Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
TOWER IMAGING, INC. RETIREMENT PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 09/01/1985

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

TOWER IMAGING, INC.

2700 UNIVERSITY SQUARE DRIVE
TAMPA, FL 33612

2b Employer Identification Number (EIN) 59-1433551

2c Sponsor's telephone number 813-253-2721

2d Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2012	LISA BALLENGEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2012	LISA BALLENGEE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
TOWER IMAGING, INC.

2700 UNIVERSITY SQUARE DRIVE
TAMPA, FL 33612

3b Administrator's EIN
59-1433551

3c Administrator's telephone number
813-253-2721

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	384
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**	347
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	37
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	384
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	384
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	347
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2G 2J 2A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
4B

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	2	**A** (Insurance Information)
(4)	X		**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
TOWER IMAGING, INC. RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
TOWER IMAGING, INC.

D Employer Identification Number (EIN)
59-1433551

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.

1 Coverage Information:

(a) Name of insurance carrier
PACIFIC LIFE

(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
95-1079000	67466	VF50025130		01/01/2011	12/31/2011

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
0	0

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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	(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AS ON FILE WITH THE INS. CARRIER

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.	6d	

Specify nature of costs ▶

e Type of contract: (1) [X] 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	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

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
TOWER IMAGING, INC. RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
TOWER IMAGING, INC.

D Employer Identification Number (EIN)
59-1433551

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.

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
23-0990450	68225	PT032920	2	01/01/2011	12/31/2011

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
0	0

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	

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	(c) Amount	**(d)** Purpose	

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(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ PUBLISHED RATES OF INSURANCE CARRIE

b	Premiums paid to carrier	6b	9788
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.	6d	

Specify nature of costs ▶

e Type of contract: (1) [X] 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	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
TOWER IMAGING, INC. RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
TOWER IMAGING, INC.

D Employer Identification Number (EIN)
59-1433551

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MERRILL LYNCH

4 WORLD FINANCIAL CENTER
250 VESEY STREET
NEW YORK, NY 10281

(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?
51	NONE		Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

ARIS WEALTH SERVICES

270 WALKER DRIVE, SUITE 300
STATE COLLEGE, PA 16801

(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?
51	NONE		Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE 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
TOWER IMAGING, INC. RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
TOWER IMAGING, INC.

D Employer Identification Number (EIN)
59-1433551

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	925564	
(2) Participant contributions	1b(2)	47491	35893
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2161622	2846636
(2) U.S. Government securities	1c(2)	15410	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	530322	52349
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	1512	5108
(B) Common	1c(4)(B)	4283480	2175297
(5) Partnership/joint venture interests	1c(5)	60877	
(6) Real estate (other than employer real property)	1c(6)	77179	80927
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	717241	669412
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	17541870	16500680
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	495390	519489

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	26857958	22885791
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	26857958	22885791

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)		
(B) Participants	2a(1)(B)	518043	
(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)		518043
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7175	
(B) U.S. Government securities	2b(1)(B)	173	
(C) Corporate debt instruments	2b(1)(C)	4354	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	29833	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		41535
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	23	
(B) Common stock	2b(2)(B)	77374	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	482918	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		560315
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	-135261	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-135261

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-743794	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-743794
(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)		-101674
c Other income	2c		4212
d Total income. Add all **income** amounts in column (b) and enter total	2d		143376
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3893457	
(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)		3893457
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		98040
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	3485	
(3) Investment advisory and management fees	2i(3)	110773	
(4) Other	2i(4)	9788	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		124046
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4115543
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-3972167
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) [X] 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 [X] No

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

(1) Name: GARCIA & ORTIZ, PA **(2)** EIN: 59-3410694

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? 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
TOWER IMAGING, INC. RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
TOWER IMAGING, INC.

D Employer Identification Number (EIN)
59-1433551

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

TOWER IMAGING, INC. RETIREMENT PLAN AND TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

TOWER IMAGING, INC. RETIREMENT PLAN AND TRUST
FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

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GARCIA & ORTIZ, P.A.
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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Tower Imaging, Inc. Retirement Plan and Trust

We have audited the accompanying statements of net assets available for benefits of Tower Imaging, Inc. Retirement Plan and Trust as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Tower Imaging, Inc. Retirement Plan and Trust as of December 31, 2011 and 2010, and the changes in its net assets available for benefits for the year ended December 31, 2011, in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets held for investment at end of year is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Garcia & Ortiz P.A.

St. Petersburg, Florida
October 10, 2012

TOWER IMAGING, INC. RETIREMENT PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	2011	2010
ASSETS		
Investments:		
Cash and money market funds	$ 2,846,636	$ 2,161,622
U.S. government and agency securities	-	15,410
Corporate bonds	52,349	530,321
Mutual funds	16,500,680	17,541,870
Common stocks	2,175,297	4,283,481
Preferred stocks	5,108	1,512
Real estate partnerships and investment trusts	80,927	138,056
Cash surrender value of life insurance	519,489	495,390
Total investments	22,180,486	25,167,662
Receivables:		
Employer contributions	-	925,564
Participant contributions	35,893	47,491
Notes receivable from participants	669,412	717,241
Total receivables	705,305	1,690,296
Total assets	22,885,791	26,857,958
LIABILITIES AND NET ASSETS		
Liabilities	-	-
Net assets available for benefits	$22,885,791	$26,857,958

See Notes to Financial Statements.

TOWER IMAGING, INC. RETIREMENT PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2011

Additions to net assets attributed to:	
Investment income:	
Loan interest	$ 29,833
Other interest	11,702
Dividends	560,315
	601,850
Participant contributions	518,043
Total additions	1,119,893
Deductions from net assets attributed to:	
Net depreciation in value of investments	976,517
Benefits paid to participants	3,991,497
Administrative expenses	124,046
Total deductions	5,092,060
Net decrease	(3,972,167)
Net assets available for benefits:	
Beginning of year	26,857,958
End of year	$22,885,791

See Notes to Financial Statements.

Note 1 - Description of Plan

The following brief description of the Tower Imaging, Inc. Retirement Plan and Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan documents for more complete information.

General: The Plan is a defined contribution plan covering all employees of Tower Imaging, Inc. and companies related through common ownership who have one year of service and are age 21 or older.

Contributions: Each year, participants may contribute up to 75% of annual compensation up to certain limits provided by law. Participants may also contribute amounts representing distributions from other qualified plans. Employer matching contributions are not required or permitted.

Each year, the Company may make discretionary contributions for multiple groups established under the Plan. Contributions for each group are allocated in the same ratio that each participant's compensation for the Plan year bears to the total compensation of all participants in the group during the Plan year, up to certain limits provided by law. To be eligible for employer contributions, a participant must be employed on the last day of the Plan year. There were no employer contributions for 2011.

Participant accounts: Each participant's account is credited with the participant's contribution and allocations of the Company's contribution and Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their contributions and employer contributions, plus actual earnings thereon.

Notes receivable from participants: Participants may apply for loans from the Plan in accordance with a written administrative policy. The amount of such loan shall not exceed the lesser of one-half of the participant's vested account balance or $50,000, reduced by the highest outstanding loan balance in the participant's account during the prior year. Loans must be repaid in installments over a five-year period, or over a reasonable period of time that may be longer than a five-year period for the purchase of a primary residence. Interest at prevailing rates is charged on loan balances.

Payment of benefits: A participant with a vested account balance of $5,000 or less receives his/her account balance in a lump sum distribution immediately upon retirement or termination of employment. A participant with a vested account balance greater than $5,000 may elect to receive his/her account balance upon termination, disability, attainment of age 59½ or normal retirement age. However, participants may elect to defer the commencement of benefits until a later date, which may be no later than April 1 of the year following the year in which the participant attains age 70½. If a participant dies, a death benefit equal to his/her account balance is paid to the participant's beneficiary. The alternative forms of benefit payments are a joint and survivor annuity, lump sum, approximately equal installments, single life annuity, or a combination these forms of benefits.

Forfeited accounts: Forfeitures of terminated participants' non-vested accounts, if any, may be used to reduce Company contributions. At December 31, 2011, there are no forfeitures available to reduce future contributions.

Note 2 - Summary of Accounting Policies

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

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. U.S. government securities, corporate bonds, common stocks, preferred stocks and real estate investment trusts are valued at the closing price reported on the active market on which the individual securities are traded. Mutual funds are valued at the quoted net asset value of shares held by the plan at year end.

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

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued by unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

Payment of benefits: Benefits are recorded when paid.

Administrative expenses: The Company absorbs the cost of maintaining the Plan. Certain investment management, brokerage and administration fees are paid from Plan assets.

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

Subsequent Events: Management has evaluated subsequent events through October 10, 2012, the date that the financial statements were available to be issued.

Note 3 - Fair Value Measurements

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

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets, quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in inactive markets.
Level 2 - Inputs other than quoted prices that are observable for the asset or liability, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.
Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Note 4 - Investments

The following table presents the values of the Plan's investments, all of which are participant-directed, as of December 31, 2011 and 2010. Investments that represent 5% or more of the Plan's net assets are separately identified.

	2011	2010
Investments at fair value as determined by Level 1 inputs:		
Fidelity Spartan Money Market	$ 1,160,164	$ 585,895
Other cash and money market funds	1,686,472	1,575,727
U.S. government and agency securities	-	15,410
Corporate bonds	52,349	530,321
PIMCO Total Return Admin	1,229,866	1,284,850
PIMCO Total Return Institutional	1,351,610	1,357,995
American Funds Growth Fund of America	312,340	1,320,160
Other mutual funds	13,606,864	13,578,865
Common stocks	2,175,297	4,283,481
Preferred stocks	5,108	1,512
Real estate investment trusts	80,927	77,179
	21,660,997	24,611,395
Investments at fair value as determined by Level 3 inputs:		
Real estate limited partnerships	-	60,877
Cash surrender value of life insurance	519,489	495,390
	519,489	556,267
	$22,180,486	$25,167,662

During 2011, the Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

Investments at fair value as determined by Level 1 inputs:	
U.S. government and agency securities	$ 2,053
Corporate bonds	13,288
Mutual funds	(842,519)
Common stocks	(177,312)
Preferred stocks	(134)
Real estate investment trusts	3,943
Other	64
	(1,000,617)
Investments at fair value as determined by Level 3 inputs:	
Cash surrender value of life insurance	24,100
	$ (976,517)

Note 5 - Related Party Transactions

Transactions with the Plan's third-party administrator, investment advisors and brokerage firms qualify as party-in-interest transactions. Fees paid by the Plan to these service providers totaled $124,046 for 2011.

Note 6 - Plan Termination

Although it has not expressed any intent to do so, the Company reserves the right to terminate the Plan at any time, subject to Plan provisions. Upon termination of the Plan, the interest of each participant in the trust fund will become 100% vested and will be distributed to such participant or his or her beneficiary at the time prescribed by the Plan and the Internal Revenue Code.

Note 7 - Income Tax Status

The Internal Revenue Service has determined and informed the Plan by a letter dated July 29, 2003 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 8 - Risks and Uncertainties

Investment securities held by the Plan are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

SUPPLEMENTAL SCHEDULE

TOWER IMAGING INC. RETIREMENT PLAN AND TRUST
EIN: 59-1433551
Schedule H 4i - Assets Held for Investment at End of Year
December 31, 2011

(b) Issue		(c) Description of Investment	(d) Cost	(e) Current Value
CASH AND EQUIVALENTS				
		Brokerage Cash Account	0.02	0.02
		Capitol Securities Money Market	1,153.38	1,153.38
		Citibank Account	(49.95)	(49.95)
		CMA Cash Account	(0.26)	(0.26)
		CMA Money Fund	312,048.24	312,048.24
		Dreyfus Liquid Assets	9,044.09	9,044.09
		Federated Automated Cash Management	82,669.90	82,669.90
		Fidelity Cash	153.81	153.81
		Fidelity Cash Reserves	87,640.67	87,640.67
		Fidelity Spartan Money Market	1,160,164.42	1,160,164.42
		Merrill Lynch Cash	67.31	67.31
		Merrill Lynch Institutional Fund	362,280.57	362,280.57
		Morgan Stanley Bank	126,200.93	126,200.93
		Morgan Stanley Cash	10,404.77	10,404.77
		Raymond James Bank Dep Pgm	19,464.52	19,464.52
		Schwab Cash Acct	0.16	0.16
		Schwab Money Fund	120,501.40	120,501.40
		Scottrade Cash	468.91	468.91
		Smith Barney Cash	237.04	237.04
		Tamarack Prime Money Mkt Fd Cl Reserve	425,687.40	425,687.40
		Transit Cash Account	204.74	204.74
			2,718,342.07	**2,718,342.07**
CERTIFICATES OF DEPOSIT		Discover Bank Greenwood DE	96,817.92	98,236.80
	8/22/2008	5.400% Due 06-27-12		
		Wells Fargo Bk N A	30,000.00	30,000.00
	12/6/2011	0.000% Due 12-21-18		
		Accrued Interest		56.81
			126,817.92	**128,293.61**
CORPORATE BONDS				
Brokerage CD's		HSBC Bk USA N A Mc Lean VA	10,000.00	10,648.50
	7/21/2009	0.000% Due 07-31-15		
		Contingent Income CD Basket of Commod. Due 9/26/2016 by JPM	10,000.00	9,385.00
	9/7/2010	0.000% Due 09-26-16		
Corp Bonds		Bottling Group Inc	5,152.90	5,620.09
	10/22/2008	6.950% Due 03-15-14		
		Morgan Stanley	9,412.90	9,850.87
	3/20/2008	4.750% Due 04-01-14		
		General Electric Cap Corp	9,502.99	10,870.50
	10/14/2008	5.500% Due 06-04-14		
		Wal Mart Stores	4,653.80	5,599.39
	10/14/2008	4.500% Due 07-01-15		

		28,722.59	**51,974.35**
	Accrued Interest		374.82
		48,722.59	**52,349.17**
CLOSED END MUTUAL FUNDS - DOMESTIC FIXED			
Government(5-10)	IShares TR TIPS Bond 5-10 Year	391.15	7,351.47
		391.15	**7,351.47**
COMMON STOCK - DOMESTIC EQUITY			
Information Services	Google Inc Cl A	18,230.55	22,606.50
Entertainment	Time Warner Cable Inc Com	1,127.62	1,525.68
Industrials	Hexcel Corp New Com	6,657.73	7,456.68
Petro,Chemicals,Coal	Marathon Pete Corp Com	12,653.27	12,250.72
Transport/Rail	Genesee & Wyoming Inc	7,345.82	7,693.66
Large Cap Blend	Spider Trust UT Ser 1	9,558.30	10,793.00
Large Cap Value	Spdr Series Trust S&P Div ETF	7,634.04	8,156.62
Index	IShares TR S&P 500 Index	11,701.72	12,992.14
Real Estate	Vanguard Index Fds Reit Etf	5,078.12	9,338.00
Precious Metals	Spdr Gold Tr Gold Shs	22,435.31	34,197.75
Utilities	Energen Corp	7,250.92	5,850.00
	PG&E Corp	798.90	783.18
	PP&L Res PA	829.70	941.44
	Southern Co	1,794.26	2,036.76
Energy	Anadarko Petroleum	1,628.61	2,213.57
	Apache	16,567.32	14,130.48
	Baker Hughes	7,538.70	4,864.00
	ChevronTexaco	3,956.59	5,426.40
	Devon Energy Corp New	1,156.94	992.00
	El Paso Corp	1,696.13	3,055.55
	Exxon Mobil Corporation	24,670.55	25,597.52
	Marathon Oil Corp	1,175.92	1,053.72
	National Oilwell Varco Com	12,737.34	11,898.25
	Nextera Energy Inc Com	689.18	791.44
	Progress Energy Inc	937.72	1,232.44
	Schlumberger Ltd	36,081.32	31,764.15
	Spdr S&P Oil & Gas Expl	20,049.07	19,758.75
	Suncor Energy Inc	1,188.36	980.22
	Valero Energy Corp	1,024.00	1,115.65
Finance	American Express	8,723.36	8,254.75
	Bank of America Corp	15,206.12	10,074.72
	Berkshire Hathaway	13,911.50	15,260.00
	Capital One Finl Corp	9,701.90	9,980.44

	CIGNA	1,272.91	1,554.00
	Citigroup Inc Com New	14,670.92	10,550.31
	Duff & Phelps	5,000.00	4,525.00
	Goldman Sachs Group	2,410.34	2,079.89
	J P Morgan Chase & Co	38,515.28	32,950.75
	KeyCorp	519.79	553.68
	M & T Bank Corp	147.84	229.02
	Market Vectors ETF Tr Gold Miner ETF	4,959.25	5,143.00
	Mastercard Inc Cl A	7,968.36	8,574.86
	Metlife Inc	13,802.91	10,289.40
	Morgan Stanley Group	1,357.83	877.54
	PNC Financial Services Group	6,129.59	6,228.36
	Price T Rowe Group Inc	5,890.61	6,435.35
	Prudential Financial Inc	2,351.34	2,004.80
	Regions Financial Corp	5,419.77	6,011.40
	Signature Bk New York Com	3,822.25	7,078.82
	SunTrust Banks	2,394.49	2,124.00
	Wellpoint	6,187.50	5,962.50
	Wells Fargo & Co New	5,809.02	5,760.04
	Zions Bancorporation	1,274.22	1,058.20
Industrial Cyclicals	Boeing	26,085.57	28,826.55
	Caterpillar	1,271.94	2,265.00
	Cleveland Cliffs Inc	864.76	1,247.00
	Coach Inc	7,228.16	10,682.00
	Dow Chemical	1,946.15	2,329.56
	DuPont de Nemours	3,642.73	4,120.20
	Fluor	14,736.70	12,562.50
	FMC Corp	6,935.02	7,743.60
	Freeport McMoran Copper & Gold B	14,236.35	11,037.00
	Gardner Denver Machinery	6,902.46	7,397.76
	General Electric	36,049.12	37,897.56
	Halliburton	6,006.30	4,900.42
	Intl Paper	1,126.42	1,598.40
	Nordson Corp	5,061.43	5,518.12
	Precision Castparts Corp	5,316.01	7,909.92
	Sigma-Aldrich Corp	7,184.07	6,683.22
	Southern Copper Corp	503.65	482.88
	United Technologies	10,352.59	10,817.32
	USX-US Steel Group	1,219.74	740.88
	Waste Management Inc (new)	-	53,382.72
Consumer Durables	AptarGroup Inc	7,002.24	7,668.99
	Church & Dwight Co Inc	5,527.92	8,511.36
	Corning	1,604.39	1,090.32
	Donaldson Inc	5,478.67	8,169.60
	Eaton	941.29	1,218.84
	Ford Mtr Co DEL	567.34	914.60
	General Mtrs	4,064.00	3,344.55
	Goodyear Tire	25,692.18	28,340.00
	Nike B	5,770.60	5,974.94
	VF Corp	3,786.67	6,476.49
	Watsco Inc	36,840.86	65,660.00
Consumer Goods	Monsanto Co New	14,069.53	14,364.35
	Philip Morris Intl Inc Com	77,582.66	87,034.32

Consumer Staples	Archer Daniels Midland	1,018.95	943.80
	Colgate Palmolive	1,319.21	1,570.63
	Hormel Foods Inc	7,518.75	7,293.21
	Kraft Foods Inc	5,949.80	6,239.12
	Kroger	506.24	484.40
	Pepsico	861.55	928.90
	Procter & Gamble	60,878.02	73,381.00
Services	AT&T Inc Com	8,414.23	8,981.28
	Carnival Corp Paired	4,118.67	3,557.76
	Comcast Corp A	1,127.63	1,612.28
	Delta Air Lines Inc Del Com New	372.62	315.51
	Directv Com Cl A	8,289.42	10,048.60
	FMC Technologies Inc Com	4,366.16	8,356.80
	Hertz Global Holdings Inc	1,615.36	2,590.12
	HSN Inc Com	1,630.57	2,828.28
	Kirby Corp Com	7,575.03	8,690.88
	Las Vegas Sands Corp Com	2,266.14	4,785.76
	Marriott Intl Inc	733.46	1,400.16
	McDonalds	6,450.26	8,327.39
	NEWS CORP A	10,623.51	11,542.48
	Omnicom Group	1,733.85	1,827.78
	Panera Bread Company	3,574.50	6,931.05
	Travelers Companies Com	1,186.34	1,242.57
	Ulta Salon Cosm & Frag Com	3,686.53	6,492.00
	Union Pacific	5,354.59	9,746.48
	United Nat Food Inc Com	5,787.92	6,721.68
	United Parcel Service B	4,040.98	4,391.40
	Verizon Communications	13,009.43	14,483.32
	Viacom Inc New Cl B	4,864.33	4,359.36
	Walt Disney	6,642.18	7,050.00
Retail	Amazon.Com Inc	4,724.97	4,673.70
	Buckle Inc	6,565.99	6,702.68
	CVS/Caremark Corp	11,972.33	13,335.06
	Grainger WW	5,362.73	9,921.07
	Home Depot	7,488.01	8,786.36
	Mednax Inc Com	6,139.34	7,201.00
	O Reilly Automotive	5,467.07	10,233.60
	Ross Stores	6,198.19	9,981.30
	Target Corp	573.77	870.74
Health	Allergan Inc	7,651.79	8,072.08
	Bioderm Inc Cl A Com Stk	242.50	-
	Bristol-Myers Squibb	7,211.81	8,492.84
	Covidien Ltd Com	-	315.07
	Express Scripts Hlgd Co Com	4,402.85	4,647.76
	Gilead Sciences Inc	2,048.16	2,087.43
	Health Management Systems	4,626.01	8,058.96
	Idexx Lab Inc	4,825.27	7,157.28
	Johnson & Johnson	95,924.95	105,400.04
	McKesson HBOC Inc	558.59	545.37
	Merck & Co	6,199.28	6,597.50
	Mylan Labs	6,180.30	7,081.80
	Perrigo Co	2,832.33	7,005.60

	Pfizer	14,604.46	16,294.92
	Senesco Technologies Inc.	4,527.22	4,030.00
	United Health Group Inc	6,234.48	8,210.16
Basic Materials	CF Inds Hldgs Inc Com	122,967.88	114,099.26
	Legacy Reserves Lp	9,212.00	9,884.00
ETF	Ishares Msci Bric Index Fund	5,820.50	5,440.50
	Proshares Tr Pshs Ultsh 20 Yrs	13,860.00	5,421.00
	Vanguard Dividend Appreciation	17,256.04	21,860.00
	Wisdomtree Trust Midcap Divi Fd	11,661.00	15,621.00
Technology	Adobe Systems	855.50	706.75
	Adtran Inc	7,416.18	4,916.08
	American Tower Reit Com	4,681.82	6,301.05
	Ansys Inc	6,912.04	7,732.80
	Apple Computer	105,135.32	155,520.00
	Check Point Software ORD	1,044.66	998.26
	Cisco Systems	5,030.53	5,134.72
	EMC Corp Mass	9,742.73	8,357.52
	Emerson Elec	1,760.59	1,630.65
	Gentex Corp	6,212.38	7,782.17
	Hewlett-Packard Company New	1,406.94	1,004.64
	Hittite Microwave Corp Com	4,865.01	6,073.74
	IBM	8,986.53	13,607.12
	Informatica Corp Com	3,264.20	4,911.69
	Intel	10,954.33	12,707.00
	Mercadolibre Inc Com	949.04	1,193.10
	Micros Sys Inc	4,629.67	6,987.00
	Microsoft	17,349.04	16,640.36
	Mosaic Company	-	1,159.89
	Oracle Systems	13,664.69	13,338.00
	Qualcomm	10,515.62	10,611.80
	Skyworks Solutions Inc	10,982.24	7,331.44
	Teradata Corp Del Com	7,368.29	6,694.38
	Texas Instruments	1,917.36	1,659.27
Other	Core Laboratories N V	4,051.19	8,432.30
	Dresser-Rand Group Inc Com	6,462.66	7,087.22
	Hess Corp Com	1,465.81	1,192.80
	Hyatt Hotels Corporation Com Class A	1,022.78	1,204.48
	IShares Comex Gold Tr	17,181.28	24,307.08
	Kddi Corp Adr	1,233.86	1,159.20
	Wisdomtree Dreyfus Emer Curr	5,285.70	4,432.50
Missing Industry Group	Mv Oil Tr Tr Unit	81,194.00	99,100.00
	Stonemor Partners Lp	70,347.63	57,452.50
		1,789,984.25	**2,054,487.66**
CLOSED END MUTUAL FUNDS - INTL EQUITY			
Other	IShares Tr FTSE Xnhua Idx	5,398.80	5,230.50
Missing Industry Group	Vanguard Intl Eqty Idx Emr Mkt Etf	**12,964.33**	**12,953.19**
		18,363.13	**18,183.69**

EQUITY UNIT			
	Senior Housing Properties	**57,796.29**	**58,344.00**
MUTUAL FUNDS - DOMESTIC FIXED			
Large Value Stocks	Federated Strategic Value Dividend Fund	192,032.56	205,900.07
Intermediate Term Bond	Fidelity US Bond Index	417,927.24	441,920.70
	PIMCO Total Return Admin	1,210,248.73	1,229,866.03
	PIMCO Total Return Fd P	14,487.13	14,432.47
	PIMCO Total Return Institutional	1,342,446.84	1,351,609.73
World Bond	Eaton Vance Strategic Income Fund Class	214,283.39	208,580.03
	Principal Global Diversified Income Fund	273,103.51	279,438.29
Managed Futures	AQR Managed Futures Strategy	249,621.27	242,287.04
Mid Cap	Franklin Invs Secs Tr Conv Secs Cl C	11,364.69	10,583.80
Government(5-10)	Dodge & Cox Income	20,625.82	20,671.45
	Vanguard Inflation-Protected	67,942.08	76,530.59
Corporate(5-10)	Loomis Sayles Strategic Income C	284,868.69	315,550.01
High-Yield	Hartford Floating Rate	235,767.18	246,738.32
	Hartford Floating Rate I	10,995.12	10,624.63
	Mainstay High Yield Opportunities	28,394.37	32,109.25
	Pioneer High Yield C	70,989.25	71,134.49
	Wells Fargo Advantage High Income Inv	553.67	7,450.22
Balanced/Asset Allocation	Franklin Income C	16,428.88	17,070.00
Convertible Bonds	Calamos Convertible C	9,959.63	11,004.10
Missing Industry Group	Oppenheimer Senior Floating Rate Fund Cl C	17,365.66	17,193.58
		4,689,405.71	**4,810,694.80**
MUTUAL FUNDS - INTL EQUITY			
Emerging Equity	Lazard Emerging Markets	31,992.76	38,912.11
Income	Lord Abbett Flt Rt C	158,800.44	154,342.48
International Equity	American Funds EuroPacific Growth	64,044.09	53,410.26
	Dreyfus International Stock Index	3,611.90	3,021.09
	Fidelity Diversified International	819,420.94	748,905.25
	William Blair International Growth	30,616.02	30,893.25
Foreign Stock	Transamerica Taidemulmont C	76,663.69	70,476.67
Large Cap Blend	Henderson Global Fds Intl Opport C	27,624.99	22,156.41
	MFS Ser Tr X Intl Divers C	60,859.45	55,255.09
	Templeton China World Fund	5,081.07	4,103.16
	Thornburg Invt Tr Global Val A	11,602.55	11,081.46
Foreign	Euro Pacific Growth A	1,519.55	1,175.61

Emerging Markets: General	Delaware Emerging Mkts C	18,282.33	15,649.53
	Templeton Developing Mkts I	27,035.04	24,757.46
Global Equity	American Funds Capital World Growth & Inc.	6,785.89	7,740.28
	American Funds New Perspective	966,426.92	1,008,098.87
	American Funds Small Cap World	1,002.58	775.51
	Templeton World	476,386.87	501,725.35
		2,787,757.08	**2,752,479.84**
MUTUAL FUNDS - INTL FIXED			
Currency	Eaton Vance Global Macro Absolute Return	276,305.86	267,058.08
Global Fixed Income	AllianceBernstein Global Bond	206,959.89	224,110.22
	Templeton Global Bond	387,004.65	379,869.34
Int'l Fixed Income	Oppenheimer Intl Bd Fd Cl C	249,882.40	253,048.49
	Templeton Glob Bond II	211,650.93	203,615.43
		1,331,803.73	**1,327,701.56**
COMMON STOCK - INTL EQUITY			
Consumer Discretionary	Kingfisher PLC Spons ADR	2,779.03	2,376.56
	Toyota Motor ADR	3,665.17	2,380.68
Information Services	Publicis Groupe ADR	1,508.09	1,591.92
Industrials	Embraer S A-Brl	2,606.84	1,891.50
	Industrial & Coml Bk China-Cny Spons ADR	1,873.90	1,656.88
	Siemens AG Spons ADR	2,681.58	2,199.03
Computer	Tencent Hldgs Ltd-Hkd	1,785.36	1,732.04
Communications	Telefonica De Espana Spons ADR	1,732.87	1,306.44
Foreign	Hong Kong Exchanges And Clearing LTD	715.38	1,383.30
Energy	CNOOC LTD Spons ADR	1,764.56	2,096.16
	Ensco Intl Ltd Spon ADR	16,486.66	15,999.72
	Fanuc Ltd Japan-Jpy	892.01	1,872.20
Finance	BG Group Plc ADR Fin Inst N	1,864.28	2,353.14
	Credit Suisse Group Spon ADR	3,287.92	1,878.40
	ING Groep NV Spons ADR	1,689.04	1,498.53
	Itau Unibanco Hldg Sa Spon ADR	2,289.64	2,357.12
	Mitsubishi UFJ Fnl Gb Sponsored ADR	2,310.54	1,588.01
	Turkiye Garanti Bankasi A S Sponsored ADR	1,876.31	1,299.98
Financial	Sberbank Russia Sponsored Adr	545.77	1,404.26
Industrial Cyclicals	Potash Corp Sask Inc	1,539.94	1,898.88
Consumer Durables	Swatch Group AG	1,190.46	1,178.10
Consumer Goods	Assa Abloy Ab-Sek	2,559.25	2,366.69

	Li & Fund LTD-HKD	1,581.80	1,581.77
	LVMH Moet Hen L Vuittn ADR	1,565.79	3,039.12
Consumer Staples	Nestle SA Spons ADR	1,521.23	2,252.17
	Tesco PLC Spons ADR New	2,590.29	2,468.04
	Teva Pharmaceutical Indus ADR	3,426.74	3,632.40
Services	Canadian Natl Railway Co	1,698.49	2,356.80
	Flsmidth & Co A/S Unspon ADR	1,086.84	1,053.78
	Walmart De Mexico Spon ADR	841.68	1,643.40
Health	Fresenius Med Care A G Spons ADR	1,409.89	2,379.30
	Novartis A G Spons ADR	2,768.14	2,915.67
	Novo-Nordisk A/S	964.91	2,766.24
Basic Materials	Apex Silver Mines LTD ORD	3,501.75	-
	Barrick Gold Corp	1,019.41	1,040.75
	Canadian Natural Resources	1,008.21	1,270.58
	Goldcorp Inc New	7,751.45	6,637.50
	Teck Cominco LTD	1,529.76	1,090.89
Technology	ARM Holdings Plc ADR	299.97	996.12
	Baidu Inc Spon ADR Rep A	12,443.90	10,715.24
	Canon Inc ADR	2,288.74	2,510.28
	SAP Aktiengesellschaft Spons ADR	2,461.41	2,753.40
	Vodafone Group ADR	470.74	504.54
	Yandex NV-A CGMI ITS Affiliates	1,235.01	768.30
Other	Adidas Ag Sponsored ADR	1,842.84	1,630.50
	Dassault Systemes SA ADR	673.67	1,045.33
	Hang Lung Properties Ltd Spon ADR	1,155.78	923.00
	Hennes & Mauritz AB ADR	2,233.19	2,633.04
	Komatsu Ltd Spons ADR	1,502.09	2,031.32
	Reckitt Benckiser Gp ADR	2,607.61	2,843.76
	Sabmiller Plc Spons ADR	625.30	1,016.45
		121,751.24	**120,809.23**
PREFERRED STOCK - INTL EQUITY			
Consumer Goods	Volkswagen Ag Spon Adr Pref	997.03	1,382.39
		997.03	**1,382.39**
CASH VALUE OF LIFE INSURANCE (lm)			
12/31/2011	Nationwide Life	423,065.74	423,065.74
12/3/2011	Pacific Life #VF50025130	96,423.32	96,423.32
		519,489.06	**519,489.06**
LOAN (ln)			
3/16/2009	Otero Loan	12,636.44	12,636.44
	Other participant loans	656,775.54	656,775.54
		669,411.98	**669,411.98**

MUTUAL FUNDS - DOMESTIC EQUITY

Multi Sector Bond	JHancock2 Strategic Income Opps C	125,352.54	126,684.17
Large Growth Stocks	Fidelity Aberdeen Str Freedom 2040 Fd	9,746.10	9,722.48
Tactical Allocation	Ivy Asset Strategy	285,713.62	273,959.76
	Leuthold Core Investment	470,202.56	479,367.95
World Stock	Henderson Global Eq Inc A	3,401.95	3,111.93
Natural Resources	Jennison Natl Res Fd Cl Z	6,801.62	8,006.46
	Rs Global Natural Resources Fund Class C	50,325.20	48,400.78
Small Blend	Fidelity Comwlth Tr Smlcap Discvr Fd	10,234.10	9,295.98
Long/Short	Diamond Hill Long/Short	144,641.56	153,340.97
	Gateway	162,538.52	168,802.76
	Goldman Sachs Abslte Ret Trk A	11,312.43	11,102.40
Large Cap Blend	Blackrock Glb Allo Fd Cl A	9,242.95	8,321.26
	Dreyfus Appreciation	235,020.51	249,137.22
	Fidelity Select Portf Chems Portfolio	4,202.69	4,000.77
	Fidelity Spartan 500 Index	304,146.31	332,246.83
	JP Morgan US Large Cap Core Plus	330,418.69	375,603.76
	Vanguard 500 Index	377,462.52	354,303.86
Mid Cap Blend	Northern Lts Fd Tr Ast Lnsh Etf I	10,235.29	9,170.44
Mid Cap Growth	Goldman Sachs Tr Grw Oppt Instl	5,797.54	5,012.60
Large Cap Growth	American Century Growth	706,988.37	673,422.37
	American Funds Growth Fund	40,629.37	52,491.69
	American Funds Growth Fund	217,585.14	259,847.90
	Columbia Fds Ser Tr Mars 21st Cn C	7,832.26	8,247.33
	Eaton Vance World Health Science	25,471.26	25,050.17
	Fidelity Charles Str Asset Mngr 85%	2,962.05	3,089.01
	Fidelity Contrafund Adv New Insg A	11,500.00	10,780.86
	Fidelity OTC Portfolio	10,000.00	9,044.32
	Harding Loevner International Eq Inst	11,015.97	10,820.56
	Ivy Fds Inc Asset Strat C	326,450.12	328,070.21
	Putnam Health Science Tr M	14,646.60	12,114.03
	Putnam Health Sciences A	2,875.20	2,458.82
	T. Rowe Price Growth Stock	374,836.01	454,810.71
	Vanguard Health Care	26,248.75	26,128.97
Large Cap Value	American Funds Washington Mutual	399,275.19	453,643.61
	Dodge & Cox Stock	473,668.74	458,573.46
	Eaton Vance Large Cap Value	380,082.28	421,208.80
	Fidelity Value	4,767.57	4,850.00
	Fundamental Investors	3,036.66	2,626.01
	MFS Value Fund A	10,048.44	10,887.42
	Pioneer Ser Tr III Cullen Value A	10,145.69	8,937.38
	Prudential Jennison Equity Opportunities A	10,332.03	9,448.39
Mid Cap	AIM Mid Cap Core Equity A	5,767.07	5,837.99
	Fidelity Mid Cap Value	24,928.31	25,968.94

	First Eagle Fds Inc Gold Fd Cl C	7,794.67	8,735.29
	Franklin Biotech Discovery A	7,360.41	7,295.21
	Goldman Sachs Mid Cap Value C	17,885.72	18,490.55
	JP Morgan Mid Cap Value A	15,564.73	16,671.20
	Munder Mid Cap Select II	7,804.21	8,013.48
	T R Price Mid-Cap Growth	120,537.17	111,117.88
Small Cap Growth	Alger Small/Mid Cap Growth	188,553.68	241,150.26
	Columbia Small Cap Core T	264,216.72	226,713.89
	Eagle Mid Cap Gw C	38,289.13	52,704.60
	Eagle Small Cap Growth	53,599.17	50,613.11
	Goldman Sachs Small Cap Equity C	17,852.44	23,872.30
	Royce Value Plus	53,560.43	61,647.50
Small Cap Value	Columbia Small Cap Value	315,878.51	321,195.72
	Royce Premier Series	133,582.66	150,202.33
World	Principal Global Div Inc A	20,829.55	19,624.60
Emerging Markets: General	Templeton Global Invt Emrg Mkt Inc Adv	2,500.00	1,844.66
Small Cap Blend	Dreyfus Small Cap Index	14,366.31	13,304.64
Balanced/Asset Allocation	Calamos Market Neutral I	7,519.57	7,739.60
Real Estate	Fidelity Real Estate Investment	5,746.86	6,617.61
	Undiscovered Managers Real Estate	22,577.35	16,177.94
Loans	Eaton Vance Mut Fds Tr Fltg Rate Cl C	176,754.62	176,655.66
Health	Hartford Mut Fds Inc Globl Health I	10,000.00	9,834.47
Technology	Columbia Fds Ser Tr II Slg Comminfo A	5,090.23	6,240.07
Unclassified	MetLife USA Variable Annuity #3200532941	100,000.00	101,260.11
		7,165,753.92	**7,565,674.01**
PREFERRED STOCK			
Mtg Backed Secs	F N M A	30,483.00	3,726.00
		30,483.00	3,726.00
REAL ESTATE INV TRUST			
	Camden Property Tr Sbi	6,389.96	6,224.00
	Health Care REIT, Inc.	15,452.19	16,359.00
		21,842.15	22,583.00
VAR LIFE - DOMESTIC EQUITY			
	NW Nvit Cardinal Capapp II	20,000.00	18,594.59
		20,000.00	**18,594.59**
TOTAL PLAN ASSETS		**21,562,336.77**	**22,849,898.13**

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

Plan Name TOWER IMAGING, INC. RETIREMENT PLAN AND TRUST **EIN:** 59-1433551
Plan Sponsor's Name TOWER IMAGING, INC. **PN:** 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Stock, Bond, Mutual Funds & Cash	See auditor's report for full list of assets held for investment	21,562,337	22,849,898