

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2012
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <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 HAMMER PACKAGING CORPORATION DEFERRED PROFIT SHARING & RETIREMENT SAVINGS PLAN	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td>002</td> </tr> <tr> <td>1c Effective date of plan</td> <td>04/15/1987</td> </tr> </table>	1b Three-digit plan number (PN) ►	002	1c Effective date of plan	04/15/1987		
1b Three-digit plan number (PN) ►	002						
1c Effective date of plan	04/15/1987						
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) HAMMER PACKAGING CORPORATION P.O. BOX 22678 200 LUCIUS GORDON DRIVE WEST HENRIETTA, NY 14586	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td>16-0446670</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td>585-424-3880</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>323100</td> </tr> </table>	2b Employer Identification Number (EIN)	16-0446670	2c Sponsor's telephone number	585-424-3880	2d Business code (see instructions)	323100
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.	10/15/2013	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
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
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		5 432
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 397
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 38
d Subtotal. Add lines 6a , 6b , and 6c		6d 435
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e 0
f Total. Add lines 6d and 6e		6f 435
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 316
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 4
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 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 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) ☒ <u>1</u> A (Insurance Information) (4) ☒ 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 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 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.
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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	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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	
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) ☒ 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 lines 7b and 7c(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 line 7e(5) from line 7d)	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 line 9c(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, line 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) 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 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)..... ☒ 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

LAZARD

20-4571006

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

NICHOLAS FUNDS

700 NORTH WATER STREET
MILWAUKEE, WI 53202

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

RIVERNORTH

325 N. LASALLE STREET
SUITE 645
CHICAGO, IL 60654

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

T. ROWE PRICE

52-2264646

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

THORNBURG

85-0301299

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

WALTHAUSEN

9 EXECUTIVE PARK DRIVE
SUITE B
CLIFTON PARK, NY 12065

(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

(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	47846	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	36081	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	15124	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

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 ☒ 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 ☐

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
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>EPIC ADVISORS</p> <p>16-1450952</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASE FEE OF \$500 PLUS 5 BPS</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>EPIC ADVISORS, INC.</p>		
<p>(b) Service Codes (see instructions)</p> <p>15 37 38</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>AMERICAN FUNDS</p> <p>95-1411037</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>RANGE OF 0.00 TO 0.25% OF AVERAGE DAILY BALANCE OF ASSETS</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>EPIC ADVISORS, INC.</p>		
<p>(b) Service Codes (see instructions)</p> <p>15 37 38</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>BARON CAPITAL GROUP</p> <p>13-3122938</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>RANGE OF 0.00 TO 0.40% OF AVERAGE DAILY BALANCE OF ASSETS</p>		

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 TO 0.45% OF AVERAGE DAILY BALANCE OF ASSETS		
(a) Enter service provider name as it appears on line 2		
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 TO 0.40% OF AVERAGE DAILY BALANCE OF ASSETS		
(a) Enter service provider name as it appears on line 2		
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 TO 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 FRANKLIN TEMPLETON 13-2670991		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. RANGE OF 0.00 TO 0.35% OF AVERAGE DAILY BALANCE OF ASSETS		
(a) Enter service provider name as it appears on line 2 EPIC ADVISORS, INC.		
(b) Service Codes (see instructions) 15 37 38		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation JP MORGAN 13-2624428		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. RANGE OF 0.00 TO 0.50% OF AVERAGE DAILY BALANCE OF ASSETS		
(a) Enter service provider name as it appears on line 2 EPIC ADVISORS, INC.		
(b) Service Codes (see instructions) 15 37 38		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation OAKMARK 04-3276558		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. RANGE OF 0.00 TO 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
<div style="border-top: 1px solid black; padding-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation RS FUNDS 94-3321067 </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. RANGE OF 0.00 TO 0.55% OF AVERAGE DAILY BALANCE OF ASSETS </div> </div> </div>		
<div style="border-top: 1px solid black; padding-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 EPIC ADVISORS, INC. </div> <div style="width: 20%;"> (b) Service Codes (see instructions) 15 37 38 </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation 0 </div> </div> </div>		
<div style="border-top: 1px solid black; padding-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation T. ROWE PRICE 52-2264646 </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. RANGE OF 0.00 TO 0.15% OF AVERAGE DAILY BALANCE OF ASSETS </div> </div> </div>		
<div style="border-top: 1px solid black; padding-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 EPIC ADVISORS, INC. </div> <div style="width: 20%;"> (b) Service Codes (see instructions) 15 37 38 </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation 0 </div> </div> </div>		
<div style="border-top: 1px solid black; padding-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation THORNBURG 85-0301299 </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. RANGE OF 0.00 TO 0.05% OF AVERAGE DAILY BALANCE OF ASSETS </div> </div> </div>		

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.
WALTHAUSEN 9 EXECUTIVE DRIVE SUITE B CLIFTON PARK, NY 12065	RANGE OF 0.00 TO 0.40% OF AVERAGE DAILY BALANCE OF ASSETS	
<hr/>		
(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.
LAZARD 20-4571006	RANGE OF 0.00 TO 0.10% OF AVERAGE DAILY BALANCE OF ASSETS	
<hr/>		
(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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>		
A Name of plan <u>HAMMER PACKAGING CORPORATION DEFERRED PROFIT SHARING & RETIREMENT SAVINGS 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>HAMMER PACKAGING CORPORATION</u>		D Employer Identification Number (EIN) <u>16-0446670</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a		50418
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	123613	100585
	(2) Participant contributions	1b(2)	100858	54388
	(3) Other.....	1b(3)	45349	
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1427876	1424175
	(2) U.S. Government securities.....	1c(2)	40318	0
	(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)	180367	196411
	(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)	13371535	16174606
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
	(15) Other	1c(15)	3260436	3202790

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	18550352	21203373

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	18550352	21203373
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	234556	
(B) Participants	2a(1)(B)	874190	
(C) Others (including rollovers)	2a(1)(C)	64506	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1173252

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11052	
(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)	8906	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		19958

(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)	287946	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		287946

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		1760478
c Other income.....	2c		200833
d Total income. Add all income amounts in column (b) and enter total.....	2d		3442467

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	684553	
(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)		684553
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)		
(4) Other	2i(4)	104893	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		104893
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		789446

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2653021
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 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		40451
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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>HAMMER PACKAGING CORPORATION DEFERRED PROFIT SHARING & RETIREMENT SAVINGS 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>HAMMER PACKAGING CORPORATION</u>	D Employer Identification Number (EIN) <u>16-0446670</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>58-1428634</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)
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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
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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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**HAMMER PACKAGING CORPORATION
DEFERRED PROFIT SHARING &
RETIREMENT SAVINGS PLAN**

**Financial Statements
as of December 31, 2012 and 2011
Together with
Independent Auditor's Report**

Bonadio & Co., LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hammer Packaging Corporation Deferred Profit Sharing & Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the 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 4, which was certified by U.S. Bank, a custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the U.S. Bank holds certain Plan investment assets and executes investment transactions. The plan administrator has obtained a certification from U.S. Bank as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by U.S. Bank 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.

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(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and delinquent participant contributions as of and for the year ended December 31, 2012, respectively, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules 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 schedules, other than that derived from the information certified by U.S. Bank, 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 14, 2013

HAMMER PACKAGING CORPORATION
DEFERRED PROFIT SHARING & RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
INVESTMENTS, at fair value:		
Cash and cash equivalents	\$ 1,474,593	\$ 1,427,876
U.S. government obligations	-	40,318
Mutual funds	16,174,606	13,371,535
Individually managed brokerage accounts	<u>3,202,790</u>	<u>3,260,436</u>
Total investments	<u>20,851,989</u>	<u>18,100,165</u>
NOTES RECEIVABLE FROM PARTICIPANTS	<u>196,411</u>	<u>180,367</u>
CONTRIBUTIONS RECEIVABLE:		
Employer contributions	100,585	123,613
Participant contributions	<u>54,388</u>	<u>100,858</u>
Total contributions receivable	<u>154,973</u>	<u>224,471</u>
TRADES PENDING	<u>-</u>	<u>45,349</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 21,203,373</u>	<u>\$ 18,550,352</u>

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, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
ADDITIONS:		
Investment income (loss) -		
Net appreciation (depreciation) in fair value of investments	\$ 1,532,337	\$ (726,417)
Interest and dividends	<u>727,972</u>	<u>522,190</u>
Total investment income (loss)	<u>2,260,309</u>	<u>(204,227)</u>
Interest income on notes receivable from participants	<u>8,906</u>	<u>8,718</u>
Contributions -		
Participant contributions	874,190	998,862
Employer contributions	234,556	275,716
Rollover contributions	<u>64,506</u>	<u>13,347</u>
Total contributions	<u>1,173,252</u>	<u>1,287,925</u>
Total additions	<u>3,442,467</u>	<u>1,092,416</u>
DEDUCTIONS:		
Benefits paid to participants	(684,553)	(699,503)
Administrative expenses	(90,991)	(101,467)
Other	<u>(13,902)</u>	<u>-</u>
Total deductions	<u>(789,446)</u>	<u>(800,970)</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	2,653,021	291,446
NET ASSETS AVAILABLE FOR BENEFITS -		
beginning of year	<u>18,550,352</u>	<u>18,258,906</u>
NET ASSETS AVAILABLE FOR BENEFITS -		
end of year	<u>\$ 21,203,373</u>	<u>\$ 18,550,352</u>

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

HAMMER PACKAGING CORPORATION DEFERRED PROFIT SHARING & RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2012 AND 2011

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 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, Fidelity Investment Group (Fidelity), and Cadaret, Grant & Co., Inc. are the custodians of the Plan's assets. EPIC Advisors is the Plan's third-party administrator and provides record keeping services for the Plan. The Company does not pay any expenses of the Plan.

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, 2012 and 2011, there were \$0 and \$45,349, respectively, 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. Forfeitures allocated to participants totaled \$3,463 and \$1,950 in 2012 and 2011, respectively.

Notes Receivable from Participants

Participants may borrow up to the lesser of 50% of their vested account balances or \$50,000, subject to a minimum of loan amount of \$500. 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 of America.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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.

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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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.

Estimates

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 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:

	<u>2012</u>	<u>2011</u>
U.S. government obligations	\$ -	\$ (3,971)
Mutual funds	1,427,507	(554,611)
Individually managed brokerage accounts	<u>104,830</u>	<u>(167,835)</u>
	<u>\$ 1,532,337</u>	<u>\$ (726,417)</u>

Fair Value of Financial Instruments

The Plan's assets fell within the fair value hierarchy as follows at December 31, 2012:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Auction rate preferreds	\$ 493,000	\$ -	\$ -	493,000
Tax exempt bond fund open end	449,684	-	-	449,684
Taxable bond fund closed end (domestic)	590,757	-	-	590,757
Taxable bond fund open end (domestic)	1,134,123	-	-	1,134,123
Taxable bond fund closed end (global)	12,870	-	-	12,870
Taxable bond fund open end (global)	126,382	-	-	126,382
Preferreds	353,245	-	-	353,245
Balanced funds	202,190	-	-	202,190
Domestic equities and funds	3,204,182	-	-	3,204,182
Global equities and funds	1,767,852	-	-	1,767,852
Gold	307,677	-	-	307,677
Other mutual funds	7,532,644	-	-	7,532,644
Individually managed brokerage accounts	<u>3,202,790</u>	<u>-</u>	<u>-</u>	<u>3,202,790</u>
	<u>\$ 19,377,396</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 19,377,396</u>

3. INVESTMENTS (Continued)

The Plan's assets fell within the fair value hierarchy as follows at December 31, 2011:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
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	<u>3,260,436</u>	<u>-</u>	<u>-</u>	<u>3,260,436</u>
	<u>\$ 16,631,971</u>	<u>\$ 40,318</u>	<u>\$ -</u>	<u>\$ 16,672,289</u>

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, 2012 and 2011.

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.

3. INVESTMENTS (Continued)

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, 2012 or December 31, 2011 (or both):

	<u>2012</u>	<u>2011</u>
Nicholas Equity Income Fund	\$ 1,860,942	N/A
T Rowe Price Capital Appreciation Fund	\$ 1,175,144	N/A
Walhausen Small Capital Value Fund	\$ 1,336,085	N/A
FFTW Income Plus Class A	\$ 1,130,432	N/A
ABN Amro Income Plus Fund	N/A	\$ 1,183,707

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:

	<u>2012</u>	<u>2011</u>
Net assets:		
Cash and cash equivalents*	\$ 218,811	\$ 244,139
U.S. government obligations*	-	40,318
Mutual funds*	8,641,962	7,427,204
Contributions receivable	89,792	111,000
	<u>\$ 8,950,565</u>	<u>\$ 7,822,661</u>
Change in net assets:		
Net appreciation (depreciation) in fair value of investments*	\$ 679,708	\$ (158,586)
Interest and dividends*	335,611	257,810
Contributions	89,792	116,058
Benefit payments	(541,089)	(273,925)
Transfers from 401(k) component	611,720	776,056
Administrative expenses	(47,838)	(44,580)
	<u>\$ 1,127,904</u>	<u>\$ 672,833</u>

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:

	<u>2012</u>	<u>2011</u>
U.S. government obligations*	\$ -	\$ (3,971)
Mutual funds*	<u>679,708</u>	<u>(154,615)</u>
	<u>\$ 679,708</u>	<u>\$ (158,586)</u>

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.

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, 2012 and 2011, 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, Fidelity, and Cadaret, Grant & Co., Inc. are the custodians of the Plan's investments. As such, transactions between U.S. Bank, Fidelity, or Cadaret, Grant & Co., Inc. 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 net assets available for benefits per the financial statements agree in total to the Form 5500 at December 31, 2012 and 2011.

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:

	<u>2012</u>	<u>2011</u>
Change in net assets available for benefits, per the financial statements	\$ 2,653,021	\$ 291,446
Contributions for pay period ending December 25, 2010; recorded as a 2011 contribution in the financial statements	-	(24,552)
Profit sharing contributions receivable in the prior year paid in the current year	<u>-</u>	<u>-</u>
Change in net assets available for benefits, per Form 5500	<u>\$ 2,653,021</u>	<u>\$ 266,894</u>

8. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 14, 2013, 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, 2012

<u>(a)</u>	<u>(b)</u> <u>Identity of Issue</u>	<u>(c)</u> <u>Description of Investment</u>	<u>(d)</u> <u>Cost</u>	<u>(e)</u> <u>Current Value</u>
CASH AND CASH EQUIVALENTS:				
	FFTW Income Plus Class A	Cash equivalent	\$ 1,130,432	\$ 1,130,432
	First American Government Obligations Fund	Cash equivalent	179,027	179,027
*	Fidelity Cash Reserves	Cash equivalent	125,351	125,351
	Dividend Account	Cash equivalent	47,737	47,737
*	US Bank Trust Cash (taxable)	Cash equivalent	10,900	10,900
	Trades Pending	Cash equivalent	(18,854)	(18,854)
			<u>1,474,592</u>	<u>1,474,593</u>
MUTUAL FUNDS:				
	Spartan 500 Index FD Investor Class	16,801 Shares	729,240	848,286
	Franklin MicroCap Value ADV CL	17,102 Shares	559,178	541,617
	Lazard INTL Strategy Equity Port INTL CL	65,032 Shares	734,032	761,520
	Nicholas Equity Income CL I	118,005 Shares	1,917,889	1,860,942
	Rivernorth/Double Line Strategic Inc I	49,194 Shares	558,693	551,962
	T Rowe Price Cap Appreciation	52,815 Shares	1,233,684	1,175,144
	Thornburg Limited Term Income Fund R5	33,315 Shares	457,837	457,088
	Walthausen Small Cap Value FD	70,580 Shares	1,327,913	1,336,085
	Blackrock NY Muni 2018 SERS T7	4 Shares	94,625	95,500
	Neuberger NY Mun	10 Shares	205,000	205,000
	PIMCO Corp Opportunity SERS W	6 Shares	111,000	112,500
	Pioneer FLT Rate Trust SERS M-7	4 Shares	84,000	80,000
	Vanguard LTD Term T/E FD-ADM	40,330 Shares	447,966	449,685
	Alliance Bernstein Inc Fund	33,025 Shares	260,070	267,503
	Federated Enhanced Treasury	2,450 Shares	37,163	34,741
	Montgomery ST Income SEC Inc	400 Shares	6,351	6,760
	PowerShares Build America Bond Portfolio	6,175 Shares	155,838	186,732
	WA/CLAY US Inflation Linked OPP&INC	2,625 Shares	30,503	34,650
	Western Asset Inflation Mana	3,213 Shares	54,915	60,372
	Vanguard GNMA Fund - ADM	26,074 Shares	288,700	284,466
	Vanguard Long-Term Investment-Grade Fund	31,487 Shares	299,492	341,635
	Vanguard Short-Term Investment-Grade Fund	46,909 Shares	504,300	508,021
	Nuveen Diversified Currency	1,000 Shares	12,791	12,870
	T Rowe Price INTL INT Bond	12,513 Shares	120,000	126,382
	Kayne Anderson, 4.25%, 4/01/19	2,675 Shares	67,410	67,918
	Nuveen CA Div ADV Muni, 3 2.25%, 7/01/14	6,500 Shares	65,000	65,650
	Nuveen DVD ADV Muni Fund, 3 2.80%, 1/01/16	4,100 Shares	41,000	41,369
	Nuveen MD PREM, 2.65%, 3/01/15	3,225 Shares	32,605	32,573
	Nuveen N Carolina PREM, 2.60%, 1/01/16	3,200 Shares	32,000	32,192
	Special Opportunities Fund Convertible PFD	2,206 Shares	110,300	113,543
	Blackrock Credit Alloc. IV	2,400 Shares	30,348	32,952
	Special Opportunities Fund	11,275 Shares	162,690	169,238
	Adams Express Company	12,355 Shares	142,450	130,839
	Blackrock Enhanced CAP and INC	5,300 Shares	66,283	65,826
	Balance forward		<u>10,981,266</u>	<u>11,091,561</u>

(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, 2012

(a)	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
MUTUAL FUNDS: (Continued)				
	Blackrock Enhanced Dividend Achievers TR	8,083 Shares	59,820	58,036
	Blackrock Global Opportunity Equity TR	2,020 Shares	25,732	26,664
	Boulder Total Return Fund	2,625 Shares	45,637	47,355
	DOW 30 Enhanced Premium & Income Fund	560 Shares	6,036	6,009
	Eaton Vance Enhanced Equity Income Fund II	9,860 Shares	101,574	102,938
	Eaton Vance Enhanced Equity Income Fund	11,550 Shares	119,842	123,123
	Eaton Vance Tax Managed DIVE	14,310 Shares	128,372	134,085
	Gabelli Dividend & Income Trust	3,300 Shares	41,631	53,394
	General American Investors Company Inc	4,850 Shares	134,058	134,940
	Liberty All Star Equity Fund	33,370 Shares	109,248	159,175
	Nuveen Core Equity Alpha Fund	200 Shares	2,650	2,670
	Royce Value Trust	9,300 Shares	105,272	124,806
	Rydex S&P Equal Weight ETF	280 Shares	13,854	14,930
	SPDR DOW Jones Industrial Average	2,135 Shares	238,402	278,788
	SPDR Trust Series 1	3,735 Shares	475,557	531,901
	Tri-Continental Corporation	10,300 Shares	148,328	165,315
	Vanguard Large-Cap ETF	2,900 Shares	185,962	188,964
	Vanguard Mid-Cap ETF	1,710 Shares	112,126	140,972
	Vanguard S&P 500 ETF	7,680 Shares	495,527	500,659
	Vanguard Small-Cap ETF	1,385 Shares	87,429	112,047
	Zweig Fund Inc.	8,285 Shares	99,820	100,746
	Aberdeen Emerging Markets Telecommunications Fund, Inc.	1,100 Shares	17,884	23,650
	Aberdeen Latin America Equity Fund	493 Shares	17,845	17,866
	AGIC International & Premium Strategy Fund	900 Shares	7,964	8,730
	Asia Pacific Fund Inc	2,390 Shares	25,528	25,860
	Blackrock International Growth & Income TR	9,590 Shares	70,689	70,487
	Central Europe & Russia Fund	80 Shares	976	2,714
	China Fund Inc	176 Shares	4,068	3,768
	Eaton Vance Tax Managed Global Dividend Equity Income Fund	8,285 Shares	78,963	72,991
	Greater China Fund	986 Shares	10,886	12,700
	India Fund Inc	103 Shares	2,261	2,154
	Indonesia Fund Inc.	75 Shares	1,047	875
	ING Global Equity Dividend Premium Opportunity Fund	500 Shares	3,976	4,335
	Ishares MSCI Australia Index Fund	75 Shares	955	1,886
	Ishares MSCI Brazil Index Fund	140 Shares	8,661	7,832
	Ishares MSCI Canada	4,720 Shares	127,089	134,048
	Ishares MSCI EMU	445 Shares	15,265	14,890
	Ishares MSCI France Index	2,040 Shares	51,862	48,124
	Ishares MSCI Hong Kong Index	170 Shares	1,737	3,301
	Ishares MSCI Japan Index	2,220 Shares	22,955	21,645
	Ishares MSCI Pacific Excluding Japan	2,320 Shares	103,206	109,365
	Ishares MSCI United Kingdom Index	4,700 Shares	77,386	84,318
	Japan Equity Fund	3,420 Shares	18,063	19,049
	Japan Smaller Capitalization	7,350 Shares	60,887	52,920
	JF China Region Fund Inc	2,140 Shares	25,391	29,960
	Korea Equity Fund	1,626 Shares	15,103	14,992
	Lazard Global Total Return & Income	1,485 Shares	29,016	22,409
	Lazard World Dividend & Income	100 Shares	1,139	1,250
	Balance forward		14,518,945	14,911,197

(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, 2012

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
MUTUAL FUNDS: (Continued)				
	Macquarie Global INFR Total Return	1,600 Shares	24,188	30,512
	Malaysia Fund Escrow	110 Shares	-	-
	Mexico Equity and Income Fund	400 Shares	3,686	5,700
	Morgan Stanley Asia Pacific	3,883 Shares	63,133	58,167
	Morgan Stanley Emerging Markets	1,294 Shares	19,879	20,057
	New Germany Fund	3,692 Shares	46,600	57,521
	New Ireland Fund Inc	95 Shares	641	865
	Singapore Fund Inc	416 Shares	4,886	5,816
	Swiss Helvetia Fund	5,027 Shares	73,693	56,755
	Taiwan Fund Inc	41 Shares	590	670
	Templeton Dragon Fund Income	265 Shares	7,061	7,537
	Templeton Emerging Markets Fund	220 Shares	3,919	4,400
	Templeton Russia & East Euro	270 Shares	4,929	3,950
	Thai Capital Fund, Inc	150 Shares	1,652	1,817
	The European Equity Fund, Inc	4,079 Shares	26,108	28,675
	Vanguard Emerging Market ETF	2,845 Shares	115,602	126,688
	Vanguard Europe Pacific ETF	5,505 Shares	189,963	193,941
	Vanguard European ETF	5,100 Shares	237,524	249,084
	Vanguard Pacific ETF	1,940 Shares	97,576	103,577
	SPDR Gold Trust	1,899 Shares	310,341	307,677
			<u>15,750,916</u>	<u>16,174,606</u>
INDIVIDUALLY MANAGED BROKERAGE ACCOUNTS			**	<u>3,202,790</u>
NOTES RECEIVABLE FROM PARTICIPANTS				
*	Loans outstanding with interest at rates ranging from 5.25% to 9.5% maturing through November 2017.		-	<u>196,411</u>
				<u>\$ 21,048,400</u>

* 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 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2012

<u>Total that Constitutes Nonexempt Prohibited Transactions</u>						
<u>Participant Contributions Transferred Late to Plan</u>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected VFCP and PTE 2002-51</u>		
\$ -	\$ 40,451	\$ -	\$ -	\$ -		

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, 2012

<u>(a)</u>	<u>(b)</u> <u>Identity of Issue</u>	<u>(c)</u> <u>Description of Investment</u>	<u>(d)</u> <u>Cost</u>	<u>(e)</u> <u>Current Value</u>
CASH AND CASH EQUIVALENTS:				
	FFTW Income Plus Class A	Cash equivalent	\$ 1,130,432	\$ 1,130,432
	First American Government Obligations Fund	Cash equivalent	179,027	179,027
*	Fidelity Cash Reserves	Cash equivalent	125,351	125,351
	Dividend Account	Cash equivalent	47,737	47,737
*	US Bank Trust Cash (taxable)	Cash equivalent	10,900	10,900
	Trades Pending	Cash equivalent	(18,854)	(18,854)
			<u>1,474,592</u>	<u>1,474,593</u>
MUTUAL FUNDS:				
	Spartan 500 Index FD Investor Class	16,801 Shares	729,240	848,286
	Franklin MicroCap Value ADV CL	17,102 Shares	559,178	541,617
	Lazard INTL Strategy Equity Port INTL CL	65,032 Shares	734,032	761,520
	Nicholas Equity Income CL I	118,005 Shares	1,917,889	1,860,942
	Rivernorth/Double Line Strategic Inc I	49,194 Shares	558,693	551,962
	T Rowe Price Cap Appreciation	52,815 Shares	1,233,684	1,175,144
	Thornburg Limited Term Income Fund R5	33,315 Shares	457,837	457,088
	Walthausen Small Cap Value FD	70,580 Shares	1,327,913	1,336,085
	Blackrock NY Muni 2018 SERS T7	4 Shares	94,625	95,500
	Neuberger NY Mun	10 Shares	205,000	205,000
	PIMCO Corp Opportunity SERS W	6 Shares	111,000	112,500
	Pioneer FLT Rate Trust SERS M-7	4 Shares	84,000	80,000
	Vanguard LTD Term T/E FD-ADM	40,330 Shares	447,966	449,685
	Alliance Bernstein Inc Fund	33,025 Shares	260,070	267,503
	Federated Enhanced Treasury	2,450 Shares	37,163	34,741
	Montgomery ST Income SEC Inc	400 Shares	6,351	6,760
	PowerShares Build America Bond Portfolio	6,175 Shares	155,838	186,732
	WA/CLAY US Inflation Linked OPP&INC	2,625 Shares	30,503	34,650
	Western Asset Inflation Mana	3,213 Shares	54,915	60,372
	Vanguard GNMA Fund - ADM	26,074 Shares	288,700	284,466
	Vanguard Long-Term Investment-Grade Fund	31,487 Shares	299,492	341,635
	Vanguard Short-Term Investment-Grade Fund	46,909 Shares	504,300	508,021
	Nuveen Diversified Currency	1,000 Shares	12,791	12,870
	T Rowe Price INTL INT Bond	12,513 Shares	120,000	126,382
	Kayne Anderson, 4.25%, 4/01/19	2,675 Shares	67,410	67,918
	Nuveen CA Div ADV Muni, 3 2.25%, 7/01/14	6,500 Shares	65,000	65,650
	Nuveen DVD ADV Muni Fund, 3 2.80%, 1/01/16	4,100 Shares	41,000	41,369
	Nuveen MD PREM, 2.65%, 3/01/15	3,225 Shares	32,605	32,573
	Nuveen N Carolina PREM, 2.60%, 1/01/16	3,200 Shares	32,000	32,192
	Special Opportunities Fund Convertible PFD	2,206 Shares	110,300	113,543
	Blackrock Credit Alloc. IV	2,400 Shares	30,348	32,952
	Special Opportunities Fund	11,275 Shares	162,690	169,238
	Adams Express Company	12,355 Shares	142,450	130,839
	Blackrock Enhanced CAP and INC	5,300 Shares	66,283	65,826
	Balance forward		<u>10,981,266</u>	<u>11,091,561</u>

(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, 2012

(a)	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
MUTUAL FUNDS: (Continued)				
	Blackrock Enhanced Dividend Achievers TR	8,083 Shares	59,820	58,036
	Blackrock Global Opportunity Equity TR	2,020 Shares	25,732	26,664
	Boulder Total Return Fund	2,625 Shares	45,637	47,355
	DOW 30 Enhanced Premium & Income Fund	560 Shares	6,036	6,009
	Eaton Vance Enhanced Equity Income Fund II	9,860 Shares	101,574	102,938
	Eaton Vance Enhanced Equity Income Fund	11,550 Shares	119,842	123,123
	Eaton Vance Tax Managed DIVE	14,310 Shares	128,372	134,085
	Gabelli Dividend & Income Trust	3,300 Shares	41,631	53,394
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	Liberty All Star Equity Fund	33,370 Shares	109,248	159,175
	Nuveen Core Equity Alpha Fund	200 Shares	2,650	2,670
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	Tri-Continental Corporation	10,300 Shares	148,328	165,315
	Vanguard Large-Cap ETF	2,900 Shares	185,962	188,964
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	Vanguard S&P 500 ETF	7,680 Shares	495,527	500,659
	Vanguard Small-Cap ETF	1,385 Shares	87,429	112,047
	Zweig Fund Inc.	8,285 Shares	99,820	100,746
	Aberdeen Emerging Markets Telecommunications Fund, Inc.	1,100 Shares	17,884	23,650
	Aberdeen Latin America Equity Fund	493 Shares	17,845	17,866
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	Greater China Fund	986 Shares	10,886	12,700
	India Fund Inc	103 Shares	2,261	2,154
	Indonesia Fund Inc.	75 Shares	1,047	875
	ING Global Equity Dividend Premium Opportunity Fund	500 Shares	3,976	4,335
	Ishares MSCI Australia Index Fund	75 Shares	955	1,886
	Ishares MSCI Brazil Index Fund	140 Shares	8,661	7,832
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	Lazard World Dividend & Income	100 Shares	1,139	1,250
	Balance forward		14,518,945	14,911,197

(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, 2012

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
MUTUAL FUNDS: (Continued)				
	Macquarie Global INFR Total Return	1,600 Shares	24,188	30,512
	Malaysia Fund Escrow	110 Shares	-	-
	Mexico Equity and Income Fund	400 Shares	3,686	5,700
	Morgan Stanley Asia Pacific	3,883 Shares	63,133	58,167
	Morgan Stanley Emerging Markets	1,294 Shares	19,879	20,057
	New Germany Fund	3,692 Shares	46,600	57,521
	New Ireland Fund Inc	95 Shares	641	865
	Singapore Fund Inc	416 Shares	4,886	5,816
	Swiss Helvetia Fund	5,027 Shares	73,693	56,755
	Taiwan Fund Inc	41 Shares	590	670
	Templeton Dragon Fund Income	265 Shares	7,061	7,537
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	Vanguard European ETF	5,100 Shares	237,524	249,084
	Vanguard Pacific ETF	1,940 Shares	97,576	103,577
	SPDR Gold Trust	1,899 Shares	310,341	307,677
			<u>15,750,916</u>	<u>16,174,606</u>
INDIVIDUALLY MANAGED BROKERAGE ACCOUNTS			**	<u>3,202,790</u>
NOTES RECEIVABLE FROM PARTICIPANTS				
*	Loans outstanding with interest at rates ranging from 5.25% to 9.5% maturing through November 2017.		-	<u>196,411</u>
				<u>\$ 21,048,400</u>

* 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 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2012

<u>Total that Constitutes Nonexempt Prohibited Transactions</u>						
<u>Participant Contributions Transferred Late to Plan</u>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected VFCP and PTE 2002-51</u>		
\$ -	\$ 40,451	\$ -	\$ -	\$ -		

The accompanying notes are an integral part of these schedules.