

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>07/01/1999</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>07/01/1999</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>AMERICAN PRINTING HOUSE FOR THE BLIND, INC.</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>P. O. BOX 6085</u> <u>1839 FRANKFORT AVENUE</u> <u>LOUISVILLE, KY 40206</u> </div> <div style="width: 45%;"> <u>P. O. BOX 6085</u> <u>1839 FRANKFORT AVENUE</u> <u>LOUISVILLE, KY 40206</u> </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>61-0444640</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>502-895-2405</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>813000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>61-0444640</u>	2c Sponsor's telephone number <u>502-895-2405</u>	2d Business code (see instructions) <u>813000</u>	
2b Employer Identification Number (EIN) <u>61-0444640</u>					
2c Sponsor's telephone number <u>502-895-2405</u>					
2d Business code (see instructions) <u>813000</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	Filed with authorized/valid electronic signature.	07/30/2013	WILLIAM BEAVIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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		5 322
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	197
b Retired or separated participants receiving benefits.....	6b	69
c Other retired or separated participants entitled to future benefits.....	6c	50
d Subtotal. Add lines 6a , 6b , and 6c	6d	316
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	317
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	3
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 Characteristics Codes in the instructions: 1A 1G		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)	

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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **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>AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMERICAN PRINTING HOUSE FOR THE BLIND, INC.</u>	D Employer Identification Number (EIN) <u>61-0444640</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>
2	Assets:
a	Market value 2a <u>14636167</u>
b	Actuarial value 2b <u>14636167</u>
3	Funding target/participant count breakdown:
a	For retired participants and beneficiaries receiving payment 3a <u>59</u> <u>4566117</u>
b	For terminated vested participants 3b <u>52</u> <u>511192</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>34918</u>
(2)	Vested benefits 3c(2) <u>10526251</u>
(3)	Total active 3c(3) <u>210</u> <u>10561169</u>
d	Total 3d <u>321</u> <u>15638478</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>
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>6.50 %</u>
6	Target normal cost 6 <u>653877</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>07/22/2013</u>
Signature of actuary	Date
<u>JAMES D. ERCEG</u>	<u>11-05576</u>
Type or print name of actuary	Most recent enrollment number
<u>STAR CONSULTING GROUP, LLC</u>	<u>513-731-7827</u>
Firm name	Telephone number (including area code)
<u>10810 STOCKBRIDGE</u> <u>CINCINNATI, OH 45249</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) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of _____% 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)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	93.59 %
15	Adjusted funding target attainment percentage	15	93.59 %
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	89.25 %
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
04/15/2012	350000				
10/15/2012	350000				
07/22/2013	125000				
			Totals ►	18(b)	825000 18(c)

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 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 788564
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c If line 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to 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	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
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	653877	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1002311	38478	
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	692355	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	692355	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	788564	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	96209	
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 an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>▶</u> <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN PRINTING HOUSE FOR THE BLIND, INC.</u>	D Employer Identification Number (EIN) <u>61-0444640</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

HILLIARD LYONS

(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	31736	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PNC BANK, NA

(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?
26	NONE	23563	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

STAR CONSULTING GROUP, LLC

10810 STOCKBRIDGE
CINCINNATI, OH 45249

01-0519120

(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	12000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

DEAN, DORTON ALLEN FORD PLLC

200 SOUTH FIFTH STREET
201 SOUTH SUITE
LOUISVILLE, KY 40202

27-3858252

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	11500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

INVESCO

(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	8728	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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.	

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>		
A Name of plan <u>AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN PRINTING HOUSE FOR THE BLIND, INC.</u>		D Employer Identification Number (EIN) <u>61-0444640</u>

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	125000
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	30707	22558
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	612870	531376
	(2) U.S. Government securities.....	1c(2)	687857	374266
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	1130847	1493173
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	4390163	4867236
	(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)		
	(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)	7795723	9285855
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14648167	16699464

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	12000	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	12000	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14636167	16699464
---	-----------	----------	----------

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)	825000	
(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)		825000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	47	
(B) U.S. Government securities	2b(1)(B)	22246	
(C) Corporate debt instruments	2b(1)(C)	63843	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	14	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		86150
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	246877	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		246877
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1827330	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1751226	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		76104
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	732862	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		732862

		(a) Amount	(b) Total
(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)		866489
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2833482

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	671388	
(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)		671388
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)	23500	
(2) Contract administrator fees	2i(2)	23563	
(3) Investment advisory and management fees	2i(3)	40464	
(4) Other	2i(4)	11270	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		98797
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		770185

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2063297
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: DEAN, DORTON ALLEN FORD PLLC

(2) EIN: 27-3858252

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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		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?		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.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

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

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN PRINTING HOUSE FOR THE BLIND, INC.</u>	D Employer Identification Number (EIN) <u>61-0444640</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
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	<u>0</u>

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)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**AMERICAN PRINTING HOUSE FOR THE BLIND
NEW RETIREMENT PLAN
Financial Statements and Supplemental Schedules**

*Years Ended December 31, 2012 and 2011
with Report of Independent Auditors*

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DEAN || DORTON || ALLEN || FORD_{PLLC}**Report of Independent Auditors**

Board of Trustees
American Printing House for the Blind New Retirement Plan
Louisville, Kentucky

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of American Printing House for the Blind New Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2011, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified or provided by PNC Financial Services Group, Inc., the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2012 and 2011, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

To the Participants and Plan Administrator of
American Printing House for the Blind New Retirement Plan
Report of Independent Auditors, continued

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2012, and Schedule H, line 4j - Schedule of Reportable Transactions for the year ended December 31, 2012, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

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

Dean Dotson Allen Ford, PLLC

July 25, 2013
Louisville, Kentucky

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Assets		
Investments, at fair value:		
Money market funds	\$ 531,376	\$ 612,870
U.S. Government and government agency securities	374,266	687,857
Corporate bonds	1,493,173	1,130,847
Mutual funds	9,285,855	7,795,723
Common stocks	<u>4,867,236</u>	<u>4,390,163</u>
Total investments, at fair value	16,551,906	14,617,460
Receivables:		
Employer contributions	125,000	-
Interest and dividends	<u>22,558</u>	<u>30,707</u>
Total receivables	<u>147,558</u>	<u>30,707</u>
Total assets	16,699,464	14,648,167
Liabilities		
Accounts payable	<u>-</u>	<u>12,000</u>
Net assets available for benefits	\$ <u>16,699,464</u>	\$ <u>14,636,167</u>

See accompanying notes.

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,675,455	\$ 378,981
Interest and dividends	<u>333,027</u>	<u>275,300</u>
Total investment income	2,008,482	654,281
Employer contributions	<u>825,000</u>	<u>700,000</u>
Total additions	2,833,482	1,354,281
Deductions from net assets attributed to:		
Benefits paid to participants	671,388	545,377
Administrative expenses	<u>98,797</u>	<u>107,233</u>
Total deductions	<u>770,185</u>	<u>652,610</u>
Net increase	2,063,297	701,671
Net assets available for benefits:		
Beginning of year	<u>14,636,167</u>	<u>13,934,496</u>
End of year	\$ <u>16,699,464</u>	\$ <u>14,636,167</u>

See accompanying notes.

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

Statement of Accumulated Plan Benefits

December 31, 2011

2011

Actuarial present value of accumulated plan benefits

Vested benefits:

Participants currently receiving payments

\$ 4,242,188

Other participants

10,235,716

Total vested benefits

14,477,904

Non-vested benefits

51,155

Total actuarial present value of accumulated plan benefits

\$ 14,529,059

See accompanying notes.

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

Statement of Changes in Accumulated Plan Benefits

Year ended December 31, 2011

Actuarial present value of accumulated benefits at December 31, 2010	\$ 13,345,658
Increase (decrease) during the year attributable to:	
Actuarial loss and benefits accumulated	682,940
Interest	1,045,838
Benefits paid	<u>(545,377)</u>
Actuarial present value of accumulated benefits at December 31, 2011	\$ <u>14,529,059</u>

See accompanying notes.

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

Notes to the Financial Statements

1. Description of the Plan

The following description of the American Printing House for the Blind New Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan covering substantially all employees of the American Printing House for the Blind, Inc. (the Company, the Sponsor or Plan Administrator). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and is integrated with benefits received from the Social Security Administration. The Plan was started effective July 1, 1999, as a result of a spin-off from the American Printing House for the Blind Amended Retirement Plan (the OLD Plan).

As of January 1, 2009, the Plan was amended (2009 Amendment). As a result, any employee hired or rehired on or after the 2009 Amendment is no longer eligible to participate in the Plan. In addition, former employees who were members of the Plan at their termination will no longer be eligible to recommence participation for purposes of earning an increased benefit under the Plan upon rehire on or after January 1, 2009. However, these employees may count additional years of service after rehire for purposes of vesting in any benefit earned prior to January 1, 2009 and for purposes of determining eligibility for early retirement.

Pension Benefits

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) based on a final average pay benefit formula as described in the Plan document. The Plan permits early retirement at ages 55-64. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. As a result of the 2009 Amendment, under the terms of the qualified joint and survivor annuity, for benefits beginning on or after January 1, 2008, employees may elect to have their spouse receive, upon the employee's death, 75 percent of the monthly amount the employee was receiving, which will continue for the spouse's remaining lifetime. If employees terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated Plan benefits attributable to the Company's contributions. Employees with benefits totaling \$1,000 to \$5,000 may elect to receive the value of their accumulated Plan benefits as a lump-sum distribution upon retirement or termination. Otherwise, employees may elect to receive their benefits as a life annuity payable monthly after retirement or as a guaranteed number of monthly payments, with no guarantee of lifetime benefits. For each employee electing a guaranteed payment option, payments will be adjusted, depending on the number of guaranteed payments chosen.

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

Notes to the Financial Statements, continued

1. Description of the Plan, continued

Death and Disability Benefits

If an active employee dies at any age, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Plan contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. The Plan uses an actuary to determine the actuarial present value of accumulated Plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Administrative Expenses

The Plan is responsible for its administrative expenses.

2. Summary of Significant Accounting Policies

The financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) which require management to make estimates and assumptions that affect the reported amounts and disclosures in the financial statements. Actual results could differ from those estimates. The following is a summary of the significant accounting policies consistently followed by the Plan in the preparation of its financial statements:

Investment Valuation and Income Recognition

The Plan's investments are stated 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. 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 or depreciation includes the Plan's gains or losses on investments bought and sold as well as held during the year.

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

Notes to the Financial Statements, continued

2. Summary of Significant Accounting Policies, continued

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employee's compensation during the highest consecutive five years of credited service. The accumulated Plan benefits for active employees are generally based on their average compensation during the five years ending on the date as of which the benefit information is presented (December 31, 2010 – 2011). Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent that they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by the actuarial firm of Star Consulting Group, LLC. It is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of both January 1, 2012 and 2011, include:

- A percentage of employees are assumed to retire each year from age 55 to 65, with all employees assumed to retire by age 65 or valuation date, if later.
- Investment return is on an assumed average rate of return of 8%.
- Life expectancy of participants is based on the applicable Internal Revenue Code (IRC) Section 430 Mortality Tables.

The Plan Administrator and the Plan's actuary are in agreement that no significant events have occurred that would warrant any changes to the actuarial valuation and assumptions as of January 1, 2012 and 2011, were it to be rolled back to December 31, 2011 and 2010, respectively, for purposes of financial statement presentation.

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

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Subsequent Events

The Plan's management has evaluated subsequent events for accounting and disclosure requirements through July 25, 2013, the date that the financial statements were available to be issued.

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

Notes to the Financial Statements, continued

3. Funding Policy

The Plan is funded by contributions made by the Company based upon actuarial assumptions and computations made by the actuary. Required minimum contributions were \$825,000 and \$700,000 for the years ended December 31, 2012 and 2011, respectively. The Company made contributions of \$825,000 and \$700,000 for the years ended December 31, 2012 and 2011, respectively. Cumulative contributions have met minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

4. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed subsequently).
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

Notes to the Financial Statements, continued

4. Plan Termination, continued

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2012 and 2011 that ceiling is \$4,653 and \$4,500 per month, respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Sponsor and the level of benefits guaranteed by the PBGC.

5. Information Certified and Provided by PNC Financial Services Group, Inc. (PNC)

The Plan's investment information included in this note and throughout the Plan's financial statements and supplemental schedules was prepared by or derived from information provided by PNC, the trustee of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that investment information provided to the Plan Administrator by the trustee related to the investment information is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to investment information in this note and which appears throughout the financial statements and the supplemental schedules.

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

Notes to the Financial Statements, continued

5. Information Certified and Provided by PNC Financial Services Group, Inc. (PNC), continued

The following table presents the fair value of investments in the Plan that were certified by PNC. Single investments representing more than 5% of the Plan's net assets as of December 31, 2012 and 2011 are separately identified.

	<u>2012</u>	<u>2011</u>
Vanguard Institutional Index Fund	\$ 5,740,576	\$ 5,440,098
Invesco Diversified Return Core Fixed Income	2,546,258	2,355,625
PNC Limited Maturity Bond Fund	999,021	*
Other investments	<u>7,266,051</u>	<u>6,821,737</u>
Total investments	<u>\$ 16,551,906</u>	<u>\$ 14,617,460</u>

* Investment did not represent more than 5% of the Plan's net assets available for benefits as of end of year.

PNC also certified to the completeness and accuracy of the net appreciation in the fair value of investments (including gains and losses on investments bought and sold, as well as held during the year) and interest and dividends related to the aforementioned investments for the years ended December 31, 2012 and 2011. The net investment income is composed of the following for the years ended December 31, 2012 and 2011:

	<u>2012</u>	<u>2011</u>
Interest and dividend income on:		
Money market funds	\$ 46	\$ 125
U.S. Government and government agency securities	22,246	34,298
Corporate bonds	63,843	44,525
Mutual funds	133,653	110,168
Common stocks	<u>113,239</u>	<u>86,184</u>
Total	333,027	275,300
Net appreciation (depreciation) in market value including realized and unrealized gains and losses:		
U.S. Government and government agency securities	(14,781)	(12,627)
Corporate bonds	33,057	41,343
Mutual funds	866,489	168,670
Common stocks	<u>790,690</u>	<u>181,595</u>
Total	<u>1,675,455</u>	<u>378,981</u>
Total net investment income	<u>\$ 2,008,482</u>	<u>\$ 654,281</u>

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

Notes to the Financial Statements, continued

6. Fair Value Measurements

The Plan classifies its investments based on a hierarchy consisting of: Level 1 (valued using quoted prices from active markets for identical assets), Level 2 (not traded on an active market but for which observable market inputs are readily available), and Level 3 (valued based on significant unobservable inputs). The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis:

Money market funds: Valued at cost which approximates fair value.

U.S. Government and government agency securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds: Valued using a yield curve matrix derived from quoted prices for similar assets in active markets.

Mutual funds: 1) Valued at the net asset value (NAV) of shares held by the Plan at year end. 2) Valued at the NAV of similar shares held by the Plan at year end.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

There have been no changes in the valuation methodologies used at December 31, 2012 and 2011.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan Administrator believes the 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.

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

Notes to the Financial Statements, continued

6. Fair Value Measurements, continued

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2012 and 2011:

	Level 1	Level 2	Level 3	Total
<u>2012</u>				
Money market funds:				
Fixed income	\$ 531,376	\$ -	\$ -	\$ 531,376
U.S. Government and government agency securities:				
AAA	266,619	-	-	266,619
AA1	-	50,782	-	50,782
AA3	-	56,865	-	56,865
Corporate bonds:				
AAA	-	115,281	-	115,281
A1	-	156,985	-	156,985
A2	-	449,981	-	449,981
A3	-	228,809	-	228,809
AA2	-	291,915	-	291,915
AA3	-	118,261	-	118,261
BAA1	-	120,253	-	120,253
C	-	11,688	-	11,688
Mutual funds:				
Large cap	5,740,576	-	-	5,740,576
Fixed income	999,021	2,546,258	-	3,545,279
Common stocks:				
Healthcare	572,172	-	-	572,172
Financial	780,508	-	-	780,508
Technology	590,320	-	-	590,320
Services	1,374,813	-	-	1,374,813
Energy	209,884	-	-	209,884
Conglomerates	115,025	-	-	115,025
Consumer goods	<u>1,224,514</u>	<u>-</u>	<u>-</u>	<u>1,224,514</u>
Total	<u>\$ 12,404,828</u>	<u>\$ 4,147,078</u>	<u>\$ -</u>	<u>\$ 16,551,906</u>

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

Notes to the Financial Statements, continued

6. Fair Value Measurements, continued

	Level 1	Level 2	Level 3	Total
<u>2011</u>				
Money market funds:				
Fixed income	\$ 612,870	\$ -	\$ -	\$ 612,870
U.S. Government and government agency securities:				
AAA	632,471	-	-	632,471
AA3	-	55,386	-	55,386
Corporate bonds:				
AAA	-	114,864	-	114,864
A1	-	154,172	-	154,172
A2	-	273,793	-	273,793
A3	-	165,538	-	165,538
AA2	-	288,833	-	288,833
AA3	-	57,971	-	57,971
BAA1	-	62,613	-	62,613
C	-	13,063	-	13,063
Mutual funds:				
Large cap	5,440,098	-	-	5,440,098
Fixed income	-	2,355,625	-	2,355,625
Common stocks:				
Healthcare	437,258	-	-	437,258
Financial	980,588	-	-	980,588
Technology	656,700	-	-	656,700
Services	1,136,743	-	-	1,136,743
Energy	214,018	-	-	214,018
Conglomerates	101,191	-	-	101,191
Consumer goods	660,476	-	-	660,476
Industrial goods	203,189	-	-	203,189
Total	\$ <u>11,075,602</u>	\$ <u>3,541,858</u>	\$ <u>-</u>	\$ <u>14,617,460</u>

7. Tax Status

The Plan obtained its latest determination letter dated October 26, 2012, in which the Internal Revenue Service (IRS) stated that the Plan is designed in accordance with applicable sections of the IRC. The Plan has not been amended since receiving the determination letter.

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

Notes to the Financial Statements, continued

7. Tax Status, continued

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2012 and 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress. Plan management believes it is no longer subject to income tax examinations for years prior to 2009.

8. Related Party Transactions

PNC is the trustee and Hilliard Lyons is the investment advisor as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Trustee fees paid to PNC amounted to \$23,563 and \$22,113 for the years ended December 31, 2012 and 2011, respectively. Investment advisory fees paid to Hilliard Lyons amounted to \$31,736 and \$30,476 for the years ended December 31, 2012 and 2011, respectively.

9. Reconciliation of Financial Statements to Form 5500

There were certain differences between the classification of investment income per the audited financial statements and amounts reported on the Plan's Form 5500 for the year ended December 31, 2012 as follows:

Net appreciation in fair value of investments, including realized and unrealized gains and losses, per the financial statements	\$ <u>1,675,455</u>
Net gain on sale of assets	76,104
Total unrealized appreciation of assets	732,862
Net investment gain from registered investment companies	<u>866,489</u>
Net appreciation in fair value of investments per Form 5500	\$ <u>1,675,455</u>

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

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

December 31, 2012

Plan Sponsor: American Printing House for the Blind, Inc.

Plan Sponsor's EIN: 61-0444640

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
MONEY MARKET FUNDS				
*	PNC Government Money Market	531,376 units, \$1 par	\$ 531,376	\$ 531,376
MUTUAL FUNDS				
	Vanguard Institutional Index Fund	43,982 shares	4,732,701	5,740,576
*	PNC Limited Maturity Bond Fund	98,943 shares	1,000,000	999,021
	Invesco Diversified Return Core Fixed Income	165,988 shares	1,945,924	2,546,258
	Total Mutual Funds		7,678,625	9,285,855
U.S. GOVERNMENT AND GOVERNMENT AGENCY SECURITIES				
	Federal Home Loan Bank	3.875%, Due 12/11/2012, 50,000 par	51,584	54,930
	Federal Home Loan Bank	5.50%, Due 8/13/2014, 100,000 par	100,320	108,563
	Federal Home Loan Bank	4.00%, Due 12/13/2013, 50,000 par	53,391	51,807
	Energy Northwest Washington Electric	2.803%, Due 7/1/2021, 50,000 par	51,191	50,782
	Tennessee Valley Authority	4.75%, Due 8/1/2013, 50,000 par	49,990	51,319
	McCracken County School District	4.80%, Due 12/1/2020, 50,000 par	50,942	56,865
	Total U.S. Government and Government Agency Securities		357,418	374,266
CORPORATE BONDS				
	Amgen Inc.	3.625%, Due 5/15/2022, 50,000 par	53,144	53,733
	Berkshire Hathaway	3.40%, Due 1/31/2022, 50,000 par	51,604	53,861
	BHP Billiton Fin	3.25%, Due 11/21/2021, 50,000 par	52,524	53,813
	Boeing Corporation	3.75%, Due 11/20/2016, 50,000 par	55,806	55,229
	Coca-Cola Enterprises	4.25%, Due 3/1/2015, 50,000 par	52,015	53,721
	General Electric Corp	5.45%, Due 1/15/2013, 50,000 par	50,605	50,086
	General Electric Corp	5.25%, Due 12/6/2017, 50,000 par	54,431	58,958
	Georgia Power Company	5.75%, Due 4/15/2023, 50,000 par	49,988	63,736
	Goldman Sachs Group Inc	5.375%, Due 3/15/2020, 50,000 par	51,151	57,302
	GTE Corp	6.94%, Due 4/15/2028, 50,000 par	50,310	66,520
	JP Morgan Chase	4.40%, Due 7/22/2020, 100,000 par	100,916	112,884
	Lehman Brothers Holdings Inc	7.875%, Due 8/15/2010, 50,000 par	45,373	11,688
	Medtronic Inc.	3.125%, Due 3/15/2022, 50,000 par	52,913	53,086
	Microsoft Corp	4.20%, Due 6/1/2019, 100,000 par	106,256	115,281
	Minnesota Mining & Manufacturing	6.375%, Due 2/15/2028, 50,000 par	48,953	66,874
	Province of Ontario	4.00%, Due 10/7/2019, 50,000 par	56,823	57,396
	Pepsico Inc	5.00%, Due 6/1/2018, 50,000 par	49,800	59,303
	Phillips Electronics	3.75%, Due 3/15/2022, 50,000 par	54,049	54,050
	Wal Mart Stores Inc	4.125%, Due 2/1/2019, 100,000 par	105,636	113,784
	Walt Disney Company	4.50%, Due 12/15/2013, 50,000 par	50,464	51,942
	Wells Fargo	4.60%, Due 4/1/2021, 100,000 par	109,927	115,024
	Wisconsin Electric Power	4.25%, Due 12/15/2019, 100,000 par	105,716	114,902
	Total Corporate Bonds		1,408,404	1,493,173

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2012

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	COMMON STOCKS			
	Allergan Inc	1,320 shares	58,360	121,084
	Berkshire Hathaway Inc Cl B	2,080 shares	114,108	186,576
	Cisco Systems Inc	8,550 shares	151,886	167,999
	Comcast Corp Cl A	5,050 shares	96,720	188,668
	CVS/Caremark Corp	5,900 shares	108,832	285,265
	Dell Inc	6,830 shares	139,007	69,256
	Disney Walt Co	5,930 shares	108,228	295,255
	Exxon Mobil Corp	2,425 shares	146,768	209,884
	General Electric Co	5,480 shares	185,229	115,025
	Harley Davidson Inc	2,375 shares	109,627	115,971
	Home Depot Inc	6,120 shares	164,207	378,522
	Jacobs Engr Group Inc	2,800 shares	103,422	119,196
	Johnson & Johnson	3,580 shares	167,118	250,958
	JP Morgan Chase & Co	5,040 shares	177,767	221,604
	Mattel Inc	6,770 shares	124,509	247,917
	Microsoft Corp	6,270 shares	161,648	167,465
	Northern Trust Corp	2,425 shares	119,596	121,638
	Omnicom Group Inc	2,800 shares	79,116	139,888
	Pfizer Inc	7,980 shares	239,210	200,130
	Progressive Corp	6,100 shares	123,874	128,710
	Staples Inc	10,700 shares	172,391	121,980
	TJX Companies Inc	4,800 shares	54,819	203,760
	TE Connectivity LTD	5,000 shares	171,162	185,600
	US Bancorp	7,930 shares	198,184	253,284
	Wal-Mart Stores Inc	2,140 shares	110,153	146,012
	Wells Fargo & Co	6,600 shares	178,134	225,589
	Total Common Stocks		<u>3,564,075</u>	<u>4,867,236</u>
	Total Assets (Held at End of Year)		<u>\$ 13,539,898</u>	<u>\$ 16,551,906</u>

* Denotes party-in-interest

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

Schedule H, line 4j - Schedule of Reportable Transactions

Year ended December 31, 2012

Plan Sponsor: American Printing House for the Blind, Inc.

Plan Sponsor's EIN: 61-0444640

Plan Number: 002

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction	(i) Net Gain or (Loss)
Single transactions:								
Investments purchased								
PNC Financial Services, Inc.	PNC Govt Money Market Fund	\$ 939,144	n/a	n/a	None	\$ 939,144	\$ 939,144	\$ -
PNC Financial Services, Inc.	PNC Limited Maturity Fund	1,000,000	n/a	n/a	None	1,000,000	1,000,000	-
Investments sold								
PNC Financial Services, Inc.	PNC Govt Money Market Fund	n/a	\$ 1,071,156	n/a	None	1,071,156	1,071,156	-
Series in same security:								
Investments purchased								
PNC Financial Services, Inc.	PNC Govt Money Market Fund	2,255,694	n/a	n/a	None	2,255,694	2,255,694	-
Investments sold								
PNC Financial Services, Inc.	PNC Govt Money Market Fund	n/a	2,337,188	n/a	None	2,337,188	2,337,188	-

The following table shows the distribution of active participants bracketed by age and years of service as of January 1, 2012.

<u>Age</u>	<u>Years of Service</u>								Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30+	
Under 25	0	1	0	0	0	0	0	0	1
25-29	0	3	0	0	0	0	0	0	3
30-34	0	5	9	1	0	0	0	0	15
35-39	0	3	3	4	3	0	0	0	13
40-44	0	5	5	2	3	0	0	0	15
45-49	0	5	5	5	4	2	1	0	22
50-54	0	3	5	7	5	7	3	17	47
55-59	0	1	7	9	3	1	2	27	50
60-64	0	0	8	7	1	1	1	16	34
65-69	0	0	1	0	1	2	0	2	6
70 & up	0	0	0	1	1	2	0	0	4
Total	0	26	43	36	21	15	7	62	210

Average compensation is not shown for one of the following reasons:

- (1) Benefits are not a function of compensation; or
- (2) The confidentiality of compensation information could not be ensured due to the size of the plan.

Total Amortization at 01/01/2012

\$100,197

**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

2012**This Form is Open to Public
Inspection**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **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**

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

B Three-digit

plan number (PN) ▶

002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

AMERICAN PRINTING HOUSE FOR THE BLIND, INC.

D Employer Identification Number (EIN)

61-0444640

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 01 Day 01 Year 2012**2 Assets:****a** Market value **2a** 14636167**b** Actuarial value **2b** 14636167**3 Funding target/participant count breakdown:****a** For retired participants and beneficiaries receiving payment..... **3a** 59 4566117**b** For terminated vested participants..... **3b** 52 511192**c** For active participants:**(1)** Non-vested benefits..... **3c(1)** 34918**(2)** Vested benefits..... **3c(2)** 10526251**(3)** Total active **3c(3)** 210 10561169**d** Total **3d** 321 15638478**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** 6.50 %**6** Target normal cost **6** 653877**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**

Signature of actuary

JAMES D. ERCEG

Type or print name of actuary

STAR CONSULTING GROUP, LLC

Firm name

10810 STOCKBRIDGE
CINCINNATI, OH 45249

Address of the firm

07/22/2013

Date

11-05576

Most recent enrollment number

513-731-7827

Telephone number (including area code)

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) 2012****v. 120126**

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %
			<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to 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	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
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	653877
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	1002311		38478
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	692355
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....		36	692355
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	788564
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	96209
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 an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years	
b Eligible plan year(s) for which the election in line 41a was made		<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011	
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	

Exhibit 5American Printing House for the Blind NEW Retirement Plan
Schedule SB, Part V - Summary of Plan Provisions

Plan Name: American Printing House for the Blind NEW Retirement Plan

Employer Identification Number: 61-0444640

Plan Number: 002

Plan Effective Date: July 1, 1999

Plan Year: January 1, 2012 to December 31, 2012

Plan service start date: Service starts at the later of date of hire, or July 1, 1949

Eligibility requirements: Attained age 21 and completed 1 year of service

Plan Entry Date: The last entry date was on January 1, 2009

Eligibility Requirements

	<u>Normal Retirement</u>	<u>Early Retirement</u>	<u>Disability Retirement</u>	<u>Death Benefits</u>
Age Requirement	65	55	None	None
Service Requirement	5	10		5
Age plus Service Over-ride	None	None	None	None

Vesting Schedule

<u>Service</u>	<u>Vesting %</u>	<u>Service</u>	<u>Vesting %</u>	<u>Service</u>	<u>Vesting %</u>
0 years	0.0%	4 years	0.0%	8 years	100.0%
1 year	0.0%	5 years	100.0%	9 years	100.0%
2 years	0.0%	6 years	100.0%	10 years	100.0%
3 years	0.0%	7 years	100.0%	11 years	100.0%

Normal Form of Payment: Life Annuity with 10 years certain

Benefit Formula Type: Final Average Pay

Under a final average pay formula the plan benefit is determined by multiplying the participants Final Average Compensation times the Base Benefit Percentage times service, plus the excess, if any, of Final Average Compensation over the Integration Level times the Excess Benefit Percentage times service.

Annual Base Benefit Percentage: 1.2% Annual Excess Benefit Percentage: 0.50%

The annual base benefit percentage is accrued for each year of service.

The annual excess benefit percentage is accrued for the first 35 years of service.

Annual Integration Level: Covered Compensation

Number of Years included in Compensation Average: 5 years

Death Benefit payable from plan: Qualified Pre-retirement Spouse's Annuity

Method used to determine the accrued benefit payable at termination:

The accrued benefit is calculated by calculating the benefit using current average compensation and projected service at retirement. This amount is then multiplied by service to date divided by projected service at retirement.

Actuarial Methods

ERISA Valuation - Required Contribution

- | | |
|---------------------------|--|
| a. Funding Target | Calculated using the Code Section 430 Transitional interest & mortality. |
| b. Target Normal Cost | Calculated using the Code Section 430 Transitional interest & mortality. |
| c. Asset Valuation Method | Market Value. |
| d. Current Valuation Date | January 1, 2012 |
| e. Last Valuation Date | January 1, 2011 |

FAS 158 - Corporate Accounting

- | | |
|---------------------------|--|
| a. Cost Method | Expense and liabilities are calculated using the Projected Unit Credit cost method as described in FAS Statement No. 87, 88, 132 and 158 |
| b. Asset Valuation Method | The market-related value of assets used to develop annual pension expense is equal to the fair value of assets. |

FAS 35 - Plan Accounting

- | | |
|---------------------------|---|
| a. Cost Method | Liabilities for FAS 35 are developed using the traditional unit credit cost method. |
| b. Asset Valuation Method | The FAS Statement No. 35 funded status is developed using the market value of assets, adjusted for contributions receivable and benefits payable. |

Actuarial Assumptions

I. Economic Assumptions

ERISA Valuation - Contribution Alternatives

- | | |
|---------------------------------------|----------------------------------|
| a. Investment return ("Transitional") | As described in Code Section 430 |
| b. Mortality | As described in Code Section 430 |
| c. Withdrawal Rates | None |
| d. Disability Rates | None |
| e. Salary increase rate | 3.25% Non-Union, 4% Union |
| f. Retirement Rate | 100% at age 65 |
| g. Expense Load | None |

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

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

December 31, 2012

Plan Sponsor: American Printing House for the Blind, Inc

Plan Sponsor's EIN: 61-0444640

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
MONEY MARKET FUNDS				
*	PNC Government Money Market	531,376 units, \$1 par	\$ 531,376	\$ 531,376
MUTUAL FUNDS				
	Vanguard Institutional Index Fund	43,982 shares	4,732,701	5,740,576
*	PNC Limited Maturity Bond Fund	98,943 shares	1,000,000	999,021
	Invesco Diversified Return Core Fixed Income	165,988 shares	<u>1,945,924</u>	2,546,258
	Total Mutual Funds		7,678,625	9,285,855
U.S. GOVERNMENT AND GOVERNMENT AGENCY SECURITIES				
	Federal Home Loan Bank	3.875%, Due 12/11/2012, 50,000 par	51,584	54,930
	Federal Home Loan Bank	5.50%, Due 8/13/2014, 100,000 par	100,320	108,563
	Federal Home Loan Bank	4.00%, Due 12/13/2013, 50,000 par	53,391	51,807
	Energy Northwest Washington Electric	2.803%, Due 7/1/2021, 50,000 par	51,191	50,782
	Tennessee Valley Authority	4.75%, Due 8/1/2013, 50,000 par	49,990	51,319
	McCracken County School District	4.80%, Due 12/1/2020, 50,000 par	50,942	56,865
	Total U.S. Government and Government Agency Securities		357,418	374,266
CORPORATE BONDS				
	Amgen Inc.	3.625%, Due 5/15/2022, 50,000 par	53,144	53,733
	Berkshire Hathaway	3.40%, Due 1/31/2022, 50,000 par	51,604	53,861
	BHP Billiton Fin	3.25%, Due 11/21/2021, 50,000 par	52,524	53,813
	Boeing Corporation	3.75%, Due 11/20/2016, 50,000 par	55,806	55,229
	Coca-Cola Enterprises	4.25%, Due 3/1/2015, 50,000 par	52,015	53,721
	General Electric Corp	5.45%, Due 1/15/2013, 50,000 par	50,605	50,086
	General Electric Corp	5.25%, Due 12/6/2017, 50,000 par	54,431	58,958
	Georgia Power Company	5.75%, Due 4/15/2023, 50,000 par	49,988	63,736
	Goldman Sachs Group Inc	5.375%, Due 3/15/2020, 50,000 par	51,151	57,302
	GTE Corp	6.94%, Due 4/15/2028, 50,000 par	50,310	66,520
	JP Morgan Chase	4.40%, Due 7/22/2020, 100,000 par	100,916	112,884
	Lehman Brothers Holdings Inc	7.875%, Due 8/15/2010, 50,000 par	45,373	11,688
	Medtronic Inc.	3.125%, Due 3/15/2022, 50,000 par	52,913	53,086
	Microsoft Corp	4.20%, Due 6/1/2019, 100,000 par	106,256	115,281
	Minnesota Mining & Manufacturing	6.375%, Due 2/15/2028, 50,000 par	48,953	66,874
	Province of Ontario	4.00%, Due 10/7/2019, 50,000 par	56,823	57,396
	Pepsico Inc	5.00%, Due 6/1/2018, 50,000 par	49,800	59,303
	Philips Electronics	3.75%, Due 3/15/2022, 50,000 par	54,049	54,050
	Wal Mart Stores Inc	4.125%, Due 2/1/2019, 100,000 par	105,636	113,784
	Walt Disney Company	4.50%, Due 12/15/2013, 50,000 par	50,464	51,942
	Wells Fargo	4.60%, Due 4/1/2021, 100,000 par	109,927	115,024
	Wisconsin Electric Power	4.25%, Due 12/15/2019, 100,000 par	<u>105,716</u>	114,902
	Total Corporate Bonds		1,408,404	1,493,173

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2012

(a)	(b)	(c)	(d)	(e)
Identity of issue,	lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
COMMON STOCKS				
Allergan Inc		1,320 shares	58,360	121,084
Berkshire Hathaway Inc Cl B		2,080 shares	114,108	186,576
Cisco Systems Inc		8,550 shares	151,886	167,999
Comcast Corp Cl A		5,050 shares	96,720	188,668
CVS/Caremark Corp		5,900 shares	108,832	285,265
Dell Inc		6,830 shares	139,007	69,256
Disney Walt Co		5,930 shares	108,228	295,255
Exxon Mobil Corp		2,425 shares	146,768	209,884
General Electric Co		5,480 shares	185,229	115,025
Harley Davidson Inc		2,375 shares	109,627	115,971
Home Depot Inc		6,120 shares	164,207	378,522
Jacobs Engr Group Inc		2,800 shares	103,422	119,196
Johnson & Johnson		3,580 shares	167,118	250,958
JP Morgan Chase & Co		5,040 shares	177,767	221,604
Mattel Inc		6,770 shares	124,509	247,917
Microsoft Corp		6,270 shares	161,648	167,465
Northern Trust Corp		2,425 shares	119,596	121,638
Omnicom Group Inc		2,800 shares	79,116	139,888
Pfizer Inc		7,980 shares	239,210	200,130
Progressive Corp		6,100 shares	123,874	128,710
Staples Inc		10,700 shares	172,391	121,980
TJX Companies Inc		4,800 shares	54,819	203,760
TE Connectivity LTD		5,000 shares	171,162	185,600
US Bancorp		7,930 shares	198,184	253,284
Wal-Mart Stores Inc		2,140 shares	110,153	146,012
Wells Fargo & Co		6,600 shares	178,134	225,589
Total Common Stocks			3,564,075	4,867,236
Total Assets (Held at End of Year)			\$ 13,539,898	\$ 16,551,906

* Denotes party-in-interest

AMERICAN PRINTING HOUSE FOR THE BLIND NEW RETIREMENT PLAN

Schedule H, line 4j - Schedule of Reportable Transactions

Year ended December 31, 2012

Plan Sponsor: American Printing House for the Blind, Inc.

Plan Sponsor's EIN: 61-0444640

Plan Number: 002

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction	(i) Net Gain or (Loss)
Single transactions:								
Investments purchased								
PNC Financial Services, Inc.	PNC Govt Money Market Fund	\$ 939,144	n/a	n/a	None	\$ 939,144	\$ 939,144	\$
PNC Financial Services, Inc.	PNC Limited Maturity Fund	1,000,000	n/a	n/a	None	1,000,000	1,000,000	
Investments sold								
PNC Financial Services, Inc.	PNC Govt Money Market Fund	n/a	\$ 1,071,156	n/a	None	1,071,156	1,071,156	
Series in same security:								
Investments purchased								
PNC Financial Services, Inc.	PNC Govt Money Market Fund	2,255,694	n/a	n/a	None	2,255,694	2,255,694	
Investments sold								
PNC Financial Services, Inc.	PNC Govt Money Market Fund	n/a	2,337,188	n/a	None	2,337,188	2,337,188	