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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PERFECT PLASTIC PRINTING CORPORATION 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 05/31/1989

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

PERFECT PLASTIC PRINTING CORPORATION

345 KAUTZ ROAD
ST. CHARLES, IL 60174

2b Employer Identification Number (EIN)
36-2555809

2c Sponsor's telephone number
630-584-1600

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.	10/09/2014	ROBERT STRAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	241
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**	143
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	93
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	236
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	236
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	193
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
PERFECT PLASTIC PRINTING CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PERFECT PLASTIC PRINTING CORPORATION

D Employer Identification Number (EIN)
36-2555809

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

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

1 Coverage Information:

(a) Name of insurance carrier

NATIONWIDE 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
31-4156830	66869	089-80012	193	01/01/2013	12/31/2013

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
6822	1705

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

INDEPENDENT FINANCIAL GROUP, LLC
12671 HIGH BLUFF DR STE 200
ATTN JANICE NAIMAN
SAN DIEGO, CA 92130

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
6822			3

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

HOWARD SIMON & ASSOCIATES
304 SAUNDERS ROAD
RIVERWOODS, IL 60015

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	1705	TPA COMPENSATION	5

(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 ▶

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.	6d	

Specify nature of costs ▶

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	3270661
c	Additions: (1) Contributions deposited during the year	7c(1)	126506		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	103025		
	(4) Transferred from separate account	7c(4)	239637		
	(5) Other (specify below)	7c(5)	9756		
	▶ LOAN REPAYMENT				
	(6)Total additions			7c(6)	478924
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	3749585
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	200939		
	(2) Administration charge made by carrier	7e(2)	814		
	(3) Transferred to separate account	7e(3)	154993		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	356746
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3392839

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
PERFECT PLASTIC PRINTING CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PERFECT PLASTIC PRINTING CORPORATION

D Employer Identification Number (EIN)
36-2555809

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NATIONWIDE
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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 50 64 99	NONE	4295	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

HOWARD SIMON & ASSOCIATES

304 SAUNDERS ROAD
RIVERWOODS, IL 60015-3858

(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 37 50	NONE	1980	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
PERFECT PLASTIC PRINTING CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PERFECT PLASTIC PRINTING CORPORATION

D Employer Identification Number (EIN)
36-2555809

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	
(2) Participant contributions	1b(2)	5949	0
(3) Other	1b(3)	1402	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	196670	134875
(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)	7429106	9127677
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3270661	3392839
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	10903788	12655391
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		86
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	86
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10903788	12655305

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	423444	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		423444
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	103025	
(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)	6241	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		109266
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		1579665
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2112375
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	354583	
(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)		354583
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)	1980	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4295	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		6275
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		360858
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1751517
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: DIGIOVINE, HNILO, JORDAN & JOHNSON (2) EIN: 36-3029663

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
PERFECT PLASTIC PRINTING CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PERFECT PLASTIC PRINTING CORPORATION

D Employer Identification Number (EIN)
36-2555809

Part I Distributions

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

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

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

EIN(s): 31-4156830

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Statements and
Independent Auditor's Report

Perfect Plastic Printing Corporation
401 (k) Profit Sharing Plan

December 31, 2013 and 2012

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DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants/Business Consultants

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Plan Administrator
Perfect Plastic Printing Corporation
401(k) Profit Sharing Plan
St. Charles, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Perfect Plastic Printing Corporation 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012 and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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 United States 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 E, which was certified by Nationwide Trust Company, FSB a division of Nationwide Bank, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of December 31, 2013 and 2012 and for the year ended December 31, 2013, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of Schedule H, Line 4i Schedule of Assets (Held at Year End), is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Digiovine, Hnilo, Jordan & Johnson, Ltd.

DIGIOVINE HNILO JORDAN + JOHNSON LTD.
Certified Public Accountants

St. Charles, Illinois
October 8, 2014

Perfect Plastic Printing Corporation
401(k) Profit Sharing Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2013 and 2012

ASSETS	2013	2012
Participant-directed investments at fair value:		
Registered investment companies	$ 9,127,677	$ 7,429,106
Guaranteed investment fund	3,383,068	3,323,253
	12,510,745	10,752,359
Receivables:		
Participant contributions	-	5,949
Notes receivable from participants	134,875	198,072
	134,875	204,021
TOTAL ASSETS	12,645,620	10,956,380
LIABILITIES		
Due to plan sponsor	86	-
TOTAL LIABILITIES	86	-
NET ASSETS REFLECTING ALL INVESTMENTS AT FAIR VALUE	12,645,534	10,956,380
Adjustment from fair value to contract value for fully benefit-responsive contract	9,771	(52,592)
NET ASSETS AVAILABLE FOR BENEFITS	$ 12,655,305	$ 10,903,788

See accompanying notes.

Perfect Plastic Printing Corporation
401(k) Profit Sharing Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2013

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions:		
Participants		$ 423,444
Participant-directed investment income:		
Insurance company investment contract:		
Guaranteed investment fund - interest		103,025
Net appreciation in fair value of registered investment companies		1,095,359
Dividends and capital gains of registered investment companies		484,306
Notes receivable from participants - interest		6,241
	TOTAL ADDITIONS	2,112,375
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		354,583
Administrative expenses		6,275
	TOTAL DEDUCTIONS	360,858
	NET INCREASE	1,751,517
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		10,903,788
	END OF YEAR	$ 12,655,305

See accompanying notes.

NOTE A--DESCRIPTION OF PLAN

The following brief description of the Perfect Plastic Printing Corporation 401(k) Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is sponsored by Perfect Plastic Printing Corporation (the "Company") for employees that meet specific age and service eligibility requirements as defined in the Plan document. The Plan, designated as a defined contribution plan, was originally established on May 31, 1989, and was restated most recently on January 1, 2010. The Plan provides for contributions to be made under salary deferral agreements pursuant to Section 401(k) of the Internal Revenue Code (the "IRC"). Employees of the Company are eligible to enter the Plan on the January 1st or July 1st coinciding with or next following the date the employee has met the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income and Security Act of 1974 ("ERISA"). The Plan Trustees are responsible for oversight of the Plan and the Plan Administrator determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to Plan Trustees.

Contributions

Eligible participants may elect to contribute pre-tax compensation, as defined in the Plan, to the Plan by means of a salary deferral agreement up to the maximum amount as permitted by law. At the end of the Plan year, the Company may make a discretionary profit sharing contribution to the Plan in accordance with Plan provisions, and a discretionary matching contribution equal to a percentage of each participant's salary deferral. Contributions are subject to limitations as provided in the IRC and as described in the Plan. Salary deferral contributions are funded proximate to the withholding date. Discretionary Company contributions are funded annually after the close of the Plan year and within statutory time frames. Participants may also contribute amounts representing distributions from other qualified plans. Additional contributions, designated as "catch up" contributions, may be deferred by those participants who have attained the age of fifty, before the end of the Plan year, which are subject to a maximum limit per year as provided in the IRC.

The discretionary matching contribution of the Company is based upon a uniform percentage of each participant's elective salary deferral. The uniform percentage for the discretionary matching contribution is to be determined each year by the employer. This contribution is allocated to those participants who are actively employed on the last day of the Plan year and have completed a year of service.

All contributions are participant-directed into various investment options offered by the Plan, which include registered investment companies and a guaranteed investment fund.

The Company did not make any discretionary profit sharing or match contributions for the years ended December 31, 2013 and 2012.

Participant Accounts

Each participant's account is credited or charged, as applicable, with the participant's contribution and allocations of (a) the Company's discretionary contributions, if any, (b) the Plan's net earnings or losses, and (c) the Plan's administrative expenses. Allocations are based on participant earnings or account balances or compensation, as defined in the Plan agreement or specific participant transactions, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE A--DESCRIPTION OF PLAN-continued

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's discretionary contributions plus actual earnings thereon is based on years of credited service. A participant is 100% vested after six years of credited service, in accordance with the following vesting schedule:

Vesting Service	Percentage Vested
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Participants who attain the normal retirement age of 65, or who terminate employment due to death or disability, are 100% vested in their account balances.

Investment Options

Upon enrollment in the Plan, a participant may direct employee and employer contributions in a variety of investment choices as more fully described in the Plan's literature. Participants may change their investment options at any time. One option of the Plan represents guaranteed investment income with Nationwide Trust Company, FSB a division of Nationwide Bank (the "Custodian"). The fund has a fixed minimum rate of interest that is adjusted annually. The remaining options represent interests in registered investment companies, which are valued at fair market value as of the last day of the Plan year.

Payment of Benefits

Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or in installments for certain distributions as defined in the Plan.

Upon termination of service for other reasons, a participant with a vested account balance not in excess of $1,000 receives a lump-sum cash distribution as soon as administratively feasible. A participant with vested account balances in excess of $1,000 (not including rollover account balances) may consent within a certain time period to receive a lump sum distribution or annual installments, in accordance with Plan provisions.

Participants may also elect to receive hardship withdrawals prior to termination of employment from the vested portion of their account, subject to Plan provisions.

NOTE A--DESCRIPTION OF PLAN-continued

Forfeitures

During the Plan years ended December 31, 2013 and 2012, forfeited non-vested accounts totaled $8,498 and $8,019, respectively. These amounts can be used to reinstate previously forfeited balances or to pay administrative expenses of the Plan. Remaining amounts and Company contributions may then be used to reduce the employer's match or non-elective contributions, as applicable. For the Plan years ended December 31, 2013 and 2012, forfeitures were not used to reduce either Plan expenses or employer contributions.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000, or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at reasonable rates ranging from 3.25% to 5.00%, which are commensurate with local prevailing rates. Loan terms may not exceed 5 years unless the loan is obtained for the purchase of a participant's residence, in which case the loan term is at the discretion of the Plan Administrator. Principal and interest are typically paid ratably through periodic payroll deductions.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits presents the fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value as of December 31, 2013 and 2012. The statement of changes in net assets available for benefits is prepared using contract value for fully benefit responsive contracts.

Valuation of Investments and Income Recognition

Investments are reported at fair value, except for the guaranteed investment fund, using quoting market prices on the last day of the Plan year. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator and Plan Trustees determine the Plan's valuation policies utilizing information provided by investment advisors and custodians. See Note C for discussion of fair value measurements.

The BOA – Guaranteed Investment Fund is a guaranteed investment contract that is fully benefit-responsive and is stated at fair value on the last day of the Plan year. The Custodian computes the fair value of the fund based upon quoted market prices of the underlying securities at year end. Because the guaranteed investment contract is fully-benefit responsive, contract value is considered the relevant measurement used in the calculation of participant withdrawals or other permitted transactions under the terms of the Plan. Contract value represents the accumulated contributions plus accrued net earnings less distributions and expenses.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-continued

Valuation of Investments and Income Recognition-continued

Investment income and charges for withdrawals and administrative expenses are recorded daily to a participant's account. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation will include the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2013 and 2012. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. The Plan permits the payment of Plan expenses to be made from the Plan's assets. If expenses are paid using the Plan's assets, then the expenses will generally be allocated among the accounts of all participants.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Date of Management's Review

Subsequent events were evaluated through October 8, 2014, which is the date the financial statements were available to be issued.

NOTE C--FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy, consisting of three broad levels, gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under *Fair Value Measurements and Disclosures* are described as follows:

NOTE C--FAIR VALUE MEASUREMENTS-continued

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or 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.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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.

Should an investment be re-characterized from one level to another level, Plan management would state the basis for the change. Under such circumstances the Plan would report the transfers in and transfers out at the beginning of the Plan quarter when change occurs.

Gains and losses (realized and unrealized) are reported as net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits. Unrealized gains/(losses) from the guaranteed investment fund are not reported in the statement of changes in net assets available for benefits as the contract is recorded at contract value for presentation in the net assets available for benefits.

Following is a description of the valuation methodologies used for Plan assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Level 1 Fair Value Measurements:

The fair value of registered investment companies ("mutual funds") are valued at the daily closing price as reported by each mutual fund, which are open-ended mutual funds registered with the SEC. Each fund is required to publish their daily net asset value ("NAV") and transact at that price. The mutual funds are deemed to be actively traded.

NOTE C--FAIR VALUE MEASUREMENTS-continued

Level 3 Fair Value Measurements:

The Guaranteed Investment Fund, which is a fully benefit-responsive investment contract, is valued by the Custodian and is based upon current yields on quoted prices having comparable durations. Because participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. Unit values are calculated daily based upon the specific guaranteed rate for the period in accordance with a formula set by the contract issuer. In determining the reasonableness of the methodology, the Plan's management evaluates a variety of factors including economic conditions, industry and market developments and overall credit rating of the contract provider in addition to contract terms. Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012.

	Fair Value Measurements Using:			
	Level 1	Level 2	Level 3	Total
December 31, 2013				
Registered investment companies				
Aggressive growth	$ 667,732	$ -	$ -	$ 667,732
Growth	3,074,758	-	-	3,074,758
Growth and income	355,861	-	-	355,861
Income	1,196,579	-	-	1,196,579
Income fund - bond	632,325	-	-	632,325
Value	3,200,422	-	-	3,200,422
Guaranteed investment fund	-	-	3,383,068	3,383,068
Total	$ 9,127,677	$ -	$ 3,383,068	$ 12,510,745

	Fair Value Measurements Using:			
	Level 1	Level 2	Level 3	Total
December 31, 2012				
Registered investment companies				
Aggressive growth	$ 735,776	$ -	$ -	$ 735,776
Growth	2,242,234	-	-	2,242,234
Growth and income	302,474	-	-	302,474
Income	1,277,962	-	-	1,277,962
Income fund - bond	690,073	-	-	690,073
Value	2,180,587	-	-	2,180,587
Guaranteed investment fund	-	-	3,323,253	3,323,253
Total	$ 7,429,106	$ -	$ 3,323,253	$ 10,752,359

NOTE C--FAIR VALUE MEASUREMENTS-continued

The following table reconciles the beginning and ending balance of fair value measurement using significant unobservable inputs (Level 3) of the guaranteed investment fund for the year ended December 31, 2013.

Year ended December 31, 2013	
Balance, beginning of year	$ 3,323,253
Interest income	103,025
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	(62,363)
Purchases	375,899
Sales	(355,932)
Transfers in and/or out of level 3	-
Administrative expenses	(814)
Ending balance	$ 3,383,068

The amount of total gains or losses for the period attributable to the change in unrealized gains or losses related to assets still held at the reporting date.	$ (62,363)

Qualitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurement

The following table represents the Plan's level 3 financial instruments, the valuation technique used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Guaranteed Investment Contract	$ 3,383,068	Unit Value	Crediting Interest Rate	3.30% - 2.90%

Unit values are assigned daily based on the funds' guaranteed interest rate divided by the applicable period of time. The fund unit value is a product of the crediting interest rate and increases incrementally to reflect interest that is earned daily.

NOTE D--GUARANTEED INVESTMENT FUND WITH INSURANCE COMPANY

The Plan has entered into a fully benefit-responsive investment contract with the Custodian known as the guaranteed investment fund (the "Fund") who maintains the contributions in a general account under the existing contract. The fund is credited with the accumulation of contributions, plus earnings and/or losses on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The Fund is included in the financial statements at fair value at December 31, 2013 and 2012 and then adjusted to contract value, as reported to the Plan and certified by Nationwide Trust Company, FSB a division of Nationwide Bank. Contract value represents contributions made under the contract, plus earnings at the then current guaranteed rate, less participant withdrawals.

NOTE D--GUARANTEED INVESTMENT FUND WITH INSURANCE COMPANY-continued

Participants may direct the withdrawal or transfer of all or a portion of their investment at contract value subject to provisions defined within the contract. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2013 and 2012 was $3,383,068 and $3,323,253, respectively. The average yield and crediting interest rates for the year ended December 31, 2013 was approximately 3.10% and 2.90%, respectively. The average yield and crediting interest rates for the year ended December 31, 2012, was approximately 3.50% and 3.30%, respectively. The crediting interest rate is announced annually by Nationwide Trust Company, FSB a division of Nationwide Bank and is guaranteed against change for the twelve months.

Certain remote events limit the ability of the Plan to transact at contract value with the insurance company. Such events include (1) exchanges which are more than 20% of the guaranteed fund, as determined on the date which the amount to be exchanged will be released from the contract (the 20% will be reduced by all exchanges which have been made at contract value during the twelve calendar months preceding the date of the exchange) as well as the fair value adjustment at the time of the exchange (2) termination of the Plan, partial termination of the Plan, or a merger with another plan (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal, or (4) the Plan Sponsor's election to transfer the entire value of the fund to a successor fund. The Plan Administrator does not believe that the occurrence of any such value event that would limit the Plan's ability to transact at contract value with participants is probable.

NOTE E--INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (UNAUDITED)

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule held at December 31, 2013 and 2012, and net appreciation in the fair value of investments, interest and dividends for the year ended December 31, 2013, was obtained or derived from information supplied to the Plan Administrator and certified by the Custodian, Nationwide Trust Company, FSB a division of Nationwide Bank (the "Custodian") as complete and accurate. Certification of the contract value of the guaranteed investment fund was also obtained from the Custodian as of December 31, 2013 and 2012 and for the years then ended. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to such information certified by the Custodian.

The following represents investments certified by the Custodian as of December 31, 2013 and 2012.

	2013		2012	
BOA - Guaranteed Investment Fund	$ 3,383,068	*	$ 3,323,253	*
Nationwide S&P 500 Index Small Cap	1,507,719	*	1,166,643	*
Oakmark International Fund II	935,012	*	735,705	*
Growth Fund of America R3	784,450	*	578,849	*
Van Kampen Equity and Income A	680,976	*	593,998	*
Washington Mutual Investors R3	566,183		233,416	
Nationwide Midcap Market Index A	538,445		311,851	
Pimco Total Return Class A	469,089		584,672	*
Franklin Balance Sheet Investment A	357,413		151,648	

NOTE E--INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (UNAUDITED)-continued

Oakmark Equity and Income II	340,699	284,523
Ivy Small Cap Growth Fund Class Y	304,136	112,438
Lord Abbett All Value A	218,396	165,295
Europacific Growth R3	204,915	187,345
American Balances R3	201,144	171,443
Nationwide Govt Bond A	189,419	203,688
Pimco Real Return A	181,215	206,963
Nationwide Aggressive Small Cap	177,979	141,311
Dreyfus GNMA Z	174,753	185,194
Nationwide Money Market	167,845	280,023
Nationwide Moderate Small Cap	160,207	136,692
Pimco Low Duration A	148,821	141,724
Oppenheimer Strategy Income Class A	131,730	168,350
Capital World Bond R3	111,525	135,403
Vanguard Wellesley Income IS	85,046	111,947
Loomis Sayles Small Cap Value Admiral	76,306	57,777
New Perspective R3	66,487	53,500
Vanguard Wellington Fund	62,577	52,060
New World R3 Shares	52,650	49,147
T Rowe Price Mid Cap Value	24,884	18,267
T Rowe Price New Horizons	21,880	9,394
American Funds Amcap R6	21,833	3,514
Pimco Allianz RCM Tech A	20,664	9,793
Oppenheimer Limited Term Govt Fund A	18,965	19,790
Goldman Sachs Short Duration Govt A	18,210	18,905
DiamondHill Small Cap Class A	17,479	5,529
Rydex Biotechnical Advisor	15,387	2,475
Vanguard Dividend Growth	15,162	5,097
Vanguard Reit Index IS	10,206	10,020
Vanguard Inflation Protected Securities	9,378	14,801
Nationwide Conservative Small Cap	8,109	7,356
Invesco Energy	7,908	126
Vanguard GNMA Investment	7,808	7,100
Dodge & Cox Income Fund	7,737	6,628

NOTE E--INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (UNAUDITED)-continued

Aberdeen Developing Markets A	5,063	17,603
Oppenheimer Gold and Mineral Fund A	1,470	2,819
Baron Small Cap Fund	397	251
Ivy Mid Cap Growth Fund Class Y	-	22,241
Loomis Sayles Bond Fund IT	-	16,965
Dodge & Cox International Stock	-	14,459
Davis Real Estate A	-	12,854
Wells Fargo Advantage Precious Metal	-	1,514
	$ 12,510,745	$ 10,752,359

*Fair value of investments representing greater than 5% of the Plans net assets as of December 31, 2013 and 2012.

During the years ended December 31, 2013 and 2012, the Plan's investments in registered investment companies (including investments bought, sold and held during each year) earned investment income of $1,579,665 and $917,426, respectively. Of this total income, dividends and capital gains accounted for $484,306 and $210,890, for the years ended December 31, 2013 and 2012, respectively. Interest earned on the guaranteed investment fund was $103,025 and $109,992 for the years ended December 31, 2013 and 2012, respectively.

NOTE F--TAX STATUS

On March 31, 2008, the Internal Revenue Service stated that the prototype adopted by the Plan, as then designed, qualifies under Internal Revenue Code ("the IRC") section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, the Plan administrator and the Plan's tax counsel believe that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan is subject to routine audits by taxing jurisdictions. However, there are currently no audits for any tax periods are in progress. The Plan Administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2009.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset), including interest and penalties, if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2013, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability (or asset) or require disclosure in the financial statements.

NOTE G--RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by the Custodian and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for these investment management services are included in administrative expenses on the accompanying statement of changes in net assets.

A third party administrator also performs administrative and recordkeeping services for the Plan and receives fees paid by the Company for these services.

Certain employees of the Company provide administrative services for the Plan and the Company is not reimbursed for their services.

NOTE H--PLAN TERMINATION

Although the Company has not expressed any intent to terminate the Plan, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, all participants' account balances would become fully vested in their employer contributions.

NOTE I--RISKS AND UNCERTANTIES

The Plan's assets are invested directly and indirectly in various investment securities which are purchased or managed by the Custodian. The investments are exposed to various risks such as interest rate, market, and credit risks. The Plan's assets are subject to the changes in value of these underlying investments, including the potential for bankruptcy of one or more of the companies in which they are invested.

The Plan also invests in securities which may have contractual cash flows such as asset backed securities, collateralized mortgage obligations, commercial mortgage backed securities or subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, changes in value, delinquencies or defaults. Shifts in the market's perception of the issuers and changes in interest rates may affect these investments adversely.

Due to the level of risk associated with certain of these investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

The participants who have borrowed from the Plan are all employees of the Company in the Chicago area, and their ability to repay the loans could be affected by the economic conditions in the industry in general, the economic conditions in the Chicago metropolitan area or the economic situation of the Company itself.

SUPPLEMENTARY INFORMATION

Perfect Plastic Printing Corporation
401(K) Profit Sharing Plan

Schedule H, Line 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

EIN: 36-2555809
Plan # 003

(a) Party in Interest	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	NATIONWIDE FUNDS	BOA - GUARANTEED INVESTMENT FUND	**	$ 3,383,068
*	NATIONWIDE FUNDS	NATIONWIDE S&P 500 INDEX SMALL CAP	**	1,507,719
	OAKMARK FUNDS	OAKMARK INTERNATIONAL FUND II	**	935,012
	AMERICAN FUNDS	GROWTH FUND OF AMERICA R3	**	784,450
	VAN KAMPEN	VAN KAMPEN EQUITY AND INCOME A	**	680,976
	AMERICAN FUNDS	WASHINGTON MUTUAL INVESTORS R3	**	566,183
*	NATIONWIDE FUNDS	NATIONWIDE MIDCAP MARKET INDEX A	**	538,445
	PIMCO FUNDS	PIMCO TOTAL RETURN CLASS A	**	469,089
	FRANKLIN TEMPLETON INVESTMENTS	FRANKLIN BALANCE SHEET INVESTMENT A	**	357,413
	OAKMARK FUNDS	OAKMARK EQUITY AND INCOME II	**	340,699
	IVY FUNDS	IVY SMALL CAP GROWTH FUND CLASS Y	**	304,136
	LORD ABBETT	LORD ABBETT ALL VALUE A	**	218,396
	AMERICAN FUNDS	EUROPACIFIC GROWTH R3	**	204,915
	AMERICAN FUNDS	AMERICAN BALANCED R3	**	201,144
*	NATIONWIDE FUNDS	NATIONWIDE GOVT BOND A	**	189,419
	PIMCO FUNDS	PIMCO REAL RETURN A	**	181,215
*	NATIONWIDE FUNDS	NATIONWIDE AGGRESSIVE SMALL CAP	**	177,979
	DREYFUS FUNDS	DREYFUS GNMA Z	**	174,753
*	NATIONWIDE FUNDS	NATIONWIDE MONEY MARKET	**	167,845
*	NATIONWIDE FUNDS	NATIONWIDE MODERATE SMALL CAP	**	160,207
	PIMCO FUNDS	PIMCO LOW DURATION A	**	148,821
	OPPENHEIMER FUNDS	OPPENHEIMER STRATEGY INCOME CLASS A	**	131,730
	CAPITAL INTERNATIONAL LIMITED	CAPITAL WORLD BOND R3	**	111,525
	VANGUARD FUNDS	VANGUARD WELLESLEY INCOME IS	**	85,046
	LOOMIS SAYLES	LOOMIS SAYLES SMALL CAP VALUE ADMIRAL	**	76,306
	AMERICAN FUNDS	NEW PERSPECTIVE R3	**	66,487
	VANGUARD FUNDS	VANGUARD WELLINGTON FUND	**	62,577
	AMERICAN FUNDS	NEW WORLD R3 SHARES	**	52,650
	T. ROWE PRICE	T ROWE PRICE MID CAP VALUE	**	24,884
	T. ROWE PRICE	T ROWE PRICE NEW HORIZONS	**	21,880
	AMERICAN FUNDS	AMERICAN FUNDS AMCAP R6	**	21,833
	PIMCO FUNDS	PIMCO ALLIANZ RCM TECH A	**	20,664
	OPPENHEIMER FUNDS	OPPENHEIMER LIMITED TERM GOVT FUND A	**	18,965
	GOLDMAN SACHS	GOLDMAN SACHS SHORT DURATION GOVT A	**	18,210
	DIAMOND HILL FUNDS	DIAMONDHILL SMALL CAP CLASS A	**	17,479
	RYDEX FUNDS	RYDEX BIOTECHNICAL ADVISOR	**	15,387
	VANGUARD FUNDS	VANGUARD DIVIDEND GROWTH	**	15,162
	VANGUARD FUNDS	VANGUARD REIT INDEX IS	**	10,206
	VANGUARD FUNDS	VANGUARD INFLATION PROTECTED SECURITIES	**	9,378
*	NATIONWIDE FUNDS	NATIONWIDE CONSERVATIVE SMALL CAP	**	8,109
	INVESCO FUNDS	INVESCO ENERGY	**	7,908
	VANGUARD FUNDS	VANGUARD GNMA INVESTMENT	**	7,808
	DODGE & COX	DODGE & COX INCOME FUND	**	7,737
	ABERDEEN FUNDS	ABERDEEN DEVELOPING MARKETS A	**	5,063
	OPPENHEIMER FUNDS	OPPENHEIMER GOLD AND MINERAL FUND A	**	1,470
	BARON FUNDS	BARON SMALL CAP FUND	**	397
				12,510,745
	Other:			
*	PARTICIPANT LOANS	3.25% - 5.00%	-0-	134,875
				$ 12,645,620

* Party in interest.
** Cost information not required for participant directed plans.

Perfect Plastic Printing Corporation
401(K) Profit Sharing Plan

Schedule H, Line 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

EIN: 36-2555809
Plan # 003

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	RYDEX FUNDS	RYDEX BIOTECHNICAL ADVISOR	**	15,387
	VANGUARD FUNDS	VANGUARD DIVIDEND GROWTH	**	15,162
	VANGUARD FUNDS	VANGUARD REIT INDEX IS	**	10,206
	VANGUARD FUNDS	VANGUARD INFLATION PROTECTED SECURITIES	**	9,378
*	NATIONWIDE FUNDS	NATIONWIDE CONSERVATIVE SMALL CAP	**	8,109
	INVESCO FUNDS	INVESCO ENERGY	**	7,908
	VANGUARD FUNDS	VANGUARD GNMA INVESTMENT	**	7,808
	DODGE & COX	DODGE & COX INCOME FUND	**	7,737
	ABERDEEN FUNDS	ABERDEEN DEVELOPING MARKETS A	**	5,063
	OPPENHEIMER FUNDS	OPPENHEIMER GOLD AND MINERAL FUND A	**	1,470
	BARON FUNDS	BARON SMALL CAP FUND	**	397
				12,510,745
	Other:			
*	PARTICIPANT LOANS	3.25% - 5.00%	-0-	134,875
				$ 12,645,620

* Party in interest.
** Cost information not required for participant directed plans.