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;
- [X] 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
HOOSIER PLASTIC FABRICATION, INC. 401(K) SALARY REDUCTION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1995

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

HOOSIER PLASTIC FABRICATION, INC.

1152 CALIFORNIA AVE
CORONA, CA 92881

2b Employer Identification Number (EIN)
95-3563149

2c Sponsor's telephone number
951-272-3070

2d Business code (see instructions)
326100

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.	10/15/2014	DOUGLAS WECHSLER
	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**	141
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**	107
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	20
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	127
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	128
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	83
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
HOOSIER PLASTIC FABRICATION, INC. 401(K) SALARY REDUCTION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOOSIER PLASTIC FABRICATION, INC.

D Employer Identification Number (EIN)
95-3563149

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

SWENSON CORPORATION

33-0305865

(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?
10	ACCOUNTANT/AUDITOR	20500	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	5695	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALZGI NFJ DIV VL ADM - BOSTON FINA 13-2953455	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALZGI NFJ SMCPVL ADM - BOSTON FINA 330 W. 9TH STREET KANSAS CITY, MO 66160	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL MID CP VAL OP K - COLUMBIA MGT P.O. BOX 8081 BOSTON, MA 02266	0.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARBOR INTL INST - HARBOR SERVICES 34-1953399	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS FORTY S - JANUS SERVICES LLC 43-1804048	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MSIF MID CAP GRTH A - BOSTON FINAN 330 W. 9TH STREET KANSAS CITY, MO 66160	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO TOT RETURN ADM - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.28%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE VALUE PLUS SER - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.45%

(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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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
HOOSIER PLASTIC FABRICATION, INC. 401(K) SALARY REDUCTION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOOSIER PLASTIC FABRICATION, INC.

D Employer Identification Number (EIN)
95-3563149

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	24622	13398
(2) Participant contributions	1b(2)	33933	19175
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	326901	263832
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	223820	161477
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2302312	1979196
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	2911588	2437078
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2911588	2437078

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)	0	
	(B) Participants	2a(1)(B)	179117	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		179117
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	33	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	12255	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12288
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	105334	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		105334
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		250669
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		547408
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	988425	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		988425
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		7294
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	26199	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		26199
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1021918
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-474510
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: SWENSON CORPORATION **(2)** EIN: 33-0305865

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		230485
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		150000
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		X	

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
HOOSIER PLASTIC FABRICATION, INC. 401(K) SALARY REDUCTION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOOSIER PLASTIC FABRICATION, INC.

D Employer Identification Number (EIN)
95-3563149

Part I Distributions

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

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

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

EIN(s): 04-6568107

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):

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- Correction Programs
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VFCP Calculator - Final Results

Lost Earnings and interest, if any, ($1,436.25) exceed Restoration of Profits ($0.00). Therefore the amount due to the plan is: **$1,436.25.**

Note: This amount does **not** include any Principal Amount that may also need to be paid to the plan. Check the specific transaction to determine if the Principal Amount must be paid.

Lost Earnings

Principal	Loss Date	Recovery Date	Final Payment Date	Amount Due
$7,750.73	1/24/2013	6/24/2013	10/25/2014	$100.75
$2,114.79	1/25/2013	3/25/2013	10/25/2014	$10.78
$1,817.14	1/31/2013	3/18/2013	10/25/2014	$7.22
$7,845.59	2/7/2013	3/19/2013	10/25/2014	$27.11
$1,817.14	2/14/2013	3/25/2013	10/25/2014	$6.12
$7,911.50	2/21/2013	3/18/2013	10/25/2014	$17.08
$1,577.14	2/28/2013	5/10/2013	10/25/2014	$9.64
$2,114.79	2/25/2013	5/10/2013	10/25/2014	$13.48
$7,820.13	3/7/2013	5/10/2013	10/25/2014	$43.09
$1,577.14	3/14/2013	5/10/2013	10/25/2014	$7.74
$7,766.03	3/21/2013	5/10/2013	10/25/2014	$31.26
$423.08	3/28/2013	5/17/2013	10/25/2014	$1.82
$2,114.79	3/28/2013	6/24/2013	10/25/2014	$15.98
$7,551.26	4/4/2013	5/10/2013	10/25/2014	$23.38
$423.08	4/11/2013	6/12/2013	10/25/2014	$2.25
$7,570.68	4/18/2013	6/24/2013	10/25/2014	$43.51
$3,171.08	4/25/2013	6/24/2013	10/25/2014	$16.37
$9,252.40	5/2/2013	6/24/2013	10/25/2014	$42.04
$9,514.48	5/16/2013	7/16/2013	10/25/2014	$49.69
$423.08	5/23/2013	6/17/2013	10/25/2014	$0.91
$8,762.05	5/30/2013	8/19/2013	10/25/2014	$60.64
$423.08	6/6/2013	6/17/2013	10/25/2014	$0.40
$8,982.71	6/13/2013	9/17/2013	10/25/2014	$73.55
$9,028.09	7/11/2013	10/17/2013	10/25/2014	$75.28
$423.08	7/18/2013	8/19/2013	10/25/2014	$1.15
$11,711.46	7/25/2013	10/17/2013	10/25/2014	$83.66
$423.08	8/1/2013	8/19/2013	10/25/2014	$0.65
$12,775.77	8/8/2013	10/17/2013	10/25/2014	$76.01
$9,133.19	8/22/2013	10/17/2013	10/25/2014	$43.44
$8,646.77	9/5/2013	11/29/2013	10/25/2014	$62.28
$423.08	9/12/2013	11/29/2013	10/25/2014	$2.80
$6,924.71	9/19/2013	11/29/2013	10/25/2014	$41.70
$1,398.08	9/26/2013	11/29/2013	10/25/2014	$7.58
$7,021.86	10/3/2013	11/29/2013	10/25/2014	$33.88
$423.08	10/10/2013	11/29/2013	10/25/2014	$1.79
$7,202.44	10/17/2013	11/29/2013	10/25/2014	$26.20
$1,398.08	10/24/2013	11/29/2013	10/25/2014	$4.26
$6,545.10	10/31/2013	12/13/2013	10/25/2014	$23.78
$423.08	11/7/2013	12/12/2013	10/25/2014	$1.25
$6,872.84	11/14/2013	12/12/2013	10/25/2014	$16.25
$423.08	11/21/2013	12/12/2013	10/25/2014	$0.75
$6,812.18	11/28/2013	4/22/2014	10/25/2014	$82.93
$128.45	11/28/2013	3/10/2014	10/25/2014	$1.10
$149.85	11/28/2013	3/12/2014	10/25/2014	$1.31
$975.00	11/25/2013	12/13/2013	10/25/2014	$1.48
$7,048.77	12/12/2013	8/5/2014	10/25/2014	$138.98
$130.25	12/12/2013	3/10/2014	10/25/2014	$0.96
$150.78	12/12/2013	3/12/2014	10/25/2014	$1.14
$423.08	12/19/2013	3/27/2014	10/25/2014	$3.48
$4,854.38	12/26/2013	4/1/2014	10/25/2014	$39.11
$2,752.64	12/26/2013	2/24/2014	10/25/2014	$13.88
$129.65	12/26/2013	3/10/2014	10/25/2014	$0.81
$152.16	12/26/2013	3/12/2014	10/25/2014	$0.97
$423.08	1/2/2014	3/31/2014	10/25/2014	$3.12
$3,895.86	1/9/2014	4/3/2014	10/25/2014	$27.45
$2,752.64	1/9/2014	2/24/2014	10/25/2014	$10.64
$128.45	1/9/2014	3/10/2014	10/25/2014	$0.65
$148.00	1/9/2014	3/12/2014	10/25/2014	$0.77

Total Lost Earnings: $1,436.25

Restoration of Profits

No Restoration of Profit transactions entered.

Disclaimer and Limitations

The U.S. Department of Labor is not responsible for any loss of calculations and data. The Department does not monitor data you enter online, and you **cannot save calculations online.** You may save your results by printing a copy or copying/pasting a copy into a text document on your computer before terminating your session.

For more information on the collection, use and disclosure of personally-identifying information, see the Department's Privacy and

HOOSIER PLASTIC FABRICATION, INC.
INCURRED LIABILITIES
FOR THE YEAR 2013

DATE INCURRED	1/7/2013	1/14/2013	1/15/2013	1/21/2013	1/28/2013	2/4/2013	2/11/2013	2/18/2013	2/15/2013	2/25/2013	3/4/2013	3/11/2013	3/18/2013
deferral	903.08	5,247.13	2,114.79	903.08	5,341.99	903.08	5,407.90	663.08	2,114.79	5,316.53	663.08	4,762.43	663.08
loan 1	571.79	1,486.41		571.79	1,486.41	571.79	1,514.88	571.79		1,486.41	571.79	1,486.41	571.79
loan 2	342.27	1,017.19		342.27	1,017.19	342.27	1,017.19	342.27		1,017.19	342.27	1,017.19	342.27
	1,817.14	7,750.73	2,114.79	1,817.14	7,845.59	1,817.14	7,939.97	1,577.14	2,114.79	7,820.13	1,577.14	7,266.03	1,577.14
	1,817.14	7,750.73	2,114.79	1,817.14	7,845.59	1,817.14	7,939.97	1,577.14	2,114.79	7,820.13	1,577.14	7,266.03	1,577.14
	-	-	-	-	-	-	-	-	-	-	-	-	-

HOOSIER PLASTIC FABRICATION, INC.
APPLIED PAYMENTS
FOR THE YEAR 2013

DATE CLEARED BANK RecoveryDate	1/16/2013	6/24/2013	3/25/2013	3/18/2013	3/19/2013	3/25/2013	3/18/2013	5/10/2013	5/10/2013	5/10/2013	5/10/2013	5/10/2013	5/17/2013
deferral	903.08	5,247.13	2,114.79	903.08	5,341.99	903.08	5,407.90	663.08	2,114.79	5,316.53	663.08	4,762.43	423.08
loan 1	571.79	1,486.41		571.79	1,486.41	571.79	1,486.41	571.79		1,486.41	571.79	1,486.41	
loan 2	342.27	1,017.19		342.27	1,017.19	342.27	1,017.19	342.27		1,017.19	342.27	1,017.19	
	1,817.14	7,750.73	2,114.79	1,817.14	7,845.59	1,817.14	7,911.50	1,577.14	2,114.79	7,820.13	1,577.14	7,266.03	423.08

CHECKS ISSUED

EXPECTED DATE LossDate	1/17/2013	1/24/2013	1/25/2013	1/31/2013	2/7/2013	2/14/2013	2/21/2013	2/28/2013	2/25/2013	3/7/2013	3/14/2013	3/21/2013	3/28/2013
DAYS LATE	-1	151	59	46	40	39	25	71	74	64	57	50	50

10/25-14

HOOSIER PLASTIC FABRICATION, INC
INCURRED LIABILITIES
FOR THE YEAR 2013

DATE INCURRED	3/18/2013	3/25/2013	4/1/2013	4/8/2013	4/15/2013	4/22/2013	4/29/2013	5/6/2013	5/13/2013	5/15/2013	5/20/2013	5/27/2013	6/3/2013
deferral	2,114.79	5,047.66	663.08	5,166.70	3,171.08	6,848.42	423.08	6,938.18	423.08	2,748.00	6,796.40	423.08	6,794.38
loan 1		1,486.41	571.79	1,486.41	571.79	1,486.41	571.79	1,559.11			1,378.84		1,597.20
loan 2		1,017.19	342.27	1,017.19	342.27	1,017.19	342.27	1,017.19			849.28		849.28
	2,114.79	7,551.26	1,577.14	7,670.30	4,085.14	9,352.02	1,337.14	9,514.48	423.08	2,748.00	9,024.52	423.08	9,240.86
	2,114.79	7,551.26	1,577.14	7,670.30	4,085.14	9,352.02	1,337.14	9,514.48	123.08	2,748.00	9,024.52	423.08	9,240.86
	-	-	-	-	-	-	-	-	300.00	-	-	-	-

HOOSIER PLASTIC FABRICATION, INC.
APPLIED PAYMENTS
FOR THE YEAR 2013

DATE CLEARED BANK	6/24/2013	5/10/2013	6/12/2013	6/24/2013	6/24/2013	6/24/2013	6/12/2013	7/16/2013	6/17/2013	5/17/2013	8/19/2013	6/17/2013	9/17/2013
deferral	2,114.79	5,047.66	423.08	5,166.70	3,171.08	6,848.42	-	6,938.18	423.08	2,748.00	6,596.40	423.08	6,594.38
loan 1		1,486.41		1,386.79		1,386.79		1,559.11			1,378.84		1,463.33
loan 2		1,017.19		1,017.19	-	1,017.19		1,017.19			786.81		924.50
	2,114.79	7,551.26	423.08	7,570.68	3,171.08	9,252.40	-	9,514.48	423.08	2,748.00	8,762.05	423.08	8,982.21
			CHECKS ISSUED		CHECKS ISSUED **TO ROB AND JEFF**		CHECKS ISSUED						
EXPECTED DATE	3/28/2013	4/4/2013	4/11/2013	4/18/2013	4/25/2013	5/2/2013	5/9/2013	5/16/2013	5/23/2013	5/25/2013	5/30/2013	6/6/2013	6/13/2013
DAYS LATE	88	36	62	67	60	53	34	61	25	-8	81	11	96

HOOSIER PLASTIC FABRICATION, INC.
INCURRED LIABILITIES
FOR THE YEAR 2013

DATE INCURRED	6/10/2013	6/17/2013	6/24/2013	7/1/2013	7/8/2013	7/15/2013	7/22/2013	7/29/2013	8/5/2013	8/12/2013	8/15/2013	8/19/2013	8/26/2013
deferral	423.08	9,475.37	423.08	6,979.80	423.08	9,395.65	423.08	10,328.30	423.08	6,712.65	975.00	423.08	6,178.73
loan 1		1,504.14		1,358.04		1,358.04		1,540.42		1,513.54			1,513.54
loan 2		849.28		849.28		939.28		954.50		954.50			954.50
	423.08	11,828.79	423.08	9,187.12	423.08	11,692.97	423.08	12,823.22	423.08	9,180.69	975.00	423.08	8,646.77
	423.08	11,828.79	423.08	9,187.12	123.08	11,692.97	423.08	12,823.22	423.08		975.00	423.08	8,646.77
	-	-	-	-	300.00	-	-	-	-	9,180.69	-	-	-

HOOSIER PLASTIC FABRICATION, INC.
APPLIED PAYMENTS
FOR THE YEAR 2013

DATE CLEARED BANK	6/17/2013	6/21/2013	6/24/2013	10/17/2013	8/19/2013	10/17/2013	8/19/2013	10/17/2013	8/19/2013	10/17/2013	8/19/2013	8/19/2013	11/29/2013
deferral	423.08	9,475.37	423.08	6,779.80	423.08	9,395.65	423.08	10,328.30	423.08	6,712.65	975.00	423.08	6,178.73
loan 1		1,504.14		1,323.79		1,348.81		1,492.92		1,466.04			1,513.54
loan 2		849.28		924.50		967.00		954.50		954.50			954.50
	423.08	11,828.79	423.08	9,028.09	423.08	11,711.46	423.08	12,775.72	423.08	9,133.19	975.00	423.08	8,646.77

EXPECTED DATE	6/20/2013	6/27/2013	7/4/2013	7/11/2013	7/18/2013	7/25/2013	8/1/2013	8/8/2013	8/15/2013	8/22/2013	8/25/2013	8/29/2013	9/5/2013
DAYS LATE	-3	-6	-10	98	32	84	18	70	4	56	-6	-10	85

HOOSIER PLASTIC FABRICATION, INC.
INCURRED LIABILITIES
FOR THE YEAR 2013

DATE INCURRED	9/2/2013	9/9/2013	9/16/2013	9/23/2013	9/30/2013	10/7/2013	10/14/2013	10/21/2013	10/28/2013	11/4/2013	11/11/2013	11/18/2013
deferral	423.08	4,466.67	1,398.08	4,435.69	423.08	4,677.13	1,398.08	4,105.38	423.08	4,243.99	423.08	4,155.04
loan 1		1,513.54		1,663.54		1,618.31		1,564.13		1,564.13		1,564.13
loan 2		954.50		922.63		907.00		875.59		1,064.72		1,064.72
	423.08	6,934.71	1,398.08	7,021.86	423.08	7,202.44	1,398.08	6,545.10	423.08	6,872.84	423.08	6,783.89
	423.08	6,934.71	1,398.08	7,021.86	423.08	7,202.44	1,398.08	6,545.10	423.08	6,872.84	423.08	6,783.89
	-	-	-	-	-	-	-	-	-	-	-	-

HOOSIER PLASTIC FABRICATION, INC.
APPLIED PAYMENTS
FOR THE YEAR 2013

DATE CLEARED BANK	11/29/2013	11/29/2013	11/29/2013	11/29/2013	11/29/2013	11/29/2013	11/29/2013	12/13/2013	12/12/2013	12/12/2013	12/12/2013	4/22/2014
deferral	423.08	4,466.67	1,398.08	4,435.69	423.08	4,677.13	1,398.08	4,105.38	423.08	4,243.99	423.08	4,155.04
loan 1		1,513.54		1,663.54		1,618.31		1,564.13		1,564.13		1,592.42
loan 2		954.50		922.63		907.00		875.59		1,064.72		1,064.72
	423.08	6,934.71	1,398.08	7,021.86	423.08	7,202.44	1,398.08	6,545.10	423.08	6,872.84	423.08	6,812.18

EXPECTED DATE	9/12/2013	9/19/2013	9/26/2013	10/3/2013	10/10/2013	10/17/2013	10/24/2013	10/31/2013	11/7/2013	11/14/2013	11/21/2013	11/28/2013
DAYS LATE	78	71	64	57	50	43	36	43	35	28	21	145



HOOSIER PLASTIC FABRICATION, INC.
INCURRED LIABILITIES
FOR THE YEAR 2013

DATE INCURRED	BONILLA 11/18/2013	PREZA 11/18/2013	11/15/2013	11/25/2013	12/2/2013	BONILLA 12/2/2013	PREZA 12/2/2013	12/9/2013	12/16/2013	CATCHUP LOAN PAYMENT 12/16/2013	BONILLA 12/16/2013	PREZA 12/16/2013
deferral			975.00	423.08	4,305.64							
loan 1					1,564.13			423.08	5,136.19			
loan 2					1,266.73				1,671.39	-		
									1,266.73	-		
			975.00	423.08	7,136.50			423.08	8,074.31			
			975.00	423.08	7,136.50			423.08	8,074.31			
			-	-	-			-	-			

HOOSIER PLASTIC FABRICATION, INC.
APPLIED PAYMENTS
FOR THE YEAR 2013

DATE CLEARED BANK	3/10/2014	3/12/2014	12/13/2013	12/12/2013	8/5/2014	3/10/2014	3/12/2014	3/27/2014	4/1/2014	2/24/2014	3/10/2014	3/12/2014
deferral	128.45	149.85	975.00	423.08	4,305.64	130.25	150.78	423.08	4,854.38		129.65	152.16
loan 1					1,476.40					1,485.91		
loan 2					1,266.73					1,266.73		
	128.45	149.85	975.00	423.08	7,048.77	130.25	150.78	423.08	4,854.38	2,752.64	129.65	152.16

									281.81			
EXPECTED DATE	11/28/2013	11/28/2013	11/25/2013	12/5/2013	12/12/2013	12/12/2013	12/12/2013	12/19/2013	12/26/2013	12/26/2013	12/26/2013	12/26/2013
DAYS LATE	102	104	18	7	236	88	90	98	96	60	74	76

HOOSIER PLASTIC FABRICATION, INC.
INCURRED LIABILITIES
FOR THE YEAR 2013

			CATCHUP LOAN PAYMENT	BONILLA	PREZA	ALCALA LOAN CATCHUP	GUTIERREZ LOAN CATCHUP	JUAN LEON LOAN CATCHUP	KEITH KEATING LOAN CATCHUP	
DATE INCURRED	12/23/2013	12/30/2013	12/30/2013	12/30/2013	12/30/2013					TOTAL
deferral	423.08	4,172.31								181,576.71
loan 1		1,634.89	-							44,746.92
loan 2		1,266.73	-							29,024.39
	423.08	7,073.93								255,348.02
										255,348.02
	423.08	7,073.93								255,348.02
	-	-								-

HOOSIER PLASTIC FABRICATION, INC.
APPLIED PAYMENTS
FOR THE YEAR 2013

DATE CLEARED BANK	3/31/2014	4/3/2014	2/24/2014	3/10/2014	3/12/2014	1/30/2014	1/31/2014	1/31/2014	12/5/2013	TOTAL
deferral	423.08	3,895.86		128.45	148.00					180,632.96
loan 1			1,485.91			36.89	243.42	109.56		41,955.67
loan 2			1,266.73						808.04	28,579.04
	423.08	3,895.86	2,752.64	128.45	148.00	36.89	243.42	109.56	808.04	251,167.67
										251,167.67
		276.45								
EXPECTED DATE	1/2/2014	1/9/2014	1/9/2014	1/9/2014	1/9/2014					
DAYS LATE	88	84	46	60	62					

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Swenson
CORPORATION

Hoosier Plastic Fabrication, Inc. 401(k) Salary Reduction Plan

FINANCIAL STATEMENTS

December 31, 2013 and 2012

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CORPORATION

INDEPENDENT AUDITORS' REPORT

Participants and the Administrative Committee
Hoosier Plastic Fabrication, Inc. 401(k) Salary Reduction Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hoosier Plastic Fabrication, Inc. 401(k) Salary Reduction Plan (the "Plan"), which comprise the statements of net assets available for plan benefits as of December 31, 2013 and 2012, the related statements of changes in net assets available for plan benefits for the years ended December 31, 2013 and 2012, 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 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 investment information summarized in Note 7, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that Fidelity Management Trust Company holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2013 and 2012 and for the years ended December 31, 2013 and 2012, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Business Advisors
Certified Public Accountants
10606 Trademark Parkway N., Suite 203, Rancho Cucamonga, CA 91730
909 / 989-5867 FAX 909 / 989-1471

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CORPORATION

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.

Emphasis of Matter

As discussed in Note 8 to the financial statements, the plan is in progress of meeting with legal counsel to correct certain operational failures that occurred during the 2012 and 2013 plan year ends. At this time the outcome is not known as to the consequences, if any, to the Plan or its participants. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013 is required by the Department of Labor's ("DOL") 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.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is 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.

Swenson Corporation

SWENSON CORPORATION

October 15, 2014

HOOSIER PLASTIC FABRICATION, INC. 401(k) SALARY REDUCTION PLAN

Statements of Net Assets Available for Plan Benefits

December 31, 2013 and 2012

	2013	2012
Investments, at fair value:		
Mutual funds	$ 1,979,196	$ 2,302,312
Money market account	263,832	326,901
Total investments	2,243,028	2,629,213
Receivables:		
Notes receivable from participants	161,477	223,820
Employer receivable	11,300	12,491
Participant contributions	19,175	33,933
Employer contributions	2,098	12,131
Net assets available for plan benefits	$ 2,437,078	$ 2,911,588

See accompanying notes and report of independent auditors.

Swenson

HOOSIER PLASTIC FABRICATION, INC. 401(k) SALARY REDUCTION PLAN

Statements of Changes in Net Assets Available for Plan Benefits

For the Years Ended December 31, 2013 and 2012

	2013	2012
Additions to net assets attributed to:		
Investment income:		
Net realized and unrealized appreciation in fair value of investments	**$ 250,669**	$ 212,235
Dividends, interest and other income	**105,367**	61,636
Interest on notes receivable from participants	**12,255**	11,275
	368,291	285,146
Contributions:		
Participants	**179,117**	255,585
Employer	**-**	70,413
	179,117	325,998
Total additions	**547,408**	611,144
Deductions from net assets attributed to:		
Participant withdrawals and benefit payments	**988,425**	240,083
Deemed distributions	**7,294**	-
Administrative expenses	**26,199**	6,077
Total deductions	**1,021,918**	246,160
Net (decrease) increase	**(474,510)**	364,984
Net assets available for plan benefits, beginning of year	**2,911,588**	2,546,604
Net assets available for plan benefits, end of year	**$ 2,437,078**	$ 2,911,588

See accompanying notes and report of independent auditors.

Swenson

1. Description of plan

The following brief description of the Hoosier Plastic Fabrication, Inc. 401(k) Salary Reduction Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan, which was established on January 1, 1995, is a defined contribution plan sponsored and administered by Hoosier Plastic Fabrication, Inc. (the "Company", "Sponsor" or "Plan Administrator"). The Plan was subsequently amended and restated on July 1, 2012. Employees who have reached the age of 21 years and have completed three months of service with the Company are eligible to participate in the Plan. Participation continues until retirement, disability, termination of employment, or death, at which time the participant's vested account balance becomes payable. The Plan is subject to the provisions of the ERISA and is in conformance with all subsequent applicable tax law changes.

Contributions

The Sponsor made safe harbor matching employer contributions at a rate of 100% of the first 3% of compensation and then 50% on the next 2% of compensation. Upon restatement of the Plan, on July 1, 2012, the Sponsor will no longer make safe harbor matching employer contributions.

The Sponsor may make discretionary matches to the participant contributions at a rate of 100% of all contributions that do not exceed 4% of compensation. At July 2012, the Sponsor suspended making discretionary matches.

The Sponsor may make discretionary profit sharing contributions to the Plan as determined annually by the Administrative Committee. For the years ended December 31, 2013 and 2012, the Sponsor did not make any discretionary profit sharing contributions.

Participants may make contributions to the Plan in an amount not to exceed 90% of their compensation, subject to maximum annual legal limits. Participants may also make rollover contributions from other retirement plans. Participants direct the investment of their contributions, and employer contributions (whether discretionary or non-discretionary) into various investment options offered by the Plan. The Plan currently offers several mutual funds as investment options for participants. Participants may elect to change their investment options and transfer their account balances among the different investment options at any time.

Participant accounts

Participants' accounts are credited with investment earnings and with an allocation of the Sponsor's discretionary and non-discretionary contributions. Allocations are based on participant compensation or account balances, as defined by the Plan.

(Continued)

Swenson

1. **Description of plan (continued)**

Vesting

Participants are immediately vested in their voluntary contributions and any non-discretionary contributions made on their behalf, plus actual earnings thereon. Other contributions vest ratably over a period of six-years. A year of vesting service is any year in which a participant works at least 1,000 hours for the Sponsor.

Notes receivable from participants

Participants may borrow a minimum of $1,000 up to a maximum of the lesser of 50% of their vested balance or $50,000, under the conditions stipulated by the Plan document. The notes are secured by the remaining vested balance in their accounts. Interest on participant notes is determined in accordance with the Plan agreement and bear interest at a rate equal to the prime interest rate plus 1%. A note becomes immediately due and payable upon a participant's termination of employment, death, or disability. The notes receivable are valued at their outstanding balance plus accrued interest. Participants' notes receivable are for fixed terms, requiring regular periodic repayment by payroll deductions.

Benefit payments

A participant's account will be distributed upon retirement or termination in accordance with the distribution options defined by the Plan. Participants may receive their vested account balance in a lump sum distribution. Under certain circumstances, participants may make a financial hardship withdrawal.

Forfeitures

Forfeitures occur in the Plan year in which a participant terminates employment with the Company and receives a distribution of participant's entire vested account, or if participant does not receive a distribution, after five consecutive one year breaks in service.

Administrative expenses

For the years ended December 31, 2013 and 2012, all Plan administrative expenses were paid by the Plan.

Swenson

2. Summary of significant accounting policies

Basis of accounting

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

Use of estimates

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

Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the 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 statement of net assets available for Plan benefits.

Payment of benefits

Benefits are recorded when paid.

Investment valuation

The Plan's investments are stated at fair value as determined by quoted market prices. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis.

Contributions

Discretionary employer contributions are recognized in the period for which they are declared.

Accounting standards updates

In October 2012, the Financial Accounting Standards Board ("FASB") approved for issuance the FASB Accounting Standards Update ("ASU") on Technical Corrections and Improvements, which contains conforming amendments to the Codification to reflect the measurement and disclosure requirements of Fair Value Measurement (FASB ASC Topic 820). ASU 2012-04 is effective for annual reporting periods beginning after December 15, 2013 for nonpublic entities. The Plan Administrator does not expect a material impact to either the disclosures or fair value measurements from the required adoption of this guidance.

Swenson

3. Plan termination

Although the Sponsor has not expressed any intent to do so, it 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 Plan termination, participants shall become fully vested in their account balances and the net assets of the Plan will be allocated to the participants in accordance with the terms of the Plan.

4. Tax status

The Plan adopted the volume submitter profit sharing Plan and is relying on the tax exempt status from the Internal Revenue Service ("IRS") by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with the applicable requirements of the Internal Revenue Code ("IRC"). Therefore, no provision for income taxes has been included in the Plan's financial statements.

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) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the 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 disclosure in the financial statements. The Plan is subject to routine audits by the taxing jurisdiction; however, there are currently no audits for any tax periods in progress. The tax returns for the years ended December 31, 2010, 2011, 2012 and 2013 are open to audit.

5. Investments

The Plan's investments are held by Fidelity Management Trust Company at December 31, 2013. The following table presents the fair values of those investments that represent 5% or more of the Plan's net assets at December 31, 2013.

Fid Freedom 2030	$ 403,312
Fid Freedom 2020	281,831
Fidelity Retire MMKT	263,832
Fid Balanced	167,874

Swenson

6. Fair value of investments

FASB ASC 820, *Fair Value Measurements and Disclosures*, established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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.

Following is a description of the valuation methodologies used for assets measured at fair value:

- *Mutual funds*: Valued at the net asset value ("NAV") of shares held by the Plan at year-end.
- *Money market account*: Valued at the cost basis which equals fair value.

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.

(Continued)

Swenson

6. **Fair value of investments (continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2013:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Target retirement	**$ 1,118,577**	**$ -**	**$ -**	**$ 1,118,577**
Value	**119,654**	**-**	**-**	**119,654**
Balanced	**167,874**	**-**	**-**	**167,874**
Growth	**199,112**	**-**	**-**	**199,112**
International	**107,986**	**-**	**-**	**107,986**
Bond	**-**	**192,666**	**-**	**192,666**
Blend	**73,327**	**-**	**-**	**73,327**
Total mutual funds	**1,786,530**	**192,666**	**-**	**1,979,196**
Money market account	**263,832**	**-**	**-**	**263,832**
Total	**$ 2,050,362**	**$ 192,666**	**$ -**	**$ 2,243,028**

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2012:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Target retirement	$ 902,781	$ -	$ -	$ 902,781
Value	168,169	-	-	168,169
Balanced	316,642	-	-	316,642
Growth	222,215	-	-	222,215
International	280,467	-	-	280,467
Bond	-	356,163	-	356,163
Blend	55,875	-	-	55,875
Total mutual funds	1,946,149	356,163	-	2,302,312
Money market account	326,901	-	-	326,901
Total	$ 2,273,050	$ 356,163	$ -	$ 2,629,213

Swenson

7. Information certified by the trustee

The following is a summary of the information included in the Plan's financial statements that was prepared by the trustee and furnished to the Plan Administrator. The trustee has certified that such information is complete and accurate.

Assets available for plan benefits at December 31:	2013	2012
Fid Balanced	$ 167,874	$ 316,642
Fidelity Retire MMKT	263,832	326,901
Fid Freedom 2020	281,831	300,923
Fid Freedom 2030	403,312	265,938
Pimco Total Return Adm	75,743	183,707
Fid Sel Cons Staples	28,902	185,590
Fid Strategic Income	92,819	140,284
Col Mid Cp Val Op	58,968	104,659
Royce Value Plus Ser	43,804	79,808
Fid Freedom 2025	85,887	94,250
Janus Forty S	86,064	82,024
Fid Freedom 2040	59,149	45,875
Fid Freedom Income	29,289	27,413
Fid Freedom 2035	57,692	54,935
MSIF Mid Cap Growth A	46,478	43,523
Fidelity Emerg Mrkts	21,277	43,402
Fid Freedom 2015	108,686	38,035
Fid Freedom 2050	49,213	36,354
Allnz Nfj SmcpVal Ad	46,824	35,960
Harbor Intl Inst	37,114	34,490
Allnz Nfj Div Val Ad	13,862	27,550
Fid Freedom 2010	12,563	17,898
Spartan 500 Index	40,069	25,624
Fid Value Discovery	11,713	16,938
Spartan Intl Index	20,693	16,985
Fid Independence	22,766	16,860
Fid Freedom 2045	17,486	12,182
Fid Leveraged Co Stk	18,274	10,458
Fid Freedom 2000	6,404	5,289
Sptn Extnd Mkt Index	3,271	2,855
Fid Freedom 2055	7,065	3,689
Sptn Int Tr Idx Adv	24,104	32,172
Notes receivable from participants	172,777	236,311
Total funds on deposit with investment company	$ 2,415,805	$ 2,865,524

(Continued)

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7. Information certified by the trustee (continued)

Changes in total assets available for benefits for the year ended December 31:	2013	2012
Dividends, interest and other income	**$ 104,507**	$ 60,398
Interest income on notes receivable from participants	**$ 12,255**	$ 11,275
Net realized and unrealized appreciation in fair value of investments	**$ 250,669**	$ 212,235

8. Prohibited transactions

During 2012, the Company failed to remit to the Plan's trustee certain employee contributions and loan repayments totaling approximately $180,000 within the time period prescribed by the Department of Labor regulations. Delays in remitting contributions to the trustee were due to administrative errors. The Company has made contributions to the affected participants' accounts to compensate those participants an aggregate of $576 and will make additional contributions of $662 for potential lost income due to the delays.

During 2013, the Company failed to remit to the Plan's trustee certain employee contributions and loan repayments totaling approximately $230,500 within the time period prescribed by the Department of Labor regulations. The Company will make contributions to the affected participants' accounts to compensate those participants an aggregate of $1,436 for potential lost income due to the delays.

In addition, the Company intends to correct a limited number of isolated operational errors related to employee distributions under the IRS's Employee Plans Compliance Resolution System.

9. Subsequent events

Management has evaluated subsequent events through October 15, 2014, the date on which the financial statements were available to be issued.

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Supplemental Information

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HOOSIER PLASTIC FABRICATION, INC. 401(k) SALARY REDUCTION PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

December 31, 2013

EIN: 95-3563149 PLAN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Fidelity	Fid Freedom 2030		$ 403,312
*	Fidelity	Fid Freedom 2020		281,831
*	Fidelity	Fidelity Retire MMKT		263,832
*	Fidelity	Fid Balanced		167,874
*	Fidelity	Fid Freedom 2015		108,686
*	Fidelity	Fid Strategic Income		92,819
		Janus Forty S		86,064
*	Fidelity	Fid Freedom 2025		85,887
		Pimco Total Return Adm		75,743
*	Fidelity	Fid Freedom 2040		59,149
		Col Mid Cp Val Op		58,968
*	Fidelity	Fid Freedom 2035		57,692
*	Fidelity	Fid Freedom 2050		49,213
		Allnz Nfj SmcpVal Ad		46,824
		MSIF Mid Cap Growth A		46,478
		Royce Value Plus Ser		43,804
		Spartan 500 Index		40,069
		Harbor Intl Inst		37,114
*	Fidelity	Fid Freedom Income		29,289
*	Fidelity	Fid Sel Cons Staples		28,902
		Sptn Int Tr Idx Adv		24,104
*	Fidelity	Fid Independence		22,766
*	Fidelity	Fidelity Emerging Mrkts		21,277
		Spartan Intl Index		20,693
*	Fidelity	Fid Leveraged Co Stk		18,274
*	Fidelity	Fid Freedom 2045		17,486
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*	Fidelity	Fid Freedom 2010		12,563
*	Fidelity	Fid Value Discovery		11,713
*	Fidelity	Fid Freedom 2000		6,404
*	Fidelity	Fid Freedom 2055		7,065
		Sptn Extnd Mkt Index		3,271
	Notes receivable from participants	Secured notes from participants maturing through 2018. Interest rates ranging from 6% to 7%		161,477
				$ 2,404,505

* Indicates party-in-interest

See accompanying notes and report of independent auditors.

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HOOSIER PLASTIC FABRICATION, INC. 401(k) SALARY REDUCTION PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

December 31, 2013

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