS	3.250-10.250	927,519.21	928,862.57
FORFEITURES			1.07	1.11

ASSETS HELD FOR INVESTMENT PURPOSES

Swank Audio Visuals LLC Employee Profit Sharing 401(k) Plan
01-JAN-11 to 31-DEC-11

24-JAN-12 23:59:34

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1STWRX Wells Fargo Advantage DJ Target Today A
 1STTRX Wells Fargo Advantage DJ Target 2020 A
 1STFRX Wells Fargo Advantage DJ Target 2040 A
 1AFEP4 American Funds EuroPacific Growth R4
 1ODVYX Oppenheimer Developing Markets Y
 1DEVIX Delaware Small Cap Value Fund Instl
 1SMEIX INVESCO Small Cap Equity Instl
 1PGOAX Prudential Jennison Small Company Fund A
 1GTAVX INVESCO Mid Cap Core Equity I
 1VMSX Vanguard Mid Capitalization Index
 1AFGF4 American Funds Growth Fund R4
 1CVFYX Pioneer Cullen Value Y
 1PRFDX T. Rowe Price Equity Income Fund
 1IBASX RidgeWorth Intermediate Bond A

1STNRX Wells Fargo Advantage DJ Target 2010 A
 1STHRX Wells Fargo Advantage DJ Target 2030 A
 1WFQGX Wells Fargo Advantage DJ Target 2050 Inv
 1OEIAX JPMorgan International Equity Index A
 1OREYX Oppenheimer Real Estate Y
 1HSRSX Eagle Small Cap Growth R5
 1VSMIX Invesco Van Kampen Small Cap Value Y
 1NAESX Vanguard Small Cap Index Fund
 1MGRXTM Maxim T. Rowe Price Mid-Cap Growth
 1GETGX Victory Established Value Fund - R
 1FCNTX Fidelity Contrafund
 1PSIAX Prudential Stock Index Class A
 1FICMX Federated Income Instl
 1PORT Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year