

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>THE VINDICATOR PRINTING COMPANY RETIREMENT PLAN FOR NON-UNION EMPLOYEES</u>	1b Three-digit plan number (PN) ► <u>007</u> 1c Effective date of plan <u>01/01/1973</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>THE VINDICATOR PRINTING CO.</u> <u>VINDICATOR SQUARE, P.O. BOX 780</u> <u>YOUNGSTOWN, OH 44501-0780</u>	2b Employer Identification Number (EIN) <u>34-0596870</u> 2c Sponsor's telephone number <u>330-747-1471</u> 2d Business code (see instructions) <u>511110</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>10/11/2012</u>	<u>BETTY H. BROWN JAGNOW, PRESIDENT</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2012</u>	<u>BETTY H. BROWN JAGNOW, PRESIDENT</u>
	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") THE VINDICATOR PRINTING CO. VINDICATOR SQUARE, P.O. BOX 780 YOUNGSTOWN, OH 44501-0780	3b Administrator's EIN 34-0596870 3c Administrator's telephone number 330-747-1471
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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	186
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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	59
b Retired or separated participants receiving benefits.....	6b	43
c Other retired or separated participants entitled to future benefits.....	6c	74
d Subtotal. Add lines 6a , 6b , and 6c	6d	176
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	5
f Total. Add lines 6d and 6e	6f	181
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	6

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:
1G

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ 1 **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 Department of Labor Employee Benefits Security Administration 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>THE VINDICATOR PRINTING COMPANY RETIREMENT PLAN FOR NON-UNION EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE VINDICATOR PRINTING CO.</u>	D Employer Identification Number (EIN) <u>34-0596870</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

THE EQUITABLE LIFE ASSURANCE SOCIETY OF THE UNITED STATES

(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>13-5570651</u>	<u>62944</u>	<u>6684</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 ▶

b Balance at the end of the previous year	7b	35534
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	21	
(4) Transferred from separate account	7c(4)	220628	
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	220649
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d Total of balance and additions (add b and c(6))	7d	256183
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	203635	
(2) Administration charge made by carrier	7e(2)	16657	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	35891	

▶ THE ACCOUNT WAS CLOSED AND ALL ASSETS WERE
TRANSFERRED TO SUNTRUST BANK WHO IS THE TRUSTEE.

(5) Total deductions	7e(5)	256183
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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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	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 01/01/2011 and ending 12/31/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>THE VINDICATOR PRINTING COMPANY RETIREMENT PLAN FOR NON-UNION EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE VINDICATOR PRINTING CO.</u>	D Employer Identification Number (EIN) <u>34-0596870</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>4891282</u>
b Actuarial value	2b <u>5254420</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment	3a (1) Number of participants <u>46</u> (2) Funding Target <u>2107575</u>
b For terminated vested participants	3b <u>72</u> <u>1541549</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>46299</u>
(2) Vested benefits	3c(2) <u>2772564</u>
(3) Total active	3c(3) <u>69</u> <u>2818863</u>
d Total	3d <u>187</u> <u>6467987</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.26 %</u>
6 Target normal cost	6 <u>34983</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>10/10/2012</u>
Signature of actuary	Date
<u>MATTHEW C. KAISER</u>	<u>11-05784</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>	<u>216-937-4000</u>
Firm name	Telephone number (including area code)
<u>1001 LAKESIDE AVENUE, SUITE 1900</u> <u>CLEVELAND, OH 44114</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2011
v.012611

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	126322	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	72610	0
9	Amount remaining (line 7 minus line 8)	53712	0
10	Interest on line 9 using prior year's actual return of <u>-0.23</u> %	-124	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.66</u> % except as otherwise provided (see instructions)		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	53588	0

Part III		Funding percentages	
14	Funding target attainment percentage	14	80.40 %
15	Adjusted funding target attainment percentage	15	80.40 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.66 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/12/2012	17219				
09/12/2012	99011				
			Totals ►	18(b)	116230
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 105436
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	34983	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1267155	124041	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	159024	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	53588	0	53588
36 Additional cash requirement (line 34 minus line 35)	36	105436	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	105436	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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 THE VINDICATOR PRINTING COMPANY RETIREMENT PLAN FOR NON-UNION EMPLOYEES	B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 THE VINDICATOR PRINTING CO.	D Employer Identification Number (EIN) 34-0596870

Part I	Service Provider Information (see instructions)
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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)

THE EQUITABLE LIFE ASSUR SOC OF USA

13-5570651

(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?
12	NONE	25327	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON DELAWARE INC.

53-0181291

(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?
11	NONE	17423	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUNTRUST BANK

59-3482833

(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?
21	NONE	5863	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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:

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)**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)**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)**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)**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)**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)**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)**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)**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)**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)

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
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
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
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

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan THE VINDICATOR PRINTING COMPANY RETIREMENT PLAN FOR NON-UNION EMPLOYEES	B Three-digit plan number (PN) ►	007
C Plan sponsor's name as shown on line 2a of Form 5500 THE VINDICATOR PRINTING CO.	D Employer Identification Number (EIN) 34-0596870	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		116230
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		45051
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	4855748	
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		4231504
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	35534	
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4891282	4392785

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4891282	4392785
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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)	116230	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		116230
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	87	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		87
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	76095	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		76095
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6529556	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6564814	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-35258

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-300565
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-143411

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	306473	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		306473
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	17423	
(2) Contract administrator fees	2i(2)	25327	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	5863	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		48613
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		355086

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-498497
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: WM G. BARTH & ASSOCIATES, INC.

(2) EIN: 20-3926686

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		440000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan THE VINDICATOR PRINTING COMPANY RETIREMENT PLAN FOR NON-UNION EMPLOYEES		B Three-digit plan number (PN) ► 007
C Plan sponsor's name as shown on line 2a of Form 5500 THE VINDICATOR PRINTING CO.		D Employer Identification Number (EIN) 34-0596870
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ 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 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☒ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2011 v.012611		

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): _____

AUDITED FINANCIAL STATEMENTS

**THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)**

December 31, 2011 and 2010

AUDITED FINANCIAL STATEMENTS

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

December 31, 2011 and 2010

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Wm G. Barth & Associates, Inc.

Established
1976

A CERTIFIED PUBLIC
ACCOUNTING FIRM

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YOUNGSTOWN, OHIO 44503
TELEPHONE (330) 746-7434 • FAX (330) 746-4401
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September 12, 2012

INDEPENDENT AUDITOR'S REPORT

Plan Administration Committee
The Vindicator Printing Company
Youngstown, Ohio

We were engaged to audit the financial statements of The Vindicator Printing Company Retirement Plan for Non-Union Employees (007) as of December 31, 2011 and 2010, and for the years then ended, and the supplemental schedule as of and for the year ended December 31, 2011, as listed in the accompanying contents page. These financial statements and supplemental schedules are the responsibility of the plan's management.

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

Because of the significance of the information which 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 form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with generally accepted auditing standards, and in our opinion, are presented in compliance with the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Wm G. Barth & Associates, Inc.
A Certified Public Accounting Firm

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

		DECEMBER 31	
		2011	2010
<u>ASSETS</u>			
Assets in trust at fair market value - Notes A and D:			
Money market funds	\$ 45,051	\$ -	
Mutual funds	3,462,150	-	
Proprietary funds	769,354	-	
Unallocated insurance contracts with The Equitable Life Assurance Society of the United States - Note D:			
Pension Account A - General Account	-	35,534	
Pension Account B - Separate Accounts	-	4,855,748	
Employer contribution receivable	116,230	-	
TOTAL ASSETS	\$ 4,392,785	\$ 4,891,282	
<u>LIABILITIES</u>			
Payables	-	-	
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR		\$ 4,392,785	\$ 4,891,282

See accompanying notes to financial statements

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

	YEAR ENDED DECEMBER 31	
	2011	2010
<u>ADDITIONS</u>		
Employer contributions	\$ 116,230	\$ -
Investment income:		
Net (depreciation) in fair value of investments	(300,565)	-
Earnings from investments	76,182	6,088
Realized (loss) on sale of investments	(35,258)	-
NET INVESTMENT (LOSS)-INCOME	\$ (259,641)	\$ 6,088
TOTAL (DEDUCTIONS)-ADDITIONS	\$ (143,411)	\$ 6,088
<u>DEDUCTIONS</u>		
Retirement and disability benefits paid	\$ 306,473	\$ 310,783
Administrative expense	48,613	52,684
TOTAL DEDUCTIONS	\$ 355,086	\$ 363,467
NET (DEDUCTIONS) DURING YEAR	\$ (498,497)	\$ (357,379)
<u>BALANCE AT BEGINNING OF YEAR</u>		
Net assets available for plan benefits	4,891,282	5,248,661
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR	\$ 4,392,785	\$ 4,891,282

See accompanying notes to financial statements

NOTES TO FINANCIAL STATEMENTS

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

December 31, 2011 and 2010

NOTE A - SIGNIFICANT ACCOUNTING POLICIES

Investments:

Investments are stated at fair market value as determined by the trustee. In accordance with the policy of stating investments at fair market value, net unrealized appreciation or depreciation for the year is reflected in the statements of changes in net assets available for plan benefits.

Reclassifications:

Certain minor reclassifications were made to the December 31, 2010 financial statements in order to conform them to December 31, 2011 presentation.

NOTE B - DESCRIPTION OF PLAN

The Vindicator Printing Company Retirement Plan for Non-Union Employees is a defined benefit plan which provides for retirement benefits and covers eligible employees who are non-bargaining employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants should refer to the Summary Plan Booklet available from the Company for a description of the plan. The administrator of the plan is the Plan Administration Committee as designated by the Company. The Company bears the total cost of the plan. Required contributions are determined by consulting actuaries (see Note C).

While the Company has not expressed any intent to discontinue contributions or terminate the plan, it has the right to do so under the plan. In the event of a termination of the plan, the net assets are to be allocated in accordance with the plan documents.

NOTE C - FUNDING AND ACTUARIAL DATA

		AS OF JANUARY 1	
		2012	2011
Actuarial present value of accumulated plan benefits:			
Vested benefits -			
Retired participants and beneficiaries receiving payments		\$ 1,910,695	\$ 1,911,367
Other participants		3,492,238	3,731,847
	TOTAL VESTED BENEFITS	\$ 5,402,933	\$ 5,643,214
Non-vested benefits		22,584	39,945
	TOTALS	\$ 5,425,517	\$ 5,683,159
Unfunded actuarial (asset)-liability		\$ 1,032,732	\$ 791,877

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

December 31, 2011 and 2010

NOTE C - FUNDING AND ACTUARIAL DATA (CONTINUED)

Reconciliation of Present Value of Accumulated Benefits

1.)	Present value of accumulated benefits as of January 1, 2011	\$ 5,683,159
2.)	Changes during the year due to:	
	a. Benefits accumulated	\$ -
	b. Actuarial (gains)-losses	(97,062)
	c. Decrease in the discount period	414,744
	d. Actual benefits paid	(306,473)
	e. Assumption changes	(268,851)
	f. Plan amendments	-
	g. Net increase-(decrease)	\$ (257,642)
3.)	Present value of accumulated benefits as of January 1, 2012	\$ 5,425,517

The actuarial present value of accumulated plan benefits and the unfunded actuarial liability (credit) were calculated by Towers Watson, consulting actuaries, as of January 1, 2012 and 2011. The actuary's method and assumptions include the entry age normal actuarial cost method, life expectancy of participants (the UP-1983 Mortality Table, set forward one year for males and set back four years for females), assumed retirement age 65, or attained age, if later, and asset values at the amount reported by Suntrust Bank in their pension plan fund account. The interest rate used to value the vested benefits for 2012 and 2011 was 7.75% and 7.50%, respectively. A 6.99% and 6.26% interest rate was used to calculate the unfunded actuarial (asset) for 2012 and 2011, respectively.

The foregoing actuarial assumptions are based on the presumption that the plan will continue; if the plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

According to the actuary, the plan was adequately funded in compliance with ERISA requirements during both plan years.

NOTE D - FAIR VALUE MEASUREMENT

The plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

December 31, 2011 and 2010

NOTE D – FAIR VALUE MEASUREMENT (CONTINUED)

The fair value measurements authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There are Level 1 and Level 3 investments in the plan.

The fair values of the pension plan assets at December 31, 2011 and 2010, by asset category are as follows:

Fair Value Measurements at December 31, 2011

<u>Asset Category</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	
	Total	
Cash - federated money market	\$ 45,051	\$ 45,051
Mutual funds	3,462,150	3,462,150
Proprietary funds	769,354	769,354
TOTALS	\$ 4,276,555	\$ 4,276,555

The fair value of the guaranteed investment contracts are determined using an income approach and discounting the related cash flows based on current yields of similar instruments with comparable durations.

Fair Value Measurements at December 31, 2010

	Unobservable and have the Lowest Priority (Level 3)	
	Total	
Accounts with The Equitable Life Assurance Society of the United States:		
Pension Account A - General Account	\$ 35,534	\$ 35,534
Pension Account B - Separate Accounts:		
Short term investments	4,855,748	4,855,748
TOTALS	\$ 4,891,282	\$ 4,891,282

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

December 31, 2011 and 2010

NOTE E - INCOME TAX STATUS

The plan obtained its latest determination letter on September 23, 2002 in which the Internal Revenue Service stated that the plan, as designed at that time, was in compliance with the applicable requirements of the Internal Revenue Code. The federal tax returns of the plan for 2008 and subsequent plan years are open for examination by the Department of Labor.

NOTE F - RELATED PARTY TRANSACTIONS

During 2011 and 2010 the plan sponsor paid annual administrative expenses of approximately \$3,800 for the plan.

NOTE G - ESTIMATES AND ASSUMPTIONS

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses.

NOTE H - MANAGEMENT'S ASSESSMENT OF SUBSEQUENT EVENTS

In May 2009, the FASB issued ASC 855, Subsequent Events, to provide authoritative accounting guidance on management's assessment of subsequent events. ASC 855 incorporates existing U.S. auditing literature and clarifies that management is responsible for evaluating, as of each reporting period, events or transactions that occur after the balance sheet date through the date that the financial statements are issued or are available to be issued. ASC 855 is effective for the plan as of December 31, 2009. The adoption of ASC 855 did not have a significant impact on the plan's financial statements. The plan evaluated its December 31, 2011 financial statements for subsequent events through September 12, 2012, the filing date of this report. The plan is not aware of any subsequent events that would require recognition or disclosure in the financial statements.

* * * * *

SUPPLEMENTAL SCHEDULES

* * * * *

SUPPLEMENTAL SCHEDULE

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)
EIN #34-0596870

December 31, 2011

FORM 5500 – SCHEDULE H, PART IV, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

a.	b. ISSUER OR SIMILAR PARTY	c. DESCRIPTION OF INVESTMENT	d. COST	e. CURRENT VALUE
1.	<u>MONEY MARKET FUNDS</u>			
a.	Federated Money Market - Treasury Obligations	45,051.040 shares	\$ 45,051	\$ 45,051
		TOTAL MONEY MARKET FUNDS	\$ 45,051	\$ 45,051
2.	<u>MUTUAL FUNDS</u>			
a.	Aberdeen Equity Long Short Fund	7,803.615 shares	\$ 87,163	\$ 87,088
b.	Advisors Inner Circle Cambier Small Cap Fund	5,217.317 shares	98,133	87,912
c.	Federated Equity Strategic Value Fund	73,275.478 shares	340,011	356,119
d.	Forum Absolute Strategies Fund	15,674.689 shares	173,361	173,205
e.	Goldman Sachs Growth Opportunity Fund	7,971.446 shares	200,584	176,010
f.	Harbor Capital Appreciation Fund	12,534.290 shares	504,129	462,515
g.	Hartford Dividend and Growth Fund	13,926.542 shares	280,571	266,554
h.	T Rowe Price Large Cap Growth Fund	18,508.138 shares	302,579	298,351
i.	Legg Mason Global Emerging Markets	11,078.689 shares	264,376	208,390
j.	MFS Research International Fund	18,017.600 shares	299,964	247,382
k.	Manning & Napier World Opportunity Fund	24,395.519 shares	207,895	161,742
l.	Pimco Commodity Real Return Strategy Fund	12,798.330 shares	108,719	83,701
m.	Nueberger Berman High Income Bond Fund	12,487.834 shares	111,039	111,267
n.	Pimco Low Duration Fund	16,965.108 shares	178,089	174,571
o.	Pimco Total Return Fund	12,240.578 shares	134,655	133,055
p.	Pimco Investment Grade Corporate Bond Fund	21,489.009 shares	229,222	222,411
q.	Templeton Global Bond Fund	17,128.280 shares	236,833	211,877
		TOTAL MUTUAL FUNDS	\$ 3,757,323	\$ 3,462,150
3.	<u>PROPRIETARY FUNDS</u>			
a.	Ridgeworth Large Cap Value Equity Fund	17,717.718 shares	\$ 234,005	\$ 220,408
b.	Ridgeworth Total Return Bond Fund	36,711.705 shares	387,653	395,752
c.	Ridgeworth High Income Bond Fund	7,635.887 shares	68,213	66,051
d.	Ridgeworth Limited Term Mortgage Fund	7,871.958 shares	84,875	87,143
		TOTAL PROPRIETARY FUNDS	\$ 774,746	\$ 769,354
4.	<u>EMPLOYER CONTRIBUTION RECEIVABLE</u>			
a.	The Vindicator Printing Company	Employer contribution receivable	\$ 116,230	\$ 116,230
		TOTAL EMPLOYER CONTRIBUTION RECEIVABLE	\$ 116,230	\$ 116,230
		TOTAL INVESTMENTS	\$ 4,693,350	\$ 4,392,785

SUPPLEMENTAL SCHEDULE - (CONTINUED)

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)
EIN 34-0596870

Year ended December 31, 2011

FORM 5500 - SCHEDULE H, PART IV, LINE 40) - SCHEDULE OF REPORTABLE TRANSACTIONS

a. IDENTITY OF PARTY INVOLVED	b. DESCRIPTION OF ASSETS	c. PURCHASE PRICE	d. SELLING PRICE	e. COST OF ASSETS	h. CURRENT VALUE OF ASSETS ON TRANSACTION DATE	i. NET GAIN OR (LOSS)
Suntrust Bank	44,912.20 shares JP Morgan US Equity Trust	\$ -	\$ 472,925	\$ 485,950	\$ 472,925	\$ (13,025)
Suntrust Bank	12,030.909 shares The Jensen Portfolio	-	314,247	343,805	314,247	(29,558)
Suntrust Bank	8,450.855 shares Goldman Sachs Growth Opportunity	217,525	-	217,525	217,525	-
Suntrust Bank	8,876.322 shares Harbor Cap Appreciation Fund	361,000	-	361,000	361,000	-
Suntrust Bank	12,281.327 shares Hartford Dividend & Growth Fund	249,925	-	249,925	249,925	-
Suntrust Bank	12,500.00 shares The Jensen Portfolio	361,000	-	361,000	361,000	-
Suntrust Bank	44,912.20 shares JP Morgan US Equity Trust	485,950	-	485,950	485,950	-
Suntrust Bank	16,489.014 shares MFS Research International Fund	277,675	-	277,675	277,675	-
Suntrust Bank	25,566.479 shares Plinco Investment Grade Bond	273,050	-	273,050	273,050	-
Suntrust Bank	17,191.679 shares Ridgeworth Large Cap Value Fund	231,400	-	231,400	231,400	-
Suntrust Bank	48,255.924 shares Ridgeworth Total Return Bond Fund	509,100	-	509,100	509,100	-
Suntrust Bank	78,690.733 shares Federated Strategic Value Fund	365,125	-	365,125	365,125	-
Suntrust Bank	18,472.477 shares T Rowe Price Large Cap Growth Fund	302,025	-	302,025	302,025	-

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	The Vindicator Printing Company
EIN/PN	34-0596870/007
Plan Name	The Vindicator Printing Company Retirement Plan for Non-Union Employees
Valuation Date	January 1, 2011
Enrolled Actuary	Matthew C. Kaiser
Enrollment Number	11-05784

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	The Vindicator Printing Company Retirement Plan for Non-Union Employees
EIN / PN:	34-0596870 / 007
Plan Sponsor:	The Vindicator Printing Company
Valuation Date:	January 1, 2011

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan The Vindicator Printing Company Retirement Plan for Non-Union Employee	B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The Vindicator Printing Company	D Employer Identification Number (EIN) 34-0596870	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>			
2 Assets:			
a Market value	2a	4,891,282	
b Actuarial value	2b	5,254,420	
3 Funding target/participant count breakdown:			
	(1) Number of participants	(2) Funding Target	
a For retired participants and beneficiaries receiving payment.....	3a	46	2,107,575
b For terminated vested participants.....	3b	72	1,541,549
c For active participants:			
(1) Non-vested benefits.....	3c(1)		46,299
(2) Vested benefits.....	3c(2)		2,772,564
(3) Total active.....	3c(3)	69	2,818,863
d Total.....	3d	187	6,467,987
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5	6.26 %	
6 Target normal cost	6	34,983	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Matthew C. Kaiser\ <u>MC/K</u> Signature of actuary	October 10, 2012 Date
	Matthew C. Kaiser Type or print name of actuary	11-05784 Most recent enrollment number
	Towers Watson Delaware Inc. Firm name	(216) 937-4000 Telephone number (including area code)
	1001 Lakeside Avenue, Suite 1900 Cleveland OH 44114 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	126,322	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	72,610	0
9 Amount remaining (line 7 minus line 8).....	53,712	0
10 Interest on line 9 using prior year's actual return of <u>0.23</u> %.....	(124)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.66</u> % except as otherwise provided (see instructions).....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	53,588	0

Part III Funding percentages

14 Funding target attainment percentage	14	80.40 %
15 Adjusted funding target attainment percentage	15	80.40 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	92.66 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/12/2012	17,219				
09/12/2012	99,011				
Totals •	18(b)	116,230	18(c)		0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	105,436

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment: 3.78 %	2nd segment: 6.31 %	3rd segment: 6.57 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....	21b		4
22 Weighted average retirement age	22		65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	34,983	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	1,267,155	124,041	
b Waiver amortization installment.....			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	159,024	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	53,588	0	53,588
36 Additional cash requirement (line 34 minus line 35).....	36	105,436	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	105,436	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	2008	2009	☒ 2010 ☒ 2011
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2011

See Schedule SB, Part V for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

<u>Age at Retirement</u>	<u>Rates of Retirement</u>	<u>Percent Retiring</u>	<u>Weighted Ages</u>
(1)	(2)	(3)	(1) x (3)
55	0.00%	0.00%	0.0000
56	0.00%	0.00%	0.0000
57	0.00%	0.00%	0.0000
58	0.00%	0.00%	0.0000
59	0.00%	0.00%	0.0000
60	2.00%	2.00%	1.2000
61	3.00%	2.94%	1.7934
62	10.00%	9.51%	5.8937
63	5.00%	4.28%	2.6950
64	5.00%	4.06%	2.6008
65	75.00%	57.91%	37.6411
66	50.00%	9.65%	6.3700
67	50.00%	4.83%	3.2333
68	50.00%	2.41%	1.6408
69	50.00%	1.21%	0.8324
70	100.00%	1.21%	0.8445
Weighted Average Retirement Age			65.0

Plan Name: The Vindicator Printing Company Retirement Plan for Non-Union Employees
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Plan Sponsor: The Vindicator Printing Company
Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2011

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		5		0		0		0		0		0		0		0		0	
30 - 34	0		1		1		1		0		0		0		0		0		0	
35 - 39	0		1		1		4		0		0		0		0		0		0	
40 - 44	0		2		1		1		0		0		0		0		0		0	
45 - 49	0		4		1		4		2		0		0		0		0		0	
50 - 54	0		3		3		2		0		1		1		0		0		0	
55 - 59	0		3		1		0		4		5		0		2		1		0	
60 - 64	0		0		2		2		3		1		0		1		1		0	
65 - 69	0		0		0		2		0		0		0		0		0		0	
70 & Over	0		0		0		0		0		0		0		0		0		2	

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2011

Type of Base		Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2011	944,230	15	944,230	91,431
2	Shortfall	01/01/2010	326,895	14	322,925	32,610
Total					1,267,155	124,041

The Vindicator Printing Company elected, pursuant to §430(c) of the Internal Revenue Code, to apply subparagraph (iii) (15-year amortization) of §430(c)(2)(D) for purposes of the shortfall amortization installment for the 2011 plan year.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

The Vindicator Printing Company

Plan

The Vindicator Printing Company Retirement Plan for Non-Union Employees

Plan Provisions

The most recent restatement reflected in the following plan provisions was effective January 1, 2010.

Covered employees Participation in the plan has been closed since March 31, 2009.

Participation date Covered employees become participants on the next July 1 or January 1 following completion of one Year of Eligibility Service and attainment of age 21.

Eligibility for Benefits

Normal retirement Retirement on NRD.

Early retirement Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.

Vested termination Termination for reasons other than death or retirement after completing five years of vesting service.

Disability Eligible upon attaining age 45 and 10 years of vesting service if the disability was incurred prior to March 31, 2009.

Preretirement death benefit Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Plan Name: The Vindicator Printing Company Retirement Plan for Non-Union Employees
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SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement 45% of average earnings (the average of the best five consecutive years Compensation out of the last 10 years prior to retirement), less one-half of the employee's Social Security benefit (the "offset"); provided such offset shall not exceed the lesser of the "maximum offset allowance" defined in IRC Section 401(1)(B) or 50% of the member's normal retirement benefit determined without regard to the offset. The net benefit is reduced for service less than 30 years at retirement. There is a minimum benefit equal to 1% of average earnings (maximum of \$1,000 a month) times credited service (maximum of 30 years). After 1991, Compensation includes overtime, commissions, and bonuses.

Plan benefits guaranteed by The Equitable under Group Annuity Contract AC 643 (which was converted to a non-participating basis as September 1, 1991) are not included in the actuarial valuation of Plan benefits.

All benefits under the plan have been frozen as of March 31, 2009.

Early retirement Actuarial equivalent of the accrued Normal Retirement Benefit, determined on the assumption that the employee continued to age 65 at his final average earnings at termination with the resulting normal retirement benefit reduced by the ratio of actual service to assumed service to age 65. The accrued benefit is reduced 6-2/3% per year for the first 5 years and 3-1/3% per year for each additional year for early retirement commencing prior to age 65.

Vested termination A benefit determined as for early retirement but payable at age 65 or, for terminating employees with at least 10 years of vesting service, a benefit reduced for early commencement payable between age 55 and 65, utilizing the above Early Retirement factors.

Disablement A benefit determined as for normal retirement assuming that the employee had attained his normal retirement age upon disability retirement. The disability benefit is payable until age 65 or until the employee recovers if earlier; at age 65 the benefit is re-determined under the normal formula.

Preretirement death The benefit is calculated as if the employee had terminated his employment the day of his death (if he was in active status), had elected to have his pension commence on his earliest retirement date, had elected the 50% joint and survivor option, had survived to his earliest retirement date and died the following day.

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SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Pension Increases None

Plan participants' contributions None

Maximum on benefits and pay All benefits and pay for any plan year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Substantive Commitment

No substantive commitments other than the above plan provisions have been included in this valuation.

Plan Name: The Vindicator Printing Company Retirement Plan for Non-Union Employees
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Plan Sponsor: The Vindicator Printing Company
Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: September
- Yield curve basis: 3-Segment Rates

Interest rates:

- First segment rate: 3.78%
- Second segment rate: 6.31%
- Third segment rate: 6.57%
- Effective interest rate: 6.26%

Annual rates of increase

- Compensation: Not applicable after the March 31, 2009 benefit freeze
- Future Social Security wage bases: Not applicable after the March 31, 2009 benefit freeze
- Statutory limits on compensation: Not applicable after the March 31, 2009 benefit freeze

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

- Healthy The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.
- Disabled The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Termination Rates varying by age and gender.

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SCHEDULE SB ATTACHMENTS

Representative Termination Rates

Percentage leaving during the year		
Attained Age	Males	Females
20	14.95%	24.95%
25	9.94	14.95
30	6.91	9.94
35	4.88	6.91
40	2.82	4.88
45	1.67	2.82
50	0.40	1.67
55	0.00	0.40
60 and over	0.00	0.00

Disability

None.

Retirement

Rates varying by age.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Retirement Rate
Under 60	0%
60	2
61	3
62	10
63-64	5
65	75
66-69	50
70	100

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 65.
- Deferred vested benefit The later of age 65 or termination of employment.
- Retirement benefit Upon termination of employment.

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SCHEDULE SB ATTACHMENTS

Form of payment	Participants are assumed to elect the normal form which is a single life annuity.
Percent married	85% of males; 50% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.
Spouse age	Female spouses are assumed to be three years younger than male spouses.
Covered pay	Not applicable after the March 31, 2009 plan freeze.
Administrative expenses	The amount included this year for administrative expenses is \$34,983.
Suspension of benefits	it is assumed that suspension of benefits notices have been issued to participants who are working past normal retirement age. Therefore, no actuarial increased benefits have been included in the valuation.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 7.50% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	We believe that we have reflected all significant plan provisions in this valuation.

Plan Name: The Vindicator Printing Company Retirement Plan for Non-Union Employees
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Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

Change in assumptions and methods since prior valuation

In addition to the prescribed changes in interest rate and mortality, the following changes were made since the prior valuation:

- The assumed plan-related expenses added to the target normal cost were changed from \$40,000 for 2010 to \$34,983 for 2011.
- ASC 960 results are based on the mortality table described in Notice 2008-65 for a 2011 plan year.

Plan Name: The Vindicator Printing Company Retirement Plan for Non-Union Employees
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Plan Sponsor: The Vindicator Printing Company
Valuation Date: January 1, 2011

SUPPLEMENTAL SCHEDULE

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)
EIN #34-0596870

December 31, 2011

FORM 5500 – SCHEDULE H, PART IV, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

a.	b. ISSUER OR SIMILAR PARTY	c. DESCRIPTION OF INVESTMENT	d. COST	e. CURRENT VALUE
1.	<u>MONEY MARKET FUNDS</u>			
a.	Federated Money Market - Treasury Obligations	45,051.040 shares	\$ 45,051	\$ 45,051
		TOTAL MONEY MARKET FUNDS	\$ 45,051	\$ 45,051
2.	<u>MUTUAL FUNDS</u>			
a.	Aberdeen Equity Long Short Fund	7,803.615 shares	\$ 87,163	\$ 87,088
b.	Advisors Inner Circle Cambier Small Cap Fund	5,217.317 shares	98,133	87,912
c.	Federated Equity Strategic Value Fund	73,275.478 shares	340,011	356,119
d.	Forum Absolute Strategies Fund	15,674.689 shares	173,361	173,205
e.	Goldman Sachs Growth Opportunity Fund	7,971.446 shares	200,584	176,010
f.	Harbor Capital Appreciation Fund	12,534.290 shares	504,129	462,515
g.	Hartford Dividend and Growth Fund	13,926.542 shares	280,571	266,554
h.	T Rowe Price Large Cap Growth Fund	18,508.138 shares	302,579	298,351
i.	Legg Mason Global Emerging Markets	11,078.689 shares	264,376	208,390
j.	MFS Research International Fund	18,017.600 shares	299,964	247,382
k.	Manning & Napier World Opportunity Fund	24,395.519 shares	207,895	161,742
l.	Pimco Commodity Real Return Strategy Fund	12,798.330 shares	108,719	83,701
m.	Nueberger Berman High Income Bond Fund	12,487.834 shares	111,039	111,267
n.	Pimco Low Duration Fund	16,965.108 shares	178,089	174,571
o.	Pimco Total Return Fund	12,240.578 shares	134,655	133,055
p.	Pimco Investment Grade Corporate Bond Fund	21,489.009 shares	229,222	222,411
q.	Templeton Global Bond Fund	17,128.280 shares	236,833	211,877
		TOTAL MUTUAL FUNDS	\$ 3,757,323	\$ 3,462,150
3.	<u>PROPRIETARY FUNDS</u>			
a.	Ridgeworth Large Cap Value Equity Fund	17,717.718 shares	\$ 234,005	\$ 220,408
b.	Ridgeworth Total Return Bond Fund	36,711.705 shares	387,653	395,752
c.	Ridgeworth High Income Bond Fund	7,635.887 shares	68,213	66,051
d.	Ridgeworth Limited Term Mortgage Fund	7,871.958 shares	84,875	87,143
		TOTAL PROPRIETARY FUNDS	\$ 774,746	\$ 769,354
4.	<u>EMPLOYER CONTRIBUTION RECEIVABLE</u>			
a.	The Vindicator Printing Company	Employer contribution receivable	\$ 116,230	\$ 116,230
		TOTAL EMPLOYER CONTRIBUTION RECEIVABLE	\$ 116,230	\$ 116,230
		TOTAL INVESTMENTS	<u>\$ 4,693,350</u>	<u>\$ 4,392,785</u>

SUPPLEMENTAL SCHEDULE - (CONTINUED)

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)
EIN 34-0596870

Year ended December 31, 2011

FORM 5500 - SCHEDULE H, PART IV, LINE 40) - SCHEDULE OF REPORTABLE TRANSACTIONS

a. IDENTITY OF PARTY INVOLVED	b. DESCRIPTION OF ASSETS	c. PURCHASE PRICE	d. SELLING PRICE	e. COST OF ASSETS	h. CURRENT VALUE OF ASSETS ON TRANSACTION DATE	i. NET GAIN OR (LOSS)
Suntrust Bank	44,912.20 shares JP Morgan US Equity Trust	-	\$ 472,925	\$ 485,950	\$ 472,925	\$ (13,025)
Suntrust Bank	12,030.909 shares The Jensen Portfolio	-	314,247	343,805	314,247	(29,558)
Suntrust Bank	8,450,855 shares Goldman Sachs Growth Opportunity	217,525	-	217,525	217,525	-
Suntrust Bank	8,876,322 shares Harbor Cap Appreciation Fund	361,000	-	361,000	361,000	-
Suntrust Bank	12,281.327 shares Hartford Dividend & Growth Fund	249,925	-	249,925	249,925	-
Suntrust Bank	12,500.00 shares The Jensen Portfolio	361,000	-	361,000	361,000	-
Suntrust Bank	44,912.20 shares JP Morgan US Equity Trust	485,950	-	485,950	485,950	-
Suntrust Bank	16,489.014 shares MFS Research International Fund	277,675	-	277,675	277,675	-
Suntrust Bank	25,566.479 shares Pimco Investment Grade Bond	273,050	-	273,050	273,050	-
Suntrust Bank	17,191.679 shares Ridgeworth Large Cap Value Fund	231,400	-	231,400	231,400	-
Suntrust Bank	48,255.924 shares Ridgeworth Total Return Bond Fund	509,100	-	509,100	509,100	-
Suntrust Bank	78,690.733 shares Federated Strategic Value Fund	365,125	-	365,125	365,125	-
Suntrust Bank	18,472.477 shares T Rowe Price Large Cap Growth Fund	302,025	-	302,025	302,025	-