Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HAMMER PACKAGING CORPORATION DEFERRED PROFIT SHARING & RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/15/1987

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

HAMMER PACKAGING CORPORATION

P.O. BOX 22678
200 LUCIUS GORDON DRIVE
WEST HENRIETTA, NY 14586

2b Employer Identification Number (EIN) 16-0446670

2c Sponsor's telephone number 585-424-3880

2d Business code (see instructions) 323100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	CHRISTOPHER F. WIESER
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
HAMMER PACKAGING CORPORATION

P.O. BOX 22678
200 LUCIUS GORDON DRIVE
WEST HENRIETTA, NY 14586

3b Administrator's EIN
16-0446670

3c Administrator's telephone number
585-424-3880

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**	446
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**	395
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	21
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	416
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	416
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	311
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2H 2J 2K 2S 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
HAMMER PACKAGING CORPORATION DEFERRED PROFIT SHARING & RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HAMMER PACKAGING CORPORATION

D Employer Identification Number (EIN)
16-0446670

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
03-0144090	66680	0133930	4	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NO COMMISSIONS TO REPORT

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	NON-MONETARY COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ BASED ON SCHEDULES FILES WITH SDI

b	Premiums paid to carrier	6b	0
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

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

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan
HAMMER PACKAGING CORPORATION DEFERRED PROFIT SHARING & RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HAMMER PACKAGING CORPORATION

D Employer Identification Number (EIN)
16-0446670

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

ABN AMRO BANK N.V.
GUSTAV MAHLERLAAN 10
AMSTERDAM, THE NETHERLANDS 1082 PP

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

AMERICAN FUNDS

95-1411037

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

BARON CAPITAL GROUP

13-3122938

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

CALVERT

52-1233223

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

COLUMBIA

93-0577450

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

FRANKLIN TEMPLETON

13-2670991

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

JP MORGAN

13-2624428

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

OAKMARK

04-3276558

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

RS FUNDS

94-3321067

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

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

(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)

KARPUS INVESTMENT MANAGEMENT

16-1290558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	44580	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

KAY INVESTMENTS, INC.

16-1585613

(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?
17	NONE	31399	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

EPIC ADVISORS, INC.

16-1450952

(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 37 38	NONE	14801	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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)

FIDELITY INVESTMENTS

06-1194217

(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?
19 59	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
FIDELITY INVESTMENTS	19 59	0

(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.
EPIC ADVISORS 16-1450952	BASE FEE OF $500 PLUS 5 BPS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
EPIC ADVISORS, INC.	15 37 38	0

(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.
AMERICAN FUNDS 95-1411037	RANGE OF 0.00 - 0.25% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
EPIC ADVISORS, INC.	15 37 38	0

(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.
BARON CAPITAL GROUP 13-3122938	RANGE OF 0.00 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS

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
EPIC ADVISORS, INC.	15 37 38	0

(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.
CALVERT 52-1233223	RANGE OF 0.00 - 0.45% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
EPIC ADVISORS, INC.	15 37 38	0

(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.
COLUMBIA 93-0577450	RANGE OF 0.00 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
EPIC ADVISORS, INC.	15 37 38	0

(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.
FIDELITY INVESTMENTS 06-1194217	RANGE OF 0.00 - 0.10% OF AVERAGE DAILY BALANCE OF ASSETS

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
EPIC ADVISORS, INC.	15 37 38	0

(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.
FRANKLIN TEMPLETON 13-2670991	RANGE OF 0.00 - 0.35% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
EPIC ADVISORS, INC.	15 37 38	0

(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.
JP MORGAN 13-2624428	RANGE OF 0.00 - 0.50% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
EPIC ADVISORS, INC.	15 37 38	0

(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.
OAKMARK 04-3276558	RANGE OF 0.00 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS

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
EPIC ADVISORS, INC.	15 37 38	0

(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.
RS FUNDS 94-3321067	RANGE OF 0.00 - 0.55% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
HAMMER PACKAGING CORPORATION DEFERRED PROFIT SHARING & RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HAMMER PACKAGING CORPORATION

D Employer Identification Number (EIN)
16-0446670

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	27755	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	241041	123613
(2) Participant contributions	1b(2)	20011	100858
(3) Other	1b(3)	10807	45349
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1362513	1427876
(2) U.S. Government securities	1c(2)	96773	40318
(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)	185559	180367
(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)	13010290	13371535
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3339007	3260436

			(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	18293756	18550352
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	10298	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	10298	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	18283458	18550352

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)	271175	
	(B) Participants	2a(1)(B)	978851	
	(C) Others (including rollovers)	2a(1)(C)	13347	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1263373
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11567	
	(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)	8718	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		20285
	(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)	510623	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		510623
	(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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-558582
c Other income	2c		-167835
d Total income. Add all **income** amounts in column (b) and enter total	2d		1067864
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	699503	
(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)		699503
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	86125	
(4) Other	2i(4)	15342	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		101467
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		800970
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		266894
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: BONADIO & CO., LLP (2) EIN: 16-1131146

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		40451
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
HAMMER PACKAGING CORPORATION DEFERRED PROFIT SHARING & RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HAMMER PACKAGING CORPORATION

D Employer Identification Number (EIN)
16-0446670

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 58-1428632

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HAMMER PACKAGING CORPORATION
DEFERRED PROFIT SHARING &
RETIREMENT SAVINGS PLAN

Financial Statements
as of December 31, 2011 and 2010
Together with
Independent Auditors' Report

Bonadio & Co., LLP
Certified Public Accountants

Bonadio & Co., LLP
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of the
Hammer Packaging Corporation Deferred
Profit Sharing & Retirement Savings Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the Hammer Packaging Corporation Deferred Profit Sharing & Retirement Savings Plan as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedules of assets (held at end of year), reportable transactions and delinquent participant contributions as of and for the year ended December 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by U.S. Bank, a custodian of the Plan's assets, 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 certain of the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified 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.

Bonadio & Co., LLP

Pittsford, NY
October 11, 2012

171 Sully's Trail, Suite 201
Pittsford, New York 14534
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ROCHESTER • BUFFALO
ALBANY • SYRACUSE
NYC • PERRY • GENEVA

www.bonadio.com

HAMMER PACKAGING CORPORATION
DEFERRED PROFIT SHARING & RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	2011	2010
INVESTMENTS, at fair value:		
Cash and cash equivalents	$ 1,427,876	$ 1,391,347
U.S. government obligations	40,318	96,773
Mutual funds	13,371,535	13,009,720
Individually managed brokerage accounts	3,260,436	3,339,007
Total investments	18,100,165	17,836,847
NOTES RECEIVABLE FROM PARTICIPANTS	180,367	185,559
CONTRIBUTIONS RECEIVABLE:		
Employer contributions	123,613	236,500
Participant contributions	100,858	-
Total contributions receivable	224,471	236,500
TRADES PENDING	45,349	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 18,550,352	$ 18,073,347

The accompanying notes are an integral part of these financial statements.

HAMMER PACKAGING CORPORATION
DEFERRED PROFIT SHARING & RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	2011	2010
ADDITIONS:		
Investment income (loss) -		
Net appreciation (depreciation) in fair value of investments	$ (726,417)	$ 1,969,105
Interest and dividends	522,190	321,250
Total investment income (loss)	(204,227)	2,290,355
Interest income on notes receivable from participants	8,718	11,211
Contributions -		
Participant contributions	998,862	916,051
Employer contributions	275,716	378,615
Rollover contributions	13,347	2,010
Total contributions	1,287,925	1,296,676
Total additions	1,092,416	3,598,242
DEDUCTIONS:		
Benefits paid to participants	(699,503)	(493,477)
Administrative expenses	(101,467)	(84,477)
Total deductions	(800,970)	(577,954)
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	291,446	3,020,288
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	18,258,906	15,238,618
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 18,550,352	$ 18,258,906

The accompanying notes are an integral part of these financial statements.

1. DESCRIPTION OF PLAN

The following description of the Hammer Packaging Corporation Deferred Profit Sharing & Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution pension plan covering the employees of Hammer Packaging Corporation and J. Mackenzie, Ltd., which are related through common ownership, (collectively, the Company). The Plan contains both 401(k) and profit-sharing components. Unless otherwise indicated, the provisions of the Plan are identical for both components. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration

The Company is responsible for general administration of the Plan. U.S. Bank and Fidelity Investment Group (Fidelity) are the custodians of the Plan's assets. EPIC Advisors is the Plan's third-party administrator and provides record keeping functions for the Plan. The Plan pays all administrative expenses.

Eligibility

Employees of the Company are eligible to participate in the 401(k) component of the Plan after three months of service and are eligible to participate in the profit-sharing component of the Plan upon completion of at least 1,000 hours of service within a plan year. There is no minimum age requirement to participate in the Plan. The Plan has an automatic enrollment provision whereby employees that have met the eligibility requirements are automatically enrolled in the Plan and 2% of their compensation is contributed unless they opt out. Participants have the option to change their deferral percentage or discontinue deferrals at any time.

Contributions

Participants may make tax-deferred contributions to the Plan, subject to the limits set forth in the Internal Revenue Code. The Company may make matching contributions and profit-sharing contributions to the Plan on a discretionary basis.

Participants direct the investment of their contributions and Company matching contributions into various investment options offered by the Plan, including individually managed brokerage accounts. Profit-sharing contributions are invested in a professionally managed portfolio. In addition, participants may elect to have some or all of their 401(k) component transferred to the professionally managed portfolio. At December 31, 2011, there was $45,349 of trades pending related to the election of certain participants to transfer some or all of their 401(k) component to the professionally managed portfolio.

1. DESCRIPTION OF PLAN (Continued)

Participant Accounts
Each participant's account is credited with participant contributions, Company matching contributions and actual earnings (losses) thereon. Participant accounts are also credited with allocations of profit-sharing contributions and related earnings (losses) and charged with an allocation of administrative expenses. Allocations are based on participant wages or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants are immediately vested in their 401(k) contributions and employer matching contributions, plus actual earnings thereon. Profit-sharing contributions vest 20% per year beginning after one year of service. Participants are fully vested after six years of credited service.

Forfeitures
Forfeitures of non-vested account balances are allocated to the remaining participants in the Plan. Total forfeitures allocated to participants totaled $1,950 and $3,438 in 2011 and 2010, respectively.

Notes Receivable from Participants
Participants may borrow a minimum of $500 up to the lesser of 50% of their vested account balances or $50,000. Participants may choose an amortization schedule of up to five years, unless the note is used for a primary residence, in which case the amortization schedule may be up to 25 years. Principal and interest are paid through payroll deductions. Interest on notes receivable from participants is charged at the prime rate at the time of loan origination plus 2%.

Payment of Benefits
The Plan provides for benefit payments upon either the termination of employment or the attainment of the age of 65. Benefit payments are made in the form of a partial payment, lump-sum distribution, or a rollover to another qualified investment, equal to the participant's vested interest in his or her account. Additionally, the Plan provides for in-service withdrawals once a participant reached age 59 ½, even if still employed.

Hardship Withdrawals
Hardship withdrawals from the Plan are not permitted.

Plan Termination
Although the Company has not expressed any intent to do so, the Company has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, each participant's account will become fully vested.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The Plan's financial statements have been prepared in conformity with accounting principles generally accepted in the United States.

Cash And Cash Equivalents
Cash and cash equivalents includes bank demand deposits accounts, money market accounts and all highly liquid debt instruments purchased with a maturity of three months or less. The Plan's cash balances may at times exceed federally insured limits. The Plan has not experienced any losses in these accounts and believes it is not exposed to any significant risk with respect to cash and cash equivalents.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments
Investments are stated at fair value, based on quoted market prices of the underlying investments.

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

Fair Value Measurement
Generally accepted accounting principles provide a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair market value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets and liabilities in active markets that the Plan has the ability to access.

- Level 2 - Inputs to the valuation methodology include:

    - Quoted prices for similar assets or liabilities in active markets;
    - Quoted prices for identical or similar assets or liabilities in inactive markets;
    - Inputs other than quoted prices that are observable for the asset or liability;
    - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

A description of where the Plan's investments fall within the hierarchy is provided in Note 3.

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

Benefit Payments
Benefit payments are recorded when paid.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes are reclassified as distributions based on the terms of the Plan document.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

3. INVESTMENTS

Net Appreciation (Depreciation) in Fair Value of Investments
The Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated (depreciated) in value as follows for the years ended December 31:

	2011	2010
U.S. government obligations	$ (3,971)	$ 4,718
Mutual funds	(554,611)	1,599,816
Individually managed brokerage accounts	(167,835)	364,571
	$ (726,417)	$ 1,969,105

Fair Value of Financial Instruments
The Plan's assets fell within the fair value hierarchy as follows at December 31, 2011:

	Level 1	Level 2	Level 3	Total
U.S. government obligations	$ -	$ 40,318	$ -	$ 40,318
Mutual funds:				
Auction rate preferreds	733,750	-	-	733,750
Tax exempt bond fund	102,303	-	-	102,303
Tax exempt bond fund open end	519,476	-	-	519,476
Taxable bond fund open end (global)	121,877	-	-	121,877
Taxable closed end bond fund (domestic)	630,560	-	-	630,560
Taxable bond fund open end (domestic)	346,518	-	-	346,518
Balanced funds	145,778	-	-	145,778
Domestic equities and funds	2,627,066	-	-	2,627,066
Global equities and funds	1,356,575	-	-	1,356,575
Preferreds	247,517	-	-	247,517
Alternative equity strategy	595,783	-	-	595,783
Stock funds	5,188,018	-	-	5,188,018
Bond funds	756,314	-	-	756,314
Individually managed brokerage accounts	3,260,436	-	-	3,260,436
	$ 16,631,971	$ 40,318	$ -	$ 16,672,289

3. INVESTMENTS (Continued)

The Plan's assets fell within the fair value hierarchy as follows at December 31, 2010:

	Level 1	Level 2	Level 3	Total
U.S. government obligations	$ -	$ 96,773	$ -	$ 96,773
Mutual funds:				
Auction rate preferreds	1,013,500	-	-	1,013,500
Tax exempt bond fund	111,996	-	-	111,996
Tax exempt bond fund open end	466,650	-	-	466,650
Taxable bond fund open end (global)	124,505	-	-	124,505
Taxable closed end bond fund (domestic)	301,697	-	-	301,697
Taxable bond fund open end (domestic)	283,372	-	-	283,372
Balanced funds	56,532	-	-	56,532
Domestic equities and funds	2,559,224	-	-	2,559,224
Global equities and funds	1,173,891	-	-	1,173,891
Preferreds	72,969	-	-	72,969
Alternative equity strategy	511,156	-	-	511,156
Stock funds	5,526,717	-	-	5,526,727
Bond funds	807,511	-	-	807,511
Individually managed brokerage accounts	3,339,007	-	-	3,339,007
	$ 16,348,727	$ 96,773	$ -	$ 16,445,500

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2011 and 2010.

Mutual funds: Valued at fair value based on quoted market prices when active markets are available.

U.S. government obligations: Valued using observable inputs for similar assets, including interest rates and maturity dates.

Individually managed brokerage accounts: Valued at the closing price reported on the active market on which the individual securities are traded.

The preceding methods described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with the market participants, the use of different methodologies or assumptions to determine fair value could result in different fair value measurements at the reporting date.

Investments in Excess of 5% of Net Assets

The following investments represented 5% or more of the Plan's net assets available for benefits at either December 31, 2011 or December 31, 2010 (or both):

	2011	2010
RS Partners Class A	$ 1,069,002	$ 1,148,246
ABN Amro Income Plus Fund	$ 1,183,707	$ 1,222,553

4. NON-PARTICIPANT DIRECTED/CERTIFIED INVESTMENT INFORMATION

Information about the net assets and changes in net assets relating to the non-participant directed investments held by U.S. Bank is as follows at December 31:

	2011	2010
Net assets:		
Cash and cash equivalents*	$ 244,139	$ 141,039
U.S. government obligations*	40,318	96,773
Mutual funds*	7,427,204	6,675,516
Contributions receivable	111,000	236,500
	$ 7,822,661	$ 7,149,828

	2011	2010
Change in net assets:		
Net appreciation (depreciation) in fair value of investments*	$ (158,586)	$ 703,329
Interest and dividends*	257,810	167,233
Contributions	116,058	240,016
Benefit payments	(273,925)	(87,463)
Transfers from 401(k) component	776,056	1,231,894
Administrative expenses	(44,580)	(37,635)
	$ 672,833	$ 2,217,374

The Plan's non-participant directed investments (including gains and losses on investments bought, sold and held during the year) appreciated (depreciated) in value as follows for the years ended December 31:

	2011	2010
U.S. government obligations*	$ (3,971)	$ 4,718
Mutual funds*	(154,615)	698,611
	$ (158,586)	$ 703,329

Schedule of Reportable Transactions* Schedule II

* Certified as complete and accurate by U.S. Bank

5. INCOME TAX STATUS

The Plan obtained its latest determination letter on November 19, 2001, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable provisions of the Internal Revenue Code. The Plan has been amended since receiving that determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

5. INCOME TAX STATUS (Continued)

For employee benefit plans, their tax-qualified status itself is deemed to be an uncertainty, since events could potentially occur to jeopardize their tax-qualified status. As of December 31, 2011 and 2010, the Plan does not have a liability for unrecognized tax benefits. The Plan files the Annual Return/Report of Employee Benefit Plan (Form 5500) in the U.S. federal jurisdiction. The Plan is no longer subject to U.S. federal tax examinations for years before 2008.

6. PARTY-IN-INTEREST TRANSACTIONS

U.S. Bank and Fidelity are the custodians of the Plan's investments. As such, transactions between U.S. Bank or Fidelity and the Plan qualify as party-in-interest transactions. Additionally, transactions involving notes receivable from participants qualify as party-in-interest transactions.

7. RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31:

	2011	2010
Net assets available for benefits per the financial statements	$ 18,550,352	$ 18,258,906
Contribution receivable as of December 31, 2010	-	24,552
Net assets available for benefits per Form 5500	$ 18,550,352	$ 18,283,458

The following is a reconciliation of the Plan's change in net assets available for benefits per the financial statements to Form 5500 for the years ended December 31:

	2011	2010
Change in net assets available for benefits, per the financial statements	$ 291,446	$ 3,020,288
Contributions for pay period ending December 25, 2010; recorded as a 2011 contribution in the financial statements	(24,552)	24,552
Profit sharing contributions receivable in the prior year paid in the current year	-	80,000
Change in net assets available for benefits, per Form 5500	$ 266,894	$ 3,124,840

8. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 11, 2012, which is the date the financial statements were available to be issued.

HAMMER PACKAGING CORPORATION
DEFERRED PROFIT SHARING & RETIREMENT SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER: 16-0446670
PLAN NUMBER: 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	CASH AND CASH EQUIVALENTS:			
	ABN Amro Income Plus Fund	Cash equivalent	$ 1,183,707	$ 1,183,707
*	Fidelity Cash Reserves	Cash equivalent	30	30
	First American Gov't Oblig. FD	Cash equivalent	207,502	207,502
	Dividend Account	Cash equivalent	34,530	34,530
	US Bank Trust Cash (taxable)	Cash equivalent	1,144	1,144
	Trades Pending	Cash equivalent	962	963
			1,427,875	1,427,876
	U.S. GOVERNMENT OBLIGATIONS:			
	Freddie Mac 1.000% Diue 08/24/16	40,000 Shares	40,000	40,318
			40,000	40,318
	MUTUAL FUNDS:			
	RS Partners A	36,510 Shares	839,140	1,069,002
	JPMorgan Mid Cap Value A	34,786 Shares	614,507	814,342
	Baron Partners Retail	37,830 Shares	576,220	733,522
*	Fidelity Spartan 500 Index Inv	16,542 Shares	605,013	735,936
	Oakmark Global I	28,464 Shares	538,605	565,299
	American Funds Growth Fund of Amer R4	14,839 Shares	416,467	423,216
	Columbia Value & Restructuring Z	9,379 Shares	397,830	417,027
	Calvert Short Duration Income A	24,125 Shares	364,971	381,664
	Franklin MicroCap Value A	15,362 Shares	385,813	429,673
*	Fidelity Strategic Income	34,658 Shares	333,035	374,650
	Vanguard Long-Term Tax Exempt Fund-Investment	40,330 Shares	447,966	450,088
	Sunamerica Focused Alpha Growth	20,068 Shares	313,405	366,843
	AllianceBernstein Income Fund Inc.	33,025 Shares	260,070	266,512
	SPDR Dow Jones Industrial Average ETF	1,980 Shares	215,470	241,263
	SPDR Trust Series	1,920 Shares	223,484	240,960
	Hussman Strategic Growth Fund	19,211 Shares	250,009	238,796
	Sunamerica Focused Alpha Large	12,797 Shares	184,804	207,567
	Vanguard Inflation-Protected Securities Fund	7,385 Shares	183,370	204,639
	iPath Dow Jones - UBS Commodity Indes Tot R	4,375 Shares	168,560	184,800
	PowerShares Build America Bond Portfolio	6,175 Shares	155,838	177,223
	Rydex S&P Equal Weight	3,815 Shares	133,673	176,558
	Special Opportunities Fund, Inc	11,875 Shares	170,544	172,188
	Vanguard Large-Cap ETF	2,990 Shares	140,012	171,327
	Vanguard European ETF	3,475 Shares	165,615	143,969
	Liberty All Star Equity Fund	33,770 Shares	111,385	142,509
	Vanguard Long-Term Investment-Grade Fund	13,788 Shares	119,492	141,879
	Blackrock Muni Bond Trus Sers R7	6 Shares	127,500	138,000
	Vanguard Europe Pacific ETF	4,110 Shares	143,985	125,889
	Ishares MSCI Canada	4,720 Shares	127,089	125,552
	Vanguard Small Cap ETF	1,780 Shares	105,229	124,013
	T. Rowe Price International Bond	12,513 Shares	120,000	121,877
	Eaton Vance Tax Managed Diversity	13,610 Shares	121,840	120,721
	Adams Express Company	12,355 Shares	142,450	119,102
	Royce Value Trust	9,300 Shares	105,272	114,111
	Balance forward		9,308,663	10,460,717

(Continued)

HAMMER PACKAGING CORPORATION
DEFERRED PROFIT SHARING & RETIREMENT SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER: 16-0446670
PLAN NUMBER: 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Balance forward		9,308,663	10,460,717
	MUTUAL FUNDS: (Continued)			
	Pimco Corp Opportunity Sers W	6 Shares	111,000	109,500
	iShares MSCI Pacific ex-Japan	2,430 Shares	105,210	94,600
	Advent Claymore Convertible Securities SERS T28	4 Shares	93,000	93,000
	Blackrock NY Muni 2018 Sers T7	4 Shares	94,625	91,750
	Gabelli Dividend and Income Trust	5,855 Shares	73,330	90,284
	Vanguard Mid-Cap ETF	1,250 Shares	72,439	89,925
	Eaton Vance Enhanced Equity Income Fund II	8,800 Shares	89,825	89,848
	Eaton Vance Enhanced Equity Income Fund	8,550 Shares	87,572	87,039
	Invesco Van Kampen Adv IN2 Sers A1	4 Shares	86,500	84,000
	Invesco Van Kampen Ohio	4 Shares	85,000	84,000
	Calamos Strat Tot Return FD	10,000 Shares	92,150	83,501
	Putnam Municipal Opportunities Trust	6,699 Shares	74,195	82,197
	Ishares MSCI United Kingdom	5,030 Shares	82,140	81,285
	Vanguard Pacific ETF	1,650 Shares	82,693	78,524
	Tortoise Energy Cap Corp 5.0%	7,400 Shares	74,000	75,554
	Eaton Vance Risk-Managed Div	7,120 Shares	82,317	74,404
	Vanguard Muni Intermediate	4,946 Shares	68,300	69,388
	Blackrock NJ Muni Bnd Ser M7	3 Shares	63,750	67,500
	Advent Claymore Convertible Securities SERS TH28	3 Shares	67,500	66,000
	Nuveen CA Div Adv Muni 3 2.25% 04/01/14	6,500 Shares	65,000	65,520
	Cohen & Steers Global Income	6,695 Shares	69,932	62,264
	Eaton Vance Tax Managed Global Dividend Equity Income Fund	7,335 Shares	70,628	60,514
	Western Asset Inflation Management Fund	3,213 Shares	54,915	56,195
	Morgan Stanley Asia-Pacific	4,263 Shares	69,420	55,845
	General American Investors Company Inc	2,230 Shares	59,798	55,549
	Macquarie Global Infrastructure Total Return Fund	3,015 Shares	44,516	51,225
	Tri-Continental Corporation	3,500 Shares	40,347	49,805
	Blackrock Income Trust	6,650 Shares	44,957	48,745
	New Germany Fund	3,935 Shares	47,853	48,164
	Ishares MSCI France Index Fund	2,240 Shares	56,396	43,859
	Japan Smaller Capitalization Fund Inc.	5,950 Shares	49,883	42,721
	Nuveen Dvd Adv Muni Fd 3 2.80% Due 1/1/16	4,100 Shares	41,000	41,615
	LMP Real Estate Income Fund Inc.	3,920 Shares	38,196	36,260
	Federated Enhanced Treasury	2,450 Shares	37,163	35,158
	Western Asset/Claymore Inflation-Linked Opportunities and Income Fund	2,625 Shares	30,503	33,101
	Nuveen MD DVD Adv Muni 3 2.65% 03/01/15	3,225 Shares	32,605	32,508
	Nuveen N Carolina Prem 2.60% Due 1/1/16	3,200 Shares	32,000	32,320
	Swiss Helvetia Fund	3,227 Shares	54,777	32,109
	Blackrock Credit alloc IV	2,600 Shares	32,876	31,590
	The European Equity Fund Inc	5,196 Shares	33,218	30,864
	Blackrock International Growth & Income TR	3,920 Shares	29,252	28,067
	Liberty All Star Growth Fund	6,834 Shares	26,235	26,037
	Lazard Global Total Return and Income	1,585 Shares	31,078	21,223
	Asia Pacific Fund Inc	2,190 Shares	23,550	20,586
	Ishares MSCI Japan Index Fund	2,220 Shares	22,955	20,224
	Nuveen Michigan Premium Inm Municipal Fd	1,425 Shares	17,741	20,107
	Vanguard Emerging Market ETF	520 Shares	20,009	19,869
	Aberdeen Emerging Markets Telecommunications Fund, Inc.	1,100 Shares	17,884	19,283
	Balance forward		12,088,896	13,174,343

(Continued)

HAMMER PACKAGING CORPORATION
DEFERRED PROFIT SHARING & RETIREMENT SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER: 16-0446670
PLAN NUMBER: 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Balance forward		12,088,896	13,174,343
	MUTUAL FUNDS: (Continued)			
	Morgan Stanley Emerging Markets	1,425 Shares	21,377	18,411
	Japan Equity Fund	3,420 Shares	18,063	17,100
	LMP Capital and Income Fund	1,257 Shares	13,463	15,537
	Bancroft Fund Ltd.	1,002 Shares	17,688	15,150
	Korea Equity Fund	1,625 Shares	14,990	14,755
	iShares MSCI EMU Index Fund	445 Shares	15,265	12,416
	Ishares MSCI Brazil Index Fund	165 Shares	9,663	9,469
	Shelton Greater China Fund	1,417 Shares	9,516	8,587
	The Singapore Fund, Inc.	734 Shares	7,469	8,008
	The Greater China Fund, Inc	756 Shares	8,392	7,613
	Western Asset Vrble Rate Strtgc Fnd Inc	502 Shares	8,507	7,455
	China Fund Income	335 Shares	9,705	6,871
	Aberdeen Latin America Equity Fund, Inc	223 Shares	8,254	6,712
	Montgomery St Income Sec Inc	400 Shares	6,351	6,172
	Ishares MSCI Australia Index	240 Shares	3,525	5,146
	Mexico Equity and Income Fund	400 Shares	3,686	3,980
	AGIC International & Premium Strategy Fund	340 Shares	3,496	3,363
	JF China Region Fund Inc	300 Shares	3,510	3,306
	Templeton Dragon Fund Income	125 Shares	3,348	3,181
	Blackrock Strategic DVD ACHV	300 Shares	2,861	2,940
	Taiwan Fund Inc	200 Shares	2,877	2,898
	Ishares MSCI Hong Kong Index	170 Shares	1,737	2,630
	Malaysia Fund, Inc	267 Shares	3,066	2,408
	Templeton Russia & East Euro	170 Shares	3,553	2,314
	Central Europe & Russia Fund	80 Shares	976	2,284
	Ishares S&P Europe 350	50 Shares	1,659	1,687
	India Fund Inc	60 Shares	1,194	1,142
	Herzfeld Caribbean Basin FD	175 Shares	1,230	1,121
	New Ireland Fund Inc	150 Shares	1,012	1,041
	Morgan Stanley East Europe	75 Shares	1,403	1,010
	Asia Tigers Fund Inc	75 Shares	1,245	901
	Indonesia Fund, Inc	75 Shares	1,047	884
	Morgan Stanley India Investment Fund Inc	50 Shares	1,366	700
			12,300,390	13,371,535
	INDIVIDUALLY MANAGED BROKERAGE ACCOUNTS		**	3,260,436
	NOTES RECEIVABLE FROM PARTICIPANTS			
*	Loans outstanding with interest at rates ranging from 5.25% to 10.25% maturing through December 2014.		-	180,367
				$ 18,280,532

* Denotes party-in-interest
** Cost omitted as all amounts are participant directed

HAMMER PACKAGING CORPORATION
DEFERRED PROFIT SHARING & RETIREMENT SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER 16-0446670
PLAN NUMBER: 002
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2011

(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 Date	(i) Net Gain or (Loss)
I. Individual 5% Transactions								
None								
II. Series of Transactions, Not Involving Securities, With the Same Person								
None								
III. Series of Transactions Involving Securities of the Same Issue								
Blackrock Mun Nj 2.988% Auction Rt	Mutual fund	$ 200,250	$ 225,000	N/A	$ -	$ 200,250	$ 225,000	$ 24,750
First Amer Govt Oblig Fund Cl Y	Mutual fund	$ 2,978,187	$ 2,910,640	N/A	$ -	$ 2,910,640	$ 2,910,640	$ -
IV. Series of Transactions Involving Securities, With a Single Person								
Apb Financial Services	Mutual funds	N/A	$ 387,882	N/A	$ 1,996	$ 366,800	$ 387,882	$ 21,082
Cap Institutional Services, Inc.	Mutual funds	N/A	$ 880,553	N/A	$ 3,192	$ 851,010	$ 880,553	$ 29,543
Direct from Issuer	Mutual funds	N/A	$ 859,075	N/A	$ -	$ 854,680	$ 859,075	$ 4,395
National Financial Services Co.	Mutual funds	N/A	$ 1,644,723	N/A	$ 8,247	$ 1,552,883	$ 1,644,723	$ 91,840

The accompanying notes are an integral part of these schedules.

HAMMER PACKAGING CORPORATION
DEFERRED PROFIT SHARING & RETIREMENT SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER 16-0446670
PLAN NUMBER: 002
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2011

	Total that Constitutes Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VCFP	Total Fully Corrected Under VFCP and PTE 2002-51
* $ 40,450.72	$ -	$ -	$ -	

* Late Participant Loan Repayments are included.

The accompanying notes are an integral part of these schedules.

HAMMER PACKAGING CORPORATION
DEFERRED PROFIT SHARING & RETIREMENT SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER 16-0446670
PLAN NUMBER: 002
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2011

(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 Date	(i) Net Gain or (Loss)
I. Individual 5% Transactions								
None								
II. Series of Transactions, Not Involving Securities, With the Same Person								
None								
III. Series of Transactions Involving Securities of the Same Issue								
Blackrock Mun Nj 2.988% Auction Rt	Mutual fund	$ 200,250	$ 225,000	N/A	$ -	$ 200,250	$ 225,000	$ 24,750
First Amer Govt Oblig Fund Cl Y	Mutual fund	$ 2,978,187	$ 2,910,640	N/A	$ -	$ 2,910,640	$ 2,910,640	$ -
IV. Series of Transactions Involving Securities, With a Single Person								
Apb Financial Services	Mutual funds	N/A	$ 387,882	N/A	$ 1,996	$ 366,800	$ 387,882	$ 21,082
Cap Institutional Services, Inc.	Mutual funds	N/A	$ 880,553	N/A	$ 3,192	$ 851,010	$ 880,553	$ 29,543
Direct from Issuer	Mutual funds	N/A	$ 859,075	N/A	$ -	$ 854,680	$ 859,075	$ 4,395
National Financial Services Co.	Mutual funds	N/A	$ 1,644,723	N/A	$ 8,247	$ 1,552,883	$ 1,644,723	$ 91,840

The accompanying notes are an integral part of these schedules.

HAMMER PACKAGING CORPORATION
DEFERRED PROFIT SHARING & RETIREMENT SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER: 16-0446670
PLAN NUMBER: 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	CASH AND CASH EQUIVALENTS:			
	ABN Amro Income Plus Fund	Cash equivalent	$ 1,183,707	$ 1,183,707
*	Fidelity Cash Reserves	Cash equivalent	30	30
	First American Gov't Oblig. FD	Cash equivalent	207,502	207,502
	Dividend Account	Cash equivalent	34,530	34,530
	US Bank Trust Cash (taxable)	Cash equivalent	1,144	1,144
	Trades Pending	Cash equivalent	962	963
			1,427,875	1,427,876
	U.S. GOVERNMENT OBLIGATIONS:			
	Freddie Mac 1.000% Diue 08/24/16	40,000 Shares	40,000	40,318
			40,000	40,318
	MUTUAL FUNDS:			
	RS Partners A	36,510 Shares	839,140	1,069,002
	JPMorgan Mid Cap Value A	34,786 Shares	614,507	814,342
	Baron Partners Retail	37,830 Shares	576,220	733,522
*	Fidelity Spartan 500 Index Inv	16,542 Shares	605,013	735,936
	Oakmark Global I	28,464 Shares	538,605	565,299
	American Funds Growth Fund of Amer R4	14,839 Shares	416,467	423,216
	Columbia Value & Restructuring Z	9,379 Shares	397,830	417,027
	Calvert Short Duration Income A	24,125 Shares	364,971	381,664
	Franklin MicroCap Value A	15,362 Shares	385,813	429,673
*	Fidelity Strategic Income	34,658 Shares	333,035	374,650
	Vanguard Long-Term Tax Exempt Fund-Investment	40,330 Shares	447,966	450,088
	Sunamerica Focused Alpha Growth	20,068 Shares	313,405	366,843
	AllianceBernstein Income Fund Inc.	33,025 Shares	260,070	266,512
	SPDR Dow Jones Industrial Average ETF	1,980 Shares	215,470	241,263
	SPDR Trust Series	1,920 Shares	223,484	240,960
	Hussman Strategic Growth Fund	19,211 Shares	250,009	238,796
	Sunamerica Focused Alpha Large	12,797 Shares	184,804	207,567
	Vanguard Inflation-Protected Securities Fund	7,385 Shares	183,370	204,639
	iPath Dow Jones - UBS Commodity Indes Tot R	4,375 Shares	168,560	184,800
	PowerShares Build America Bond Portfolio	6,175 Shares	155,838	177,223
	Rydex S&P Equal Weight	3,815 Shares	133,673	176,558
	Special Opportunities Fund, Inc	11,875 Shares	170,544	172,188
	Vanguard Large-Cap ETF	2,990 Shares	140,012	171,327
	Vanguard European ETF	3,475 Shares	165,615	143,969
	Liberty All Star Equity Fund	33,770 Shares	111,385	142,509
	Vanguard Long-Term Investment-Grade Fund	13,788 Shares	119,492	141,879
	Blackrock Muni Bond Trus Sers R7	6 Shares	127,500	138,000
	Vanguard Europe Pacific ETF	4,110 Shares	143,985	125,889
	Ishares MSCI Canada	4,720 Shares	127,089	125,552
	Vanguard Small Cap ETF	1,780 Shares	105,229	124,013
	T. Rowe Price International Bond	12,513 Shares	120,000	121,877
	Eaton Vance Tax Managed Diversity	13,610 Shares	121,840	120,721
	Adams Express Company	12,355 Shares	142,450	119,102
	Royce Value Trust	9,300 Shares	105,272	114,111
	Balance forward		9,308,663	10,460,717

(Continued)

HAMMER PACKAGING CORPORATION
DEFERRED PROFIT SHARING & RETIREMENT SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER: 16-0446670
PLAN NUMBER: 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Balance forward		9,308,663	10,460,717
	MUTUAL FUNDS: (Continued)			
	Pimco Corp Opportunity Sers W	6 Shares	111,000	109,500
	iShares MSCI Pacific ex-Japan	2,430 Shares	105,210	94,600
	Advent Claymore Convertible Securities SERS T28	4 Shares	93,000	93,000
	Blackrock NY Muni 2018 Sers T7	4 Shares	94,625	91,750
	Gabelli Dividend and Income Trust	5,855 Shares	73,330	90,284
	Vanguard Mid-Cap ETF	1,250 Shares	72,439	89,925
	Eaton Vance Enhanced Equity Income Fund II	8,800 Shares	89,825	89,848
	Eaton Vance Enhanced Equity Income Fund	8,550 Shares	87,572	87,039
	Invesco Van Kampen Adv IN2 Sers A1	4 Shares	86,500	84,000
	Invesco Van Kampen Ohio	4 Shares	85,000	84,000
	Calamos Strat Tot Return FD	10,000 Shares	92,150	83,501
	Putnam Municipal Opportunities Trust	6,699 Shares	74,195	82,197
	Ishares MSCI United Kingdom	5,030 Shares	82,140	81,285
	Vanguard Pacific ETF	1,650 Shares	82,693	78,524
	Tortoise Energy Cap Corp 5.0%	7,400 Shares	74,000	75,554
	Eaton Vance Risk-Managed Div	7,120 Shares	82,317	74,404
	Vanguard Muni Intermediate	4,946 Shares	68,300	69,388
	Blackrock NJ Muni Bnd Ser M7	3 Shares	63,750	67,500
	Advent Claymore Convertible Securities SERS TH28	3 Shares	67,500	66,000
	Nuveen CA Div Adv Muni 3 2.25% 04/01/14	6,500 Shares	65,000	65,520
	Cohen & Steers Global Income	6,695 Shares	69,932	62,264
	Eaton Vance Tax Managed Global Dividend Equity Income Fund	7,335 Shares	70,628	60,514
	Western Asset Inflation Management Fund	3,213 Shares	54,915	56,195
	Morgan Stanley Asia-Pacific	4,263 Shares	69,420	55,845
	General American Investors Company Inc	2,230 Shares	59,798	55,549
	Macquarie Global Infrastructure Total Return Fund	3,015 Shares	44,516	51,225
	Tri-Continental Corporation	3,500 Shares	40,347	49,805
	Blackrock Income Trust	6,650 Shares	44,957	48,745
	New Germany Fund	3,935 Shares	47,853	48,164
	Ishares MSCI France Index Fund	2,240 Shares	56,396	43,859
	Japan Smaller Capitalization Fund Inc.	5,950 Shares	49,883	42,721
	Nuveen Dvd Adv Muni Fd 3 2.80% Due 1/1/16	4,100 Shares	41,000	41,615
	LMP Real Estate Income Fund Inc.	3,920 Shares	38,196	36,260
	Federated Enhanced Treasury	2,450 Shares	37,163	35,158
	Western Asset/Claymore Inflation-Linked Opportunities and Income Fund	2,625 Shares	30,503	33,101
	Nuveen MD DVD Adv Muni 3 2.65% 03/01/15	3,225 Shares	32,605	32,508
	Nuveen N Carolina Prem 2.60% Due 1/1/16	3,200 Shares	32,000	32,320
	Swiss Helvetia Fund	3,227 Shares	54,777	32,109
	Blackrock Credit alloc IV	2,600 Shares	32,876	31,590
	The European Equity Fund Inc	5,196 Shares	33,218	30,864
	Blackrock International Growth & Income TR	3,920 Shares	29,252	28,067
	Liberty All Star Growth Fund	6,834 Shares	26,235	26,037
	Lazard Global Total Return and Income	1,585 Shares	31,078	21,223
	Asia Pacific Fund Inc	2,190 Shares	23,550	20,586
	Ishares MSCI Japan Index Fund	2,220 Shares	22,955	20,224
	Nuveen Michigan Premium Inm Municipal Fd	1,425 Shares	17,741	20,107
	Vanguard Emerging Market ETF	520 Shares	20,009	19,869
	Aberdeen Emerging Markets Telecommunications Fund, Inc.	1,100 Shares	17,884	19,283
	Balance forward		12,088,896	13,174,343

(Continued)

HAMMER PACKAGING CORPORATION
DEFERRED PROFIT SHARING & RETIREMENT SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER: 16-0446670
PLAN NUMBER: 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Balance forward		12,088,896	13,174,343
	MUTUAL FUNDS: (Continued)			
	Morgan Stanley Emerging Markets	1,425 Shares	21,377	18,411
	Japan Equity Fund	3,420 Shares	18,063	17,100
	LMP Capital and Income Fund	1,257 Shares	13,463	15,537
	Bancroft Fund Ltd.	1,002 Shares	17,688	15,150
	Korea Equity Fund	1,625 Shares	14,990	14,755
	iShares MSCI EMU Index Fund	445 Shares	15,265	12,416
	Ishares MSCI Brazil Index Fund	165 Shares	9,663	9,469
	Shelton Greater China Fund	1,417 Shares	9,516	8,587
	The Singapore Fund, Inc.	734 Shares	7,469	8,008
	The Greater China Fund, Inc	756 Shares	8,392	7,613
	Western Asset Vrble Rate Strtgc Fnd Inc	502 Shares	8,507	7,455
	China Fund Income	335 Shares	9,705	6,871
	Aberdeen Latin America Equity Fund, Inc	223 Shares	8,254	6,712
	Montgomery St Income Sec Inc	400 Shares	6,351	6,172
	Ishares MSCI Australia Index	240 Shares	3,525	5,146
	Mexico Equity and Income Fund	400 Shares	3,686	3,980
	AGIC International & Premium Strategy Fund	340 Shares	3,496	3,363
	JF China Region Fund Inc	300 Shares	3,510	3,306
	Templeton Dragon Fund Income	125 Shares	3,348	3,181
	Blackrock Strategic DVD ACHV	300 Shares	2,861	2,940
	Taiwan Fund Inc	200 Shares	2,877	2,898
	Ishares MSCI Hong Kong Index	170 Shares	1,737	2,630
	Malaysia Fund, Inc	267 Shares	3,066	2,408
	Templeton Russia & East Euro	170 Shares	3,553	2,314
	Central Europe & Russia Fund	80 Shares	976	2,284
	Ishares S&P Europe 350	50 Shares	1,659	1,687
	India Fund Inc	60 Shares	1,194	1,142
	Herzfeld Caribbean Basin FD	175 Shares	1,230	1,121
	New Ireland Fund Inc	150 Shares	1,012	1,041
	Morgan Stanley East Europe	75 Shares	1,403	1,010
	Asia Tigers Fund Inc	75 Shares	1,245	901
	Indonesia Fund, Inc	75 Shares	1,047	884
	Morgan Stanley India Investment Fund Inc	50 Shares	1,366	700
			12,300,390	13,371,535
	INDIVIDUALLY MANAGED BROKERAGE ACCOUNTS		**	3,260,436
	NOTES RECEIVABLE FROM PARTICIPANTS			
*	Loans outstanding with interest at rates ranging from 5.25% to 10.25% maturing through December 2014.		-	180,367
				$ 18,280,532

* Denotes party-in-interest
** Cost omitted as all amounts are participant directed