Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
READERLINK DISTRIBUTION SERVICES, LLC RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/28/1952

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

READERLINK DISTRIBUTION SERVICES, LLC

1420 KENSINGTON ROAD
SUITE 300
OAK BROOK, IL 60523

2b Employer Identification Number (EIN) 36-4324269

2c Sponsor's telephone number 708-356-3600

2d Business code (see instructions) 424100

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.	09/11/2013	SANDRA L. JUBACH
	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 [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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
LEVY HOME ENTERTAINMENT LLC

4b EIN
36-4324269

4c PN
001

5	Total number of participants at the beginning of the plan year	**5**	1874
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**	1363
b	Retired or separated participants receiving benefits	**6b**	23
c	Other retired or separated participants entitled to future benefits	**6c**	314
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1700
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	1702
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1623
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	26
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:
2E 2F 2G 2J 2K 2S 2T 3D

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[X]	**D** (DFE/Participating Plan Information)
(6)	[ ]	**G** (Financial Transaction Schedules)

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

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
READERLINK DISTRIBUTION SERVICES, LLC

D Employer Identification Number (EIN)
36-4324269

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).. . . . . [X] 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

THE VANGUARD GROUP, INC.

23-1945930

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

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

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

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

THE VANGUARD GROUP, INC.

23-1945930

(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?
15 25 37 52	NONE	26764	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
READERLINK DISTRIBUTION SERVICES, LLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
READERLINK DISTRIBUTION SERVICES, LLC

D Employer Identification Number (EIN)
36-4324269

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD RETIREMENT SAVINGS TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
23-2186884-022	C	11456428

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
READERLINK DISTRIBUTION SERVICES, LLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
READERLINK DISTRIBUTION SERVICES, LLC

D Employer Identification Number (EIN)
36-4324269

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	766840	746016
(2) Participant contributions	1b(2)	54643	54323
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1343216	1432763
(9) Value of interest in common/collective trusts	1c(9)	11443733	11456428
(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)	28529147	31003292
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	42137579	44692822
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	42137579	44692822

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)	746016	
(B) Participants	2a(1)(B)	1759967	
(C) Others (including rollovers)	2a(1)(C)	21104	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2527087
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	58326	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		58326
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	793916	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		793916
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		301931
(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)		3071883
c Other income	2c		7216
d Total income. Add all **income** amounts in column (b) and enter total	2d		6760359
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4164139	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	3438	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4167577
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		18050
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	19489	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		19489
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4205116
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2555243
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: HANSEN PLAHM & COMPANY **(2)** EIN: 36-3849301

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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.

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

A Name of plan
READERLINK DISTRIBUTION SERVICES, LLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
READERLINK DISTRIBUTION SERVICES, LLC

D Employer Identification Number (EIN)
36-4324269

Part I Distributions

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

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

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

EIN(s): 23-2186884

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete 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):

HANSEN PLAHM
& COMPANY
Certified Public Accountants and Consultants
8180 S. Cass Avenue, Darien, IL 60561
www.hansenplahm.com
Phone: 630-968-8897
Fax: 630-968-8927

INDEPENDENT AUDITORS' REPORT

To the Financial Committee
Readerlink Distribution Services, LLC
Retirement Savings Plan
Oak Brook, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Readerlink Distribution Services, LLC Retirement Savings 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 related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 below 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the

trustee as of and for the year ended December 31, 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the previous 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

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year), which are the responsibility of the plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described above, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report of Form and Content in Compliance With DOL Rules and Regulations

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

Hansen, Plahm & Company

Hansen, Plahm & Company
Darien, Illinois

September 6, 2013

READERLINK DISTRIBUTION SERVICES, LLC
RETIREMENT SAVINGS PLAN

OAK BROOK, ILLINOIS

YEARS ENDED
DECEMBER 31, 2012 AND 2011

FINANCIAL STATEMENTS

and

REPORT OF INDEPENDENT AUDITORS

FEIN: 36-4324269

PLAN NUMBER: 001

CONTENTS

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HANSEN PLAHM
& COMPANY
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INDEPENDENT AUDITORS' REPORT

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Readerlink Distribution Services, LLC
Retirement Savings Plan
Oak Brook, Illinois

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Plan 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.

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trustee as of and for the year ended December 31, 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

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Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year), which are the responsibility of the plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described above, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report of Form and Content in Compliance With DOL Rules and Regulations

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

Hansen, Plahm & Company

Hansen, Plahm & Company
Darien, Illinois

September 6, 2013

READERLINK DISTRIBUTION SERVICES, LLC
RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2012 and 2011

ASSETS

	2012	2011
INVESTMENTS, AT FAIR VALUE (Note 4):		
Registered Investment Companies:		
Vanguard 500 Index Fund	$ 3,318,262	$ 3,446,474
Vanguard International Growth Fund	1,557,850	1,468,988
Vanguard PRIMECAP Fund	3,421,645	3,231,443
Vanguard Prime Money Market Fund	89,690	88,890
Vanguard Target Retirement 2005 Fund	-	165,013
Vanguard Target Retirement 2010 Fund	299,477	276,019
Vanguard Target Retirement 2015 Fund	1,498,373	1,206,129
Vanguard Target Retirement 2020 Fund	2,410,830	2,088,072
Vanguard Target Retirement 2025 Fund	2,305,818	2,036,457
Vanguard Target Retirement 2030 Fund	1,239,439	1,126,802
Vanguard Target Retirement 2035 Fund	1,461,542	1,170,461
Vanguard Target Retirement 2040 Fund	496,157	224,482
Vanguard Target Retirement 2045 Fund	577,039	449,636
Vanguard Target Retirement 2050 Fund	290,655	205,634
Vanguard Target Retirement 2055 Fund	7,133	28,629
Vanguard Target Retirement 2060 Fund	2,547	-
Vanguard Target Retirement Income Fund	374,728	260,829
Vanguard Total Bond Market Index Fund	2,062,958	2,170,346
Vanguard Wellington Fund	5,484,432	5,166,218
Vanguard Windsor II Fund	3,093,982	2,798,215
Ariel Growth Fund (DBA: Ariel Investment Trust): Ariel Fund	1,010,735	920,410
	31,003,292	28,529,147
Vanguard Retirement Savings Trust	11,456,428	11,443,733
TOTAL INVESTMENTS	42,459,720	39,972,880
RECEIVABLES:		
Employer's Contribution	746,016	766,840
Employees' Contribution	54,323	54,643
Notes Receivable From Participants	1,469,548	1,361,952
TOTAL RECEIVABLES	2,269,887	2,183,435
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	44,729,607	42,156,315
Adjustment from fair value to contract value for fully benefit-responsive investment contract	(576,745)	(529,918)
NET ASSETS AVAILABLE FOR BENEFITS	$ 44,152,862	$ 41,626,397

See Accompanying Notes to the Financial Statements.

READERLINK DISTRIBUTION SERVICES, LLC
RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2012

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment Income:	
Interest and Dividends	$ 1,049,020
Participant Loan Interest	58,326
Net Appreciation (Depreciation) in Fair Value of Investments	3,071,883
Contributions:	
Employer	746,016
Employee	1,781,071
TOTAL ADDITIONS	6,706,316
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefit Payments	4,164,139
Administrative Expenses	15,712
TOTAL DEDUCTIONS	4,179,851
NET INCREASE	2,526,465
Net Assets Available for Benefits at Beginning of Year	41,626,397
Net Assets Available for Benefits at End of Year	$ 44,152,862

See Accompanying Notes to the Financial Statements.

READERLINK DISTRIBUTION SERVICES, LLC
RETIREMENT SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

For the Years Ended December 31, 2012 and 2011

NOTE 1 - PLAN DESCRIPTION:

The following brief description of Readerlink Distribution Services, LLC Retirement Savings Plan (the "Plan") (formerly Levy Home Entertainment LLC Retirement Savings Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

Levy Home Entertainment LLC changed its name to Readerlink Distribution Services, LLC. All of the plan assets were transferred to Readerlink Distribution Services, LLC.

The Plan is a defined-contribution plan covering employees of Readerlink Distribution Services, LLC and certain subsidiaries (the "Company") that have completed one year of eligible service, excluding certain union employees, unless an agreement requires that such union employees participate in the Plan. In addition, the Plan has 401(k) options available to participants. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified plans. The Company utilizes the Safe Harbor method for matching contributions whereby it contributes 100% of the first 1% of employee deferrals and 50% of additional deferrals up to 6%, resulting in a maximum matching contribution of 3.5%. Participants age 50 and over are also allowed to make "catch up" contributions. These contributions are not matched by the Company. Additional amounts may be contributed by the Company at the option of the Company's Board of Directors.

Participants' Accounts

Each participant's account is credited with the employee's contribution, an allocation of the Company's contribution, plan earnings, if any, and forfeitures, if any. The Company's contribution, exclusive of the 401(k) match, and forfeitures are allocated based upon each participant's compensation, as defined. Plan earnings are allocated in proportion to each participant's account balance.

Vesting

In general, participants who are eligible to participate in the Plan on or before January 1, 1989, and who had completed one year of service on or before July 1, 1988, are fully vested in the Company contribution account. Company discretionary contributions vest over six years for all other participants. All 401(k) employee contributions and related employer's match are fully vested. Upon death or disability a participant's account becomes fully vested.

NOTE 1 - PLAN DESCRIPTION (CONT'D):

Payment of Benefits

Upon termination of service, a participant may elect to receive their vested account in either a lump sum or annual installments beginning not earlier than age 65 over a period as defined in the Plan. Upon death or disability, a participant's benefits will be paid in either a lump sum or annual installments over a period as defined in the Plan, at the discretion of the participant, or if applicable, the beneficiary.

Forfeitures

Forfeitures will be used to pay administrative expenses. Any remaining forfeitures will be allocated in the same proportion that a participant's compensation bears to the total compensation of all participants. At December 31, 2012 and December 31, 2011 $8,241.03 and $0 were distributed to participants.

Investment Options

Participants are able to allocate their contributions among the following investment options:

Vanguard 500 Index Fund:

Seeks to provide long-term growth of capital and income from dividends by holding all of the 500 stocks that make up the unmanaged Standard & Poor's 500 Composite Stock Price Index, a widely recognized benchmark of U.S. stock market performance.

Vanguard International Growth Fund:

Seeks to provide long-term growth of capital by investing in stocks of high-quality, seasoned companies based outside the United States. Stocks are selected from more than 15 countries.

Vanguard Prime Money Market Fund:

Seeks to provide current income while maintaining liquidity and a stable share price of $1.

Vanguard PRIMECAP Fund:

Seeks long-term growth of capital by investing in stocks of companies with above-average prospects for continued earnings growth, strong industry positions, and skilled management teams.

NOTE 1 - PLAN DESCRIPTION (CONT'D):

Investment Options (Cont'd)

Vanguard Target Retirement 2010 Fund:

Seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire in or within a few years of 2010. The funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. These bonds all mature in more than one year. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

Vanguard Target Retirement 2015 Fund:

Seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire in or within a few years of 2015. The funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. These bonds all mature in more than one year. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

Vanguard Target Retirement 2020 Fund:

Seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire in or within a few years of 2020. The funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. These bonds all mature in more than one year. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

Vanguard Target Retirement 2025 Fund:

Seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire in or within a few years of 2025. The funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. These bonds all mature in more than one year. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

NOTE 1 - PLAN DESCRIPTION (CONT'D):

Investment Options (Cont'd)

Vanguard Target Retirement 2030 Fund:

Seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire in or within a few years of 2030. The funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. These bonds all mature in more than one year. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

Vanguard Target Retirement 2035 Fund:

Seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire in or within a few years of 2035. The funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. These bonds all mature in more than one year. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

Vanguard Target Retirement 2040 Fund:

Seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire in or within a few years of 2040. The funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. These bonds all mature in more than one year. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

Vanguard Target Retirement 2045 Fund:

Seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire in or within a few years of 2045. The funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. These bonds all mature in more than one year. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

NOTE 1 - PLAN DESCRIPTION (CONT'D):

Investment Options (Cont'd)

Vanguard Target Retirement 2050 Fund:

Seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire in or within a few years of 2050. The funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. These bonds all mature in more than one year. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

Vanguard Target Retirement 2055 Fund:

Seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire in or within a few years of 2055. The funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. These bonds all mature in more than one year. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

Vanguard Target Retirement 2060 Fund:

Seeks to provide capital appreciation and current income. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire in or within a few years of 2060. The funds asset allocation will become more conservative over time. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. These bonds all mature in more than one year. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

Vanguard Target Retirement Income Fund:

Seeks to provide current income and some capital appreciation. This fund invests in other Vanguard mutual funds and is designed for investors currently in retirement. The funds indirect bond holdings are a diversified mix of short-, intermediate-, and long-term investment grade bonds. The indirect stock holdings consist substantially of large-cap U.S. stocks and to a lesser extent mid-, and small-cap U.S. stocks as well as foreign stocks.

NOTE 1 - PLAN DESCRIPTION (CONT'D):

Investment Options (Cont'd)

Vanguard Total Bond Market Index Fund:

Seeks to provide a high level of interest income by attempting to match the performance of the unmanaged Lehman Brothers Aggregate Bond Index, which is a widely recognized measure of the entire taxable U.S. bond market.

Vanguard Wellington Fund:

Seeks to provide income and long-term growth of capital without undue risk to capital by investing about 65% of its assets in stocks and the remaining 35% in bonds.

Vanguard Windsor II Fund:

Seeks to provide long-term growth of capital and income from dividends by investing in a diversified group of out-of-favor stocks of large-capitalization companies. The stocks generally sell at prices below the overall market average compared to their dividend income and future return potential.

Ariel Growth Fund (DBA: Ariel Investment Trust): Ariel Fund:

Seeks long-term growth of capital by investing primarily in equity securities of small-company stocks.

Vanguard Retirement Savings Trust:

Seeks stability of principal and a high level of current income consistent with a two to three-year average maturity. The trust is a tax-exempt collective trust invested primarily in investment contracts issued by insurance companies and commercial banks, and similar types of fixed-principal investments. The trust intends to maintain a constant net asset value of $1.00 per share.

Participant Notes Receivable

Participants may borrow from their Fund Accounts a minimum of $500 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Interest is payable at 1% plus the Federal prime rate in effect on the date of the loan. Principal and interest is repaid ratably through regular payroll deductions.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES:

The following accounting policies, which conform to generally accepted accounting principles, have been used consistently in the preparation of the Plan's financial statements:

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting. Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Notes Receivable from Participants

Notes receivable from participants are valued at their unpaid principal balance plus any accrued but unpaid interest.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

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. See Note 3 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

Payment of Benefits

Benefits are recorded when paid.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (CONT'D):

Administrative Expenses

Fifty percent of the Plan's recordkeeping fees are paid by the Plan. The balance of the recordkeeping fee and all other administrative expenses of the Plan are paid by the Company.

NOTE 3 - FAIR VALUE MEASUREMENTS:

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

	Fair Value	Level 1	Level 2	Level 3
December 31, 2012				
Mutual funds	$ 31,003,292	$ 25,522,260	$ 5,481,032	$ -
Funds held in Insurance Company's general account	11,456,428	-	11,456,428	-
Total	$ 42,459,720	$ 25,522,260	$ 16,937,460	$ -
December 31, 2011				
Mutual funds	$ 28,529,147	$ 23,138,448	$ 5,390,699	$ -
Funds held in Insurance Company's general account	11,443,733	453,172	10,990,561	-
Total	$ 39,972,880	$ 23,591,620	$ 16,381,260	$ -

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 or Level 2 inputs because they generally provide the most reliable evidence of fair value.

NOTE 3 - FAIR VALUE MEASUREMENTS (CONT'D):

Level 1 Fair Value Measurements

The fair value of funds is based on quoted net asset values of the shares held by the Plan at year end.

Level 2 Fair Value Measurements

The fair value of funds investing in fixed maturity securities are measured based on the pricing data provided by outside valuation service providers who in turn generally use the mean of bid and ask prices but may also use alternative observable pricing inputs.

Level 3 Fair Value Measurements

Valuations are observed from unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities.

NOTE 4 - INVESTMENTS:

The December 31, 2012 and December 31, 2011 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2012, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Trustee in accordance with 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 information certified includes total assets of $44,152,862 and $41,626,397 at December 31, 2012 and December 31, 2011, respectively, and related income of $4,179,229 for the year ended December 31, 2012.

The following presents investments that represent 5% or more of the Plan's net assets:

	December 31, 2012	December 31, 2011
Vanguard 500 Index Fund	$3,318,262	$3,446,474
Vanguard PRIMECAP Fund	3,421,645	3,231,443
Vanguard Total Bond Market Index Fund	N/A	2,170,346
Vanguard Wellington Fund	5,484,432	5,166,218
Vanguard Windsor II Fund	3,093,982	2,798,215
Vanguard Retirement Savings Trust	10,879,683	11,443,733
Vanguard Target Retirement 2020 Fund	2,410,830	2,088,072
Vanguard Target Retirement 2025 Fund	2,305,818	2,036,457

NOTE 5 - CONTRIBUTIONS:

The employer's 401(k) matching contribution was $746,016 for the year ended December 31, 2012, and $766,840 for 2011. No discretionary profit-sharing contribution was made for the year ended December 31, 2012 or 2011.

NOTE 6 - RELATED PARTY TRANSACTIONS:

The Plan invests in shares of mutual funds managed by an affiliate of Vanguard Fiduciary Trust Company ("VFTC"). VFTC acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

NOTE 7 - PLAN TERMINATION:

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

NOTE 8 - INCOME TAX STATUS:

The trust established under the Plan to hold the Plan's assets is qualified under Section 401(a) of the Internal Revenue Code and, accordingly, the trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service dated February 22, 2012, and the Plan sponsor believes that the Plan continues to qualify and to operate as designed.

NOTE 9 - RISKS AND UNCERTAINTIES:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported on the statement of net assets available for benefits.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500:

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

Net Assets available for benefits per the financial statement	$ 44,152,862
Certain deemed distributions of participant loans	(36,785)
Adjustment from Fair Value to Contract Value for fully benefit-responsive investment contract	576,745
Net assets per Schedule H	$ 44,692,822

NOTE 11 - DATE OF MANAGEMENT REVIEW:

Subsequent events were evaluated through September 6, 2013, which is the date the financial statements were available to be issued. As of February 1, 2012, Levy Home Entertainment LLC changed its name to Readerlink Distribution Services, LLC; accordingly, the Plan name also changed to Readerlink Distribution Services, LLC Retirement Savings Plan.

SUPPLEMENTARY INFORMATION

READERLINK DISTRIBUTION SERVICES, LLC
RETIREMENT SAVINGS PLAN
FEIN: 36-4324269 PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

For the Year Ended December 31, 2012

a)	b) Identity of Issue, Borrower, Lessor or Similar Party	c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	d) Cost	e) Current Value
*	Vanguard 500 Index Fund	Registered Investment Co.	$ 2,774,536	$ 3,318,262
*	Vanguard Int'l. Growth Fund	Registered Investment Co.	1,464,228	1,557,850
*	Vanguard PRIMECAP Fund	Registered Investment Co.	2,815,295	3,421,645
*	Vanguard Prime Money Mkt.	Registered Investment Co.	89,690	89,690
*	Vanguard Target Retirement 2010	Registered Investment Co.	268,195	299,477
*	Vanguard Target Retirement 2015	Registered Investment Co.	1,374,284	1,498,373
*	Vanguard Target Retirement 2020	Registered Investment Co.	2,161,541	2,410,830
*	Vanguard Target Retirement 2025	Registered Investment Co.	2,059,127	2,305,818
*	Vanguard Target Retirement 2030	Registered Investment Co.	1,109,167	1,239,439
*	Vanguard Target Retirement 2035	Registered Investment Co.	1,322,984	1,461,542
*	Vanguard Target Retirement 2040	Registered Investment Co.	467,073	496,158
*	Vanguard Target Retirement 2045	Registered Investment Co.	520,208	577,039
*	Vanguard Target Retirement 2050	Registered Investment Co.	259,152	290,655
*	Vanguard Target Retirement 2055	Registered Investment Co.	6,939	7,133
*	Vanguard Target Retirement 2060	Registered Investment Co.	2,572	2,547
*	Vanguard Target Retirement Income	Registered Investment Co.	354,372	374,728
*	Vanguard Total Bond Market Index Fund	Registered Investment Co.	1,937,569	2,062,958
*	Vanguard Wellington Fund	Registered Investment Co.	4,871,127	5,484,432
*	Vanguard Windsor II Fund	Registered Investment Co.	2,872,093	3,093,982
*	Ariel Growth Fund	Registered Investment Co.	801,773	1,010,735
*	Vanguard Retirement Savings Trust**	Common/Collective Trust	10,879,684	10,879,683
*	Notes Receivable from Participants	4.25%-9.75%	1,469,548	1,469,548
				$ 43,352,524

*Denotes a party-in-interest to the plan
**Contract value

READERLINK DISTRIBUTION SERVICES, LLC
RETIREMENT SAVINGS SHARING PLAN
FEIN: 36-4324269 PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2012

a) Identity of Party Involved	b) Description of Asset (Include Interest Rate and Maturity in the Case of a Loan)	c) Purchase Price	d) Selling Price	g) Historical Cost of Asset	h) Current Value of Asset on Transaction Date	i) Historical Gain (Loss)
NO REPORTABLE TRANSACTION FOR 12/31/12						

READERLINK DISTRIBUTION SERVICES, LLC
RETIREMENT SAVINGS PLAN
FEIN: 36-4324269 PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

For the Year Ended December 31, 2012

a)	b) Identity of Issue, Borrower, Lessor or Similar Party	c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	d) Cost	e) Current Value
*	Vanguard 500 Index Fund	Registered Investment Co.	$ 2,774,536	$ 3,318,262
*	Vanguard Int'l. Growth Fund	Registered Investment Co.	1,464,228	1,557,850
*	Vanguard PRIMECAP Fund	Registered Investment Co.	2,815,295	3,421,645
*	Vanguard Prime Money Mkt.	Registered Investment Co.	89,690	89,690
*	Vanguard Target Retirement 2010	Registered Investment Co.	268,195	299,477
*	Vanguard Target Retirement 2015	Registered Investment Co.	1,374,284	1,498,373
*	Vanguard Target Retirement 2020	Registered Investment Co.	2,161,541	2,410,830
*	Vanguard Target Retirement 2025	Registered Investment Co.	2,059,127	2,305,818
*	Vanguard Target Retirement 2030	Registered Investment Co.	1,109,167	1,239,439
*	Vanguard Target Retirement 2035	Registered Investment Co.	1,322,984	1,461,542
*	Vanguard Target Retirement 2040	Registered Investment Co.	467,073	496,158
*	Vanguard Target Retirement 2045	Registered Investment Co.	520,208	577,039
*	Vanguard Target Retirement 2050	Registered Investment Co.	259,152	290,655
*	Vanguard Target Retirement 2055	Registered Investment Co.	6,939	7,133
*	Vanguard Target Retirement 2060	Registered Investment Co.	2,572	2,547
*	Vanguard Target Retirement Income	Registered Investment Co.	354,372	374,728
*	Vanguard Total Bond Market Index Fund	Registered Investment Co.	1,937,569	2,062,958
*	Vanguard Wellington Fund	Registered Investment Co.	4,871,127	5,484,432
*	Vanguard Windsor II Fund	Registered Investment Co.	2,872,093	3,093,982
*	Ariel Growth Fund	Registered Investment Co.	801,773	1,010,735
*	Vanguard Retirement Savings Trust**	Common/Collective Trust	10,879,684	10,879,683
*	Notes Receivable from Participants	4.25%-9.75%	1,469,548	1,469,548
				$ 43,352,524

*Denotes a party-in-interest to the plan
**Contract value