

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>PMC 401(K) RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1997</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1997</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1997</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>PLASTIC MOLDINGS COMPANY, LLC</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>2181 GRAND AVE</u> <u>CINICNNATI, OH 45214</u> </div> <div style="width: 45%;"> <u>2181 GRAND AVE</u> <u>CINICNNATI, OH 45214</u> </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1689020</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>317-421-2522</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>326100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1689020</u>	2c Sponsor's telephone number <u>317-421-2522</u>	2d Business code (see instructions) <u>326100</u>	
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2c Sponsor's telephone number <u>317-421-2522</u>					
2d Business code (see instructions) <u>326100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	10/14/2013 Date	SHELLY CARTER Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	10/14/2013 Date	LOUIS RIPLEY Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 161
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	129
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	22
d Subtotal. Add lines 6a , 6b , and 6c	6d	151
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	152
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	112
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

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

A Name of plan PMC 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 PLASTIC MOLDINGS COMPANY, LLC	D Employer Identification Number (EIN) 31-1689020

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID. INV. INST.OPS.CO

04-2647786

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 37 65 60	RECORDKEEPING	1431	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
EATON CAP VALUE A - BNY MELLON INV PO BOX 9793 PROVIDENCE, RI 02940	0.50%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
JMP EQUITY INC SEL - BOSTON FINANC 330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENT INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
OAKMARK SELECT 1 - BOSTON FINANCIAL PO BOX 8480 BOSTON, MA 02266	0.35%	

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 INSTITUTIONAL	60	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.
WFA SM CAP VAL INV- BOSTON FINANC	330 W. 9TH STREET KANSAS CITY, MO 66160	0.40%
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
HARBOR INTL INV	PO BOX 804660 CHICAGO, IL 60680	0.40%
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
PIMCO TOT RETURN ADM	PO BOX 8480 BOSTON, MA 02266	0.27%

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 INSTITUTIONAL	60	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.
TCW SM CAP GRTH N - US BANC PO BOX 701 MILWAUKEE, WI 53201	0.50%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
RDGWTH MID CAP VAL 1 - BOSTON PO BOX 8480 BOSTON, MA 02266	0.40%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan PMC 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 PLASTIC MOLDINGS COMPANY, LLC		D Employer Identification Number (EIN) 31-1689020

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	188567	200434
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	25587	32088
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1675929	1927795
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	1890083	2160317

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1890083	2160317
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	69345	
(B) Participants	2a(1)(B)	164922	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		234267
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	20	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	1288	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1308
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	52944	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		52944
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		191936
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		480455

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	208749	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		208749
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	1472	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1472
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		210221

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		270234
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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: GREAR & COMPANY

(2) EIN: 31-1275871

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		216031
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

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

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>PMC 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PLASTIC MOLDINGS COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>31-1689020</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
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 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2012
v. 120126

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

THE PMC 401(k) RETIREMENT PLAN

**FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION**

Years Ended December 31, 2012 and 2011

GREAR & COMPANY, LLC
Certified Public Accountants

The PDF file of the financial statement and all accompanying schedules, letters, etc. being sent to you are for your internal use only. The PDF file may not be altered or changed in any way. Should you wish to publish the report, you must obtain our written permission, as we have a professional duty to review any documents in which the report is incorporated.

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INDEPENDENT AUDITOR'S REPORT

**To the Plan Trustees of
The PMC 401(k) Retirement Plan**

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The PMC 401(k) Retirement Plan, which comprise the statements of net assets available for plan benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note H, which was certified by Fidelity Management Trust Company (Fidelity), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the years ended December 31, 2012 and 2011, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

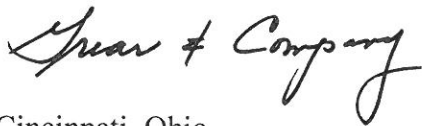
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

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

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

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



Cincinnati, Ohio

October 7, 2013

THE PMC 401(k) RETIREMENT PLAN
STATEMENTS OF NET ASSETS
AVAILABLE FOR PLAN BENEFITS
December 31, 2012 and 2011

ASSETS

	<u>2012</u>	<u>2011</u>
Investments, at fair value		
Money market funds	\$ 200,434	\$ 188,567
Mutual funds	<u>1,927,795</u>	<u>1,675,929</u>
<i>Total investments</i>	2,128,229	1,864,496
 Receivables		
Notes receivable from participants	32,088	25,587
Employer contributions	2,902	-
Participant contributions	<u>6,396</u>	<u>-</u>
	<u>41,386</u>	<u>25,587</u>
 NET ASSETS AVAILABLE FOR PLAN BENEFITS	 <u><u>\$ 2,169,615</u></u>	 <u><u>\$ 1,890,083</u></u>

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

THE PMC 401(k) RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS
For the Years Ended December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
ADDITIONS TO NET ASSETS		
Investment income		
Dividends & interest	\$ 54,252	\$ 45,797
Realized gains (losses) on investments	61,154	(2,375)
Net unrealized appreciation (depreciation) in fair market value of investments	<u>130,782</u>	<u>(65,597)</u>
<i>Total investment income</i>	246,188	(22,175)
Contributions		
Employer	72,247	29,428
Participant	<u>171,318</u>	<u>122,782</u>
<i>Total contributions</i>	<u>243,565</u>	<u>152,210</u>
<i>Total additions</i>	489,753	130,035
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	208,749	138,709
Administrative fees	<u>1,472</u>	<u>925</u>
<i>Total deductions</i>	<u>210,221</u>	<u>139,634</u>
NET INCREASE (DECREASE)	279,532	(9,599)
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT BEGINNING OF YEAR	<u>1,890,083</u>	<u>1,899,682</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR	<u><u>\$ 2,169,615</u></u>	<u><u>\$ 1,890,083</u></u>

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

THE PMC 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012 and 2011

NOTE A - DESCRIPTION OF THE PLAN

The PMC 401(k) Retirement Plan (the Plan) is a defined contribution plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was established and was effective January 1, 1997. The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan was amended on February 15, 2012 to include additional investment options.

1. Eligibility

The Plan requires an employee to attain age twenty-one and complete three months of service. Upon satisfying this requirement, the employee will become eligible to participate in the Plan on the first day of each month. To qualify for the employer matching contribution and the employer non-elective contribution, the participant must attain age twenty-one and complete one year of service with at least 1,000 hours.

2. Contributions

Each participant may elect to have up to 60% of their annual compensation, not to exceed \$16,500 in 2012 and 2011, withheld and paid into the Plan, subject to certain federal limitations imposed by the Secretary of the Treasury. The participant may change the withholding percentage the first of each month.

The Company may make matching contributions in an amount equal to the percentage declared for the contribution period. As of February 20, 2012, the employer matching contribution was 100% of employee deferrals subject to a maximum of 2% of eligible annual compensation. Prior to that, from August 23, 2010 through February 19, 2012, the employer matching contribution was 50% of employee deferrals subject to a maximum of 2% of eligible annual compensation.

The Company may also make additional discretionary profit sharing contributions to the Plan. These contributions are determined annually at the discretion of the Company's management. The Company may designate all or a portion of discretionary profit sharing contributions as qualified non-elective contributions. The Company made no discretionary contributions during 2012 or 2011.

Participants may roll over balances accumulated in other qualified plans.

3. Participant Accounts

The Plan Administrator establishes and maintains, on behalf of each participant, an account which accumulates each participant's elective deferrals, share of employer contributions, distributions, rollovers and earnings.

THE PMC 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2012 and 2011

NOTE A - DESCRIPTION OF THE PLAN (Continued)

4. Vesting

A participant's interest in any employee elective deferrals, employer match, rollovers, qualified non-elective employer contributions and earnings thereon is fully vested and non-forfeitable at all times.

A participant's interest in employer non-elective contributions to the Plan is based on a vesting schedule of three years.

A participant's account balances derived from discretionary profit sharing contributions for Plan years beginning prior to January 1, 2007 are based on a vesting schedule of five years.

5. Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions in any of the following mutual funds administered by Fidelity Management Trust Company (the Trustee).

Fidelity Blue Chip Growth Fund - Seeks growth of capital over the long term by investing in common stocks of more well-known established companies.

Fidelity Freedom 2000 Fund - Seeks high total returns for those who planned to retire around 2000. Thereafter, the fund's objective is to seek high current income and, as a secondary objective, capital appreciation.

Fidelity Freedom 2005 Fund - Seeks high total returns for those who planned to retire around 2005. Thereafter, the fund's objective is to seek high current income and, as a secondary objective, capital appreciation.

Fidelity Freedom 2010 Fund - Seeks high total returns for those who planned to retire around 2010. Thereafter, the fund's objective is to seek high current income and, as a secondary objective, capital appreciation.

Fidelity Freedom 2015 Fund - Seeks high total returns for those planning to retire around 2015.

Fidelity Freedom 2020 Fund - Seeks high total returns for those planning to retire around 2020.

Fidelity Freedom 2025 Fund - Seeks high total returns for those planning to retire around 2025.

Fidelity Freedom 2030 Fund - Seeks high total returns for those planning to retire around 2030.

THE PMC 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2012 and 2011

NOTE A - DESCRIPTION OF THE PLAN (Continued)

5. Investment Options (Continued)

Fidelity Freedom 2035 Fund - Seeks high total returns for those planning to retire around 2035.

Fidelity Freedom 2040 Fund - Seeks high total returns for those planning to retire around 2040.

Fidelity Freedom 2045 Fund - Seeks high total returns for those planning to retire around 2045.

Fidelity Freedom 2050 Fund - Seeks high total returns for those planning to retire around 2050.

Fidelity Freedom 2055 Fund - Seeks high total returns for those planning to retire around 2055.

Fidelity Freedom Income Fund - Seeks to provide high current income and, as a secondary objective, some capital appreciation for those already in retirement.

Fidelity Low-Priced Stock Fund - Seeks capital appreciation and invests mainly in a portfolio of low-priced stocks that may be undervalued, overlooked or out-of-favor.

Fidelity Mid Cap Stock Fund - Seeks to increase the value of the investment over the long term through capital growth.

Fidelity OTC Portfolio - Seeks aggressively long-term capital appreciation.

Fidelity Puritan Fund - Seeks as much income as possible, consistent with the preservation of capital, by investing in a broadly diversified portfolio of high-yielding bonds, common stocks and preferred stocks.

Fidelity Retirement Government Money Market Portfolio - Seeks a high current income preservation of capital and liquidity from money market instruments issued by the U.S. government or its agencies.

Fidelity Small Cap Discovery Fund - Seeks long-term growth of capital, investing primarily in common stocks.

THE PMC 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2012 and 2011

NOTE A - DESCRIPTION OF THE PLAN (Continued)

5. Investment Options (Continued)

Fidelity Total Bond Fund - Seeks a high level of current income.

JPMorgan Equity Income Fund - Seeks current income through regular payment of dividends with the secondary goal of achieving appreciation by investing primarily in equity securities.

Harbor International Fund - Seeks long-term growth of capital in common and preferred stocks of foreign companies.

Oakmark Select I - Seeks to increase the value of investments over the long term through capital growth.

RidgeWorth Mid-Cap Value Equity Fund - Seeks to increase the value of the investment over the long term through capital growth of mid-cap companies.

Spartan 500 Index Fund - Advantage Class - Seeks investment results that correspond to total return performance of common stocks publicly traded in the U.S.

Spartan U.S. Bond Index Fund - Seeks to provide investment results that correspond to the aggregate price and interest performance of the debt securities in the Barclays Capital U.S. Aggregate Bond Index.

TCW Small Cap Growth Fund - Seeks long-term growth of capital in small-cap companies.

Participants may change their investment options daily, subject to fund costing schedules.

6. Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the vested account balance. Participants may have only one loan outstanding at any given time. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loan fund. All loans are repaid in equal payments on at least a quarterly basis over a five-year period unless it is for the purchase of the participant's principal residence. Then the loan may be repaid over a ten-year period.

The loans are secured by the balance in the participant's account. Interest rates are set by the Plan Administrator upon the date of the loan application based on the prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances.

THE PMC 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2012 and 2011

NOTE A - DESCRIPTION OF THE PLAN (Continued)

7. Payment of Benefits

Upon termination of service, a participant may elect to receive a lump sum amount equal to the vested value of his or her account. Vested account balances less than \$1,000 can be automatically distributed to participants upon termination. Benefits are payable to designated beneficiaries in the event of the participant's death.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

2. Investments

Plan investments are stated at market value based on quoted prices as of year end. The net unrealized appreciation (depreciation) and realized gains (losses) on investments are reflected in the Statements of Changes in Net Assets Available for Plan Benefits. Investment transactions are recognized on the trade date (the date the order to buy or sell is executed).

3. Estimates & Assumptions

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

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

4. Payment of Benefits

Benefits are recorded when paid. Excess employee contributions over top-heavy limits are refunded to participants. There were \$0 of excess contributions at December 31, 2012 and 2011 that were subsequently refunded to participants.

THE PMC 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2012 and 2011

NOTE C - PLAN TERMINATION

Although the employer has not expressed any intent to terminate the Plan, it has the right to do so at any time. If the Plan is terminated, the rights of all participants and their beneficiaries to their portion of the Plan's net assets will be fully vested and non-forfeitable.

NOTE D - ADMINISTRATIVE FEES

All costs and expenses of administering the Plan are payable by the Plan if not paid by the Company. Most administrative expenses of the Plan were paid by the Company during 2012 and 2011.

NOTE E - INCOME TAX STATUS

The Plan was based on a prototype non-standardized profit-sharing plan prepared by the Trustee (non-standardized plan) for which a favorable determination letter was received from the Internal Revenue Service on March 31, 2008. The letter stated that the non-standardized Plan, as then designed, was 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.

NOTE F - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Fidelity Management Trust Company. Fidelity is the Custodian and Trustee of these Plan assets and, therefore, these transactions qualify as party-in-interest.

NOTE G - INVESTMENTS

Investments which represent 5% or more of the Plan's net assets are as follows at December 31:

	<u>2012</u>	<u>2011</u>
Fidelity Retirement Government Money Market Portfolio	\$ 200,083	\$ 188,567
Fidelity Blue Chip Growth Fund	\$ 325,395	\$ 309,308
Fidelity Freedom 2010 Fund	\$ 116,467	\$ 103,373
Fidelity Intermediate Bond Fund	\$ -	\$ 109,247
Fidelity Low-Priced Stock Fund	\$ 113,889	\$ -
Fidelity OTC Portfolio	\$ -	\$ 95,748
Fidelity Puritan Fund	\$ 116,819	\$ 173,860
Spartan 500 Index Fund - Advantage Class	\$ 400,819	\$ -
Spartan 500 Index Fund - Investor Class	\$ -	\$ 332,809
Fidelity Total Bond Fund	\$ 144,676	\$ -

THE PMC 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2012 and 2011

NOTE H - INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information included in the Plan's financial statements that was prepared by the Trustee of the Plan and provided to the Plan Administrator. The Plan Administrator has obtained certification from the Trustees of the Plan that such information is complete and accurate.

	<u>2012</u>	<u>2011</u>
MONEY MARKET FUNDS	\$ 200,434	\$ 188,567
MUTUAL FUNDS		
Eaton Vance Large-Cap Value Fund	\$ -	\$ 1,614
Fidelity Blue Chip Growth Fund	325,395	309,308
Fidelity Diversified International Fund	-	27,833
Fidelity Freedom 2000 Fund	378	250
Fidelity Freedom 2005 Fund	4,818	2,309
Fidelity Freedom 2010 Fund	116,467	103,373
Fidelity Freedom 2015 Fund	70,639	52,210
Fidelity Freedom 2020 Fund	33,598	19,633
Fidelity Freedom 2025 Fund	86,776	28,168
Fidelity Freedom 2030 Fund	93,812	66,593
Fidelity Freedom 2035 Fund	35,524	11,497
Fidelity Freedom 2040 Fund	1,674	1,606
Fidelity Freedom 2045 Fund	9,068	3,109
Fidelity Freedom 2050 Fund	5,911	3,883
Fidelity Freedom 2055 Fund	412	-
Fidelity Freedom Income Fund	55,409	35,458
Fidelity Intermediate Bond Fund	-	109,247
Fidelity Low-Priced Stock Fund	113,889	88,807
Fidelity Mid Cap Stock Fund	18,200	19,679
Fidelity OTC Portfolio	87,068	95,748
Fidelity Puritan Fund	116,819	173,860
Fidelity Small Cap Discovery Fund	84,599	-
Fidelity Small Cap Stock Fund	-	34,208
Fidelity Total Bond Fund	144,676	-
Fidelity Value Fund	-	31,795
JPMorgan Equity Income Fund	9,072	-
Harbor International Fund	48,830	10,774
Oakmark Select I	15,973	11,873
Pimco Total Return Fund	-	36,276

THE PMC 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2012 and 2011

NOTE H - INFORMATION CERTIFIED BY THE TRUSTEE (Continued)

	<u>2012</u>	<u>2011</u>
RidgeWorth Mid-Cap Value Equity Fund	8,911	209
Spartan 500 Index Fund - Investor Class	-	332,809
Spartan 500 Index Fund - Advantage Class	400,819	-
Spartan U.S. Bond Index Fund	6,129	-
TCW Small Cap Growth Fund	32,929	29,265
Wells Fargo Advantage Small Cap Value Fund	-	34,535
<i>Total mutual funds</i>	<u>\$ 1,927,795</u>	<u>\$ 1,675,929</u>

NOTES RECEIVABLE FROM PARTICIPANTS	\$ 32,088	\$ 25,587
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INVESTMENT INCOME

Dividends & interest	\$ 54,252	\$ 45,797
Realized gains (losses)	\$ 61,154	\$ (2,375)
Net unrealized appreciation (depreciation)	\$ 130,782	\$ (65,597)

NOTE I - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits.

**Fair Value
Measurements Using:**

	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Observable Inputs Other Than Quoted Prices (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
<u>December 31, 2012</u>				
Money market funds	\$ 200,434	\$ 200,434	\$ -	\$ -
Mutual funds	1,927,795	1,927,795	-	-
<i>Total</i>	<u>\$ 2,128,229</u>	<u>\$ 2,128,229</u>	<u>\$ -</u>	<u>\$ -</u>
 <u>December 31, 2011</u>				
Money market funds	\$ 188,567	\$ 188,567	\$ -	\$ -
Mutual funds	1,675,929	1,675,929	-	-
<i>Total</i>	<u>\$ 1,864,496</u>	<u>\$ 1,864,496</u>	<u>\$ -</u>	<u>\$ -</u>

THE PMC 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2012 and 2011

NOTE I - FAIR VALUE MEASUREMENTS (Continued)

FASB Codification 820-10, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices in active markets for similar assets, and Level 3 inputs consist of significant unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs and Level 3 inputs were only used when Level 1 inputs were not available.

Level 1 Fair Value Measurements

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

Financial Assets/Liabilities Measured at Fair Value on a Non-recurring Basis

There were no financial assets/liabilities measured at fair value on a non-recurring basis.

Fair Value of Financial Instruments

The carrying amounts of the Plan's financial instruments, including investments in pooled mutual funds and loans to participants, approximate fair value due to the short maturities of these financial instruments.

NOTE J - MARKET CONCENTRATION RISK

Due to the material amount of investments of the Plan, the Plan is at risk of the possibility that future changes in market prices and the volatility of the market may make investments less valuable.

NOTE K - RECONCILIATION TO 5500

	<u>2012</u>	<u>2011</u>
Net assets per 5500	\$ 2,160,317	\$ 1,890,083
Employer contributions receivable	2,902	-
Participant contributions receivable	6,396	-
<i>Net assets per financial statement</i>	<u>\$ 2,169,615</u>	<u>\$ 1,890,083</u>

THE PMC 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2012 and 2011

NOTE K - RECONCILIATION TO 5500 (Continued)

	<u>2012</u>	<u>2011</u>
Employer contributions per 5500	\$ 69,345	\$ 29,428
Employer contributions receivable	<u>2,902</u>	<u>-</u>
<i>Employer contributions per financial statement</i>	<u><u>\$ 72,247</u></u>	<u><u>\$ 29,428</u></u>
Participant contributions per 5500	\$ 164,922	\$ 122,782
Participant contributions receivable	<u>6,396</u>	<u>-</u>
<i>Participant contributions per financial statement</i>	<u><u>\$ 171,318</u></u>	<u><u>\$ 122,782</u></u>

NOTE L - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 7, 2013, the date on which the financial statements were available for issue.

No subsequent events were identified that would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTARY INFORMATION

THE PMC 401(k) RETIREMENT PLAN
(EIN 31-1689020) (PN 002)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
(Form 5500, Schedule H, Line 4i)
December 31, 2012

Description	Cost	Current Value
Money Market Funds		
Fidelity Retirement Money Market Portfolio	\$ 351	\$ 351
Fidelity Retirement Government Money Market Portfolio	200,083	200,083
Total Money Market Funds	200,434	200,434
Mutual Funds		
Fidelity Blue Chip Growth Fund	280,924	325,395
Fidelity Freedom 2000 Fund	370	378
Fidelity Freedom 2005 Fund	4,469	4,818
Fidelity Freedom 2010 Fund	106,288	116,467
Fidelity Freedom 2015 Fund	65,102	70,639
Fidelity Freedom 2020 Fund	32,271	33,598
Fidelity Freedom 2025 Fund	82,158	86,776
Fidelity Freedom 2030 Fund	90,108	93,812
Fidelity Freedom 2035 Fund	33,835	35,524
Fidelity Freedom 2040 Fund	1,591	1,674
Fidelity Freedom 2045 Fund	8,747	9,068
Fidelity Freedom 2050 Fund	5,635	5,911
Fidelity Freedom 2055 Fund	402	412
Fidelity Freedom Income Fund	53,155	55,409
Fidelity Low-Price Stock Fund	107,051	113,889
Fidelity Mid Cap Stock Fund	15,622	18,200
Fidelity OTC Portfolio	59,771	87,068
Fidelity Puritan Fund	107,900	116,819
Fidelity Small Cap Discovery Fund	77,154	84,599
Fidelity Total Bond Fund	145,823	144,676
JPMorgan Equity Income Fund	8,925	9,072
Harbor International Fund	45,224	48,830
Oakmark Select I	15,452	15,973
RidgeWorth Mid-Cap Value Equity Fund	8,291	8,911
Spartan 500 Index Fund - Advantage Class	376,599	400,819
Spartan U.S. Bond Index Fund	6,109	6,129
TCW Small Cap Growth Fund	29,245	32,929
Total Mutual Funds	1,768,221	1,927,795
Participant Loans		
Loans to participants (interest rates 4.25-9.25%, maturities through November 2017)	-	32,088
	-	32,088
TOTAL ASSETS HELD FOR INVESTMENT PURPOSES	<u>\$ 1,968,655</u>	<u>\$ 2,160,317</u>

THE PMC 401(k) RETIREMENT PLAN
(EIN 31-1689020) (PN 002)
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	<u>-</u>	<u>32,088</u>
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