

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 2014 This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>INTEGRATED PRINT & GRAPHICS, INC 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1998</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1998</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>INTEGRATED PRINT & GRAPHICS, INC</u> <u>645 STEVENSON ROAD</u> <u>SOUTH ELGIN, IL 60177</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>36-2703670</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>847-717-8229</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>323100</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>36-2703670</u>	2c Plan Sponsor's telephone number <u>847-717-8229</u>	2d Business code (see instructions) <u>323100</u>	
2b Employer Identification Number (EIN) <u>36-2703670</u>					
2c Plan Sponsor's telephone number <u>847-717-8229</u>					
2d Business code (see instructions) <u>323100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/13/2015	CHRISTOPHER GORSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/13/2015	CHRISTOPHER GORSKI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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	5 125
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 111
a(2) Total number of active participants at the end of the plan year	6a(2) 120
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 15
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 135
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 135
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 84
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 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>INTEGRATED PRINT & GRAPHICS, INC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTEGRATED PRINT & GRAPHICS, INC</u>	D Employer Identification Number (EIN) <u>36-2703670</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MERRILL LYNCH,PIERCE,FENNER & SMITH

13-5674085

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

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

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

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

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

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

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

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

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

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

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

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

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

ASCENSUS

11-3665754

(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 99 15 60 50	NONE	1290	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>INTEGRATED PRINT & GRAPHICS, INC 401(K) PLAN</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTEGRATED PRINT & GRAPHICS, INC</u>		D Employer Identification Number (EIN) <u>36-2703670</u>

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)	100008000
(2) Participant contributions		1b(2)	
(3) Other.....		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	265264218546
(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)	110822103703
(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)	32368153806755
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15)	

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(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	3622901	4137004

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3622901	4137004
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	8000	
(B) Participants	2a(1)(B)	310414	
(C) Others (including rollovers)	2a(1)(C)	104553	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		422967

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	15	
(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)	4675	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4690

(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)	43769	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		43769

(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)		232516
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		703942

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	188549	
(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)		188549
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)	1290	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1290
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		189839

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		514103
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: DHJJ

(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:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
4m			
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.	X		
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 2014 This Form is Open to Public Inspection.	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan INTEGRATED PRINT & GRAPHICS, INC 401(K) PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 INTEGRATED PRINT & GRAPHICS, INC				D Employer Identification Number (EIN) 36-2703670	
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): 45-0404698					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.					
Schedule R (Form 5500) 2014 v. 140124					

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

INTEGRATED PRINT & GRAPHICS, INC.
401(k) PLAN

December 31, 2014 and 2013

CONTENTS

Independent Auditor's Report.....	I-2
-----------------------------------	-----

Financial Statements

Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits.....	4
Notes to Financial Statements.....	5-12

Supplemental Information

Schedule H, Line 4i Schedule of Assets (Held at Year End).....	14
--	----



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

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
INTEGRATED PRINT & GRAPHICS, INC.
401(k) PLAN
South Elgin, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Integrated Print & Graphics, Inc. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year then ended December 31, 2014, 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Ascensus, the recordkeeper of the Plan, as agent for Ascensus Trust Company (formerly known as Frontier Trust Company), 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 agent on behalf of the Custodian as of December 31, 2014 and 2013 and for the year ended December 31, 2014, 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.

SOLUTIONS FOR SUCCESS

184 Shuman Boulevard, Suite 200, Naperville, Illinois 60563
tel/630-420-1360 fax/630-420-1463
WWW.DHJJ.COM

2560 Foxfield Road, Suite 300, St. Charles, Illinois 60174
tel/630-377-1106 fax/630-377-2294

Other Matter

The supplemental schedule of Schedule H, Line 4i Schedule of Assets (Held at Year End), as of December 31, 2014 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 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.

Di Giovine Hnilo Jordan + Johnson Ltd.

DIGIOVINE HNILO JORDAN + JOHNSON LTD.

Certified Public Accountants

Naperville, Illinois

August 24, 2015

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ASSETS		
Participant-directed investments, at fair value		
Registered investment companies	\$ 4,025,301	\$ 3,502,079
Receivables		
Employer contribution	8,000	10,000
Notes receivable from participants	<u>103,703</u>	<u>110,822</u>
	<u>111,703</u>	<u>120,822</u>
TOTAL ASSETS	4,137,004	3,622,901
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 4,137,004</u></u>	<u><u>\$ 3,622,901</u></u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2014

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Contributions:	
Employer	\$ 8,000
Participants	310,414
Rollovers	104,553
	<u>422,967</u>
Investment income:	
Participant-directed investment income:	
Net appreciation in fair value of investments	232,516
Interest and dividends	43,784
Interest - notes receivable from participants	4,675
	<u>280,975</u>
TOTAL ADDITIONS	703,942

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	188,549
Administrative expenses	1,290
TOTAL DEDUCTIONS	<u>189,839</u>
NET INCREASE	514,103

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>3,622,901</u>
END OF YEAR	<u>\$ 4,137,004</u>

See accompanying notes.

Integrated Print & Graphics, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE A--DESCRIPTION OF PLAN

The following description of the Integrated Print & Graphics, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is sponsored by Integrated Print & Graphics, Inc. (the "Company") for employees that meet specific eligibility requirements. The Plan, designated as a defined contribution plan, was established on January 1, 1998 and has been amended and restated, effective May 1, 2009. The Plan provides for contributions to be made under salary deferral agreements pursuant to Section 401(k) of the Internal Revenue Code (the "Code"). Employees of the Company, 21 years or older, are eligible to participate on the first day of the next month following their completion of one year of service as defined in the Plan. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974 ("ERISA").

Contributions

Eligible participants may elect to contribute pre-tax annual compensation to the Plan by means of a salary deferral agreement not to exceed the maximum percentage permitted by law of their annual compensation. Contributions are subject to limitations as provided in the Code and as described in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans in accordance with Plan provisions. Salary deferral contributions are funded proximate to the withholding date.

The Company may make discretionary matching contributions in accordance with Plan provisions. Additional amounts may be contributed at the option of the Company's board of directors under qualified matching and qualified nonelective contribution provisions of the Plan. Company contributions are funded annually after the close of the Plan year and within statutory time frames. All contributions are subject to certain limitations as defined in the Plan.

Participants direct the investment of all deferral and allocated Company contributions into various investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's discretionary contributions, if any, (b) Plan earnings (loss), and (c) charged with an allocation of administrative expenses. Allocations are based on participant earnings, account balances 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.

Investment Options

Upon enrollment in the Plan, participants may direct employee contributions in one or more of the investment options offered by the Plan. The current investment choices are more fully described in the Plan's literature. Participants may change their investment options at any time in accordance with Plan provisions. During any period in which there is no participant direction on file with the Custodian as to the investment of a participant's account, the Plan Administrator will determine how participant deferral contributions will be invested. The Plan currently offers various investment options, which include a diverse group of mutual funds.

Integrated Print & Graphics, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE A--DESCRIPTION OF PLAN--continued

Vesting

Participants are immediately vested in their voluntary contributions and in qualified matching and qualified nonelective Company contributions, plus actual earnings thereon. Vesting in the Company's discretionary matching contribution portion of their accounts, plus earnings thereon, is based on years of credited service. A participant is 100% vested after five years of credited service as defined in the Plan.

<u>Years of Credited Service</u>	<u>Percentage Vested</u>
Less than 2	0%
2	20%
3	40%
4	60%
5 or more	100%

Participants who attain the normal retirement age of 65, satisfies certain conditions for early retirement, or who terminate employment due to death or disability, are 100 percent vested in their account balances.

Payment of Benefits

Upon termination of service due to death, disability, retirement or Plan termination, 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 annuity contract in accordance with Plan provisions. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution in accordance with Plan provisions.

All distributions will be made as soon as administratively feasible. Mandatory distributions greater than \$1,000 but less than \$5,000, may be paid in a direct rollover to an individual retirement plan designated by the Plan Administrator. These distributions will be made if a participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or does not elect to receive the distribution directly. If a participant has a vested account balance greater than \$5,000, they are not required to take a payout from the Plan until required distribution rules apply.

Participants may elect to receive hardship withdrawals prior to termination of employment from their deferral contribution account, or an amount equal to the value of the participant's vested interest in his or her employer matching contribution. Participants may also elect to withdraw rollover contributions at any time.

Participants who have attained age 59 1/2 may also receive in-service withdrawals for elective deferrals, vested matching contributions, qualified non-elective contributions, and qualified matching contributions.

Forfeited Accounts

At December 31, 2014 and 2013, forfeited nonvested accounts totaled \$122 and \$40 respectively. These accounts may be used to reduce administrative expenses under the Plan or future employer contributions, as directed by the Plan sponsor. During the year ended December 31, 2014, no forfeitures were used to reduce administrative expenses.

Integrated Print & Graphics, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE A--DESCRIPTION OF PLAN--continued

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loans are secured by the participant's vested account balance and bear a reasonable rate of interest (3.25% to 9.75% at December 31, 2014 and 2013) commensurate with local prevailing rates as determined by the Plan Administrator. Loans are for a period not to exceed five years unless for the purchase of the participant's principal residence, in which case the term of the loan is determined at the time the loan is made and is to be a reasonable period of time. Principal and interest shall be repaid ratably by participants through payroll deductions.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

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 Administrator to make estimates and assumptions that affect reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments in shares of registered investment companies are reported at fair value. 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's Administrator and Trustees determine the Plan's valuation policies utilizing information provided by investment advisers and Custodian. See Note C for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends, as applicable, are recorded on the ex-dividend date. Net appreciation includes 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 incurred. No allowance for credit losses has been recorded as of December 31, 2014 and 2013. Delinquent participant loans, if any, are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-continued

Administrative Expenses

The Company bears most administrative costs of the Plan and are excluded from these financial statements. Expenses specifically incurred by or attributable to a specific participant are charged directly to the participant's account and are included in administrative expenses. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Date of Management's Review

Management of the Plan has evaluated subsequent events through August 24, 2015, 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 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 *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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Gains and losses (realized and unrealized) are reported as net appreciation in fair value of investment in the Statement of Changes in net Assets Available for Benefits.

Integrated Print & Graphics, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE C--FAIR VALUE MEASUREMENTS-continued

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, 2014 and 2013.

Registered investment companies are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding method 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, 2014 and 2013.

Assets at Fair Value as of December 31, 2014

	Level 1	Level 2	Level 3	Total
Registered investment companies:				
Large-Cap	\$ 1,337,865	\$ -	\$ -	\$ 1,337,865
Mid-Cap	1,025,356	-	-	1,025,356
Small-Cap	618,661	-	-	618,661
International-Global	290,139	-	-	290,139
Target Date	236,404	-	-	236,404
Intermediate Bond	269,061	-	-	269,061
Intermediate Government	29,269	-	-	29,269
Money market	218,546	-	-	218,546
Total assets at fair value	<u>\$ 4,025,301</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,025,301</u>

Assets at Fair Value as of December 31, 2013

	Level 1	Level 2	Level 3	Total
Registered investment companies:				
Large-Cap	\$ 558,527	\$ -	\$ -	\$ 558,527
Mid-Cap	924,552	-	-	924,552
Small-Cap	481,292	-	-	481,292
International-Global	821,458	-	-	821,458
Target Date	218,531	-	-	218,531
Intermediate Government	232,455	-	-	232,455
Money market	265,264	-	-	265,264
Total assets at fair value	<u>\$ 3,502,079</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,502,079</u>

Integrated Print & Graphics, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE D--INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)

Certain information related to investments and supplemental schedule, including investments held at December 31, 2014 and 2013, and net appreciation in fair value, interest, and dividends for the year ended December 31, 2014, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Ascensus as agent for Ascensus Trust Company (formerly known as Frontier Trust Company), the Custodian, as of December 31, 2014 and 2013. 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 agent of the Custodian.

Except for comparing such information as certified by the agent of the Custodian to information included in the Plan's financial statements and supplemental schedule, the Plan's independent auditors did not perform any auditing procedures on the certified investments.

The following represents investments certified by the agent of the Custodian as of December 31, 2014.

Participant-directed investments, at fair value:

Registered investment companies, at fair value:

Delaware Diversified Income A	\$	269,061	*
Delaware US Growth A		1,416	
Templeton Foreign A		17,403	
Goldman Sachs Small Cap Value A		205,580	
Invesco Diversified Dividend A		318,940	*
Ivy Mid Cap Growth Y		171,958	
Ivy Global Growth Y		17,255	
JP Morgan US Equity A		31,414	
MFS Massachusetts Investors Gr Stk A		67,892	
MFS Mid Cap Value A		787,245	*
Prudential Government Income A		29,269	
Prudential Jennison Small Company A		28,930	
AllianceBern 2010 Retirement Strategy Fund A		4	
AllianceBern 2015 Retirement Strategy Fund A		8,959	
AllianceBern 2020 Retirement Strategy Fund A		13,712	
AllianceBern 2025 Retirement Strategy Fund A		172,340	
AllianceBern 2030 Retirement Strategy Fund A		27,429	
AllianceBern 2035 Retirement Strategy Fund A		13,779	
AllianceBern 2040 Retirement Strategy Fund A		181	
American Century Real Estate A		66,153	
American Funds Capital Income Builder R3		561,122	*
BlackRock Ready Assets Prime Money Fund		218,546	*
BlackRock S&P 500 Stock Institutional		357,081	*
BlackRock Global SmallCap A		255,481	*
BlackRock Health Sciences Opportunities A		384,151	*
Total participant-directed investments		4,025,301	
Notes receivable from participants		103,703	
	\$	4,129,004	

*Fair value of investments representing greater than 5% of the Plan's net assets as of December 31, 2014.

Integrated Print & Graphics, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE D--INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)-continued

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

Participant-directed investments, at fair value:

Registered investment companies, at fair value:

Delaware Diversified Income R	\$	194,833	*
Goldman Sachs Small Cap Value Svc		177,816	
Invesco Diversified Dividend R		281,967	*
Ivy Mid Cap Growth R		146,246	
JP Morgan US Equity R2		20,746	
MFS Massachusetts Investors Gr Stk		61,769	
MFS International Growth R2		10,960	
Neuberger Berman Real Estate R3		49,096	
Prudential Government Income R		37,622	
Prudential Jennison Small Company R		22,319	
Templeton Foreign R		18,235	
AllianceBern Discovery Value R		545,576	*
AllianceBern 2015 Retirement Strategy Fund R		8,705	
AllianceBern 2020 Retirement Strategy Fund R		8,112	
AllianceBern 2025 Retirement Strategy Fund R		141,245	
AllianceBern 2030 Retirement Strategy Fund R		51,821	
AllianceBern 2035 Retirement Strategy Fund R		8,541	
AllianceBern 2040 Retirement Strategy Fund R		108	
BlackRock Ready Assets Prime Money Fund		265,264	*
BlackRock S&P 500 Stock Investor A		276,328	*
BlackRock Capital Appreciation Fund B		232	
BlackRock Mid Cap Value Opportunities R		121,865	
BlackRock Global Allocation R		540,567	*
BlackRock Global SmallCap R		251,696	*
BlackRock Health Sciences Opportunities R		260,410	*
Total participant-directed investments		3,502,079	
Notes receivable from participants		110,822	
	\$	3,612,901	

*Fair value of investments representing greater than 5% of the Plan's net assets as of December 31, 2013.

During the year ended December 31, 2014, the Plan's investments (including gains and losses on investments bought, sold and held during the year), appreciated in value \$232,516. During the year ended December 31, 2014, the Plan's investments earned interest and dividends of \$43,784.

NOTE E--RELATED PARTY TRANSACTIONS

The Custodian provides certain administrative services to the Plan pursuant to a service agreement between the Plan and the Custodian. The Custodian receives revenue from mutual fund and common trust fund service providers for services the Custodian provides to the funds. This revenue is used to offset certain amounts owed to the Custodian for its administrative services to the Plan.

Integrated Print & Graphics, Inc. 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE E--RELATED PARTY TRANSACTIONS--continued

Certain Plan investments are managed by affiliates of the Custodian; and therefore, qualify as party-in-interest transactions. Ascensus (the "recordkeeper") performs administrative and recordkeeping services for the Plan. During both years ended December 31, 2014 and 2013, fees paid by the Company to the Custodian and the recordkeeper and other service providers approximated \$4,000.

Certain employees of the Company provide administrative services for the Plan and are not reimbursed for their services. Certain other administrative expenses are paid by the Company on behalf of the Plan. These amounts are not material to the financial statements.

NOTE F--PLAN TERMINATION

Although it has not expressed any intent to do so, 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 Plan termination, participants will become 100% vested in their employer contributions.

NOTE G--TAX STATUS

On March 31, 2014, the Internal Revenue Service stated that the prototype plan document, as then designed qualified under section 401(k) of the Internal Revenue Code (the "IRC"). The Plan has not received a determination letter specific to the Plan itself; however, the Plan administrator and the Plan's legal counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and, therefore, believe that the Plan is qualified and the related trust is tax exempt.

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2011.

NOTE H--RISKS AND UNCERTAINTIES

The Plan's assets are invested directly and indirectly in various investment securities which are purchased or managed by the Custodian. These 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.

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 statements of net assets available for benefits.

The participants who have borrowed from the Plan are all employees of the Company in the Chicagoland area, and their ability to repay the notes 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.

SUPPLEMENTAL INFORMATION

SCHEDULE H, LINE 4i**SCHEDULE OF ASSETS (HELD AT YEAR END)**

December 31, 2014

EIN: 36-2703670

Plan # 002

(a)	(b)	(c)	(d)	(e)
		Description of Investment Including		
	Identity of Issue, Borrower,	Maturity Date, Rate of Interest,		
	Lessor or Similar Party	Collateral, Par, or Maturity Value	Cost	Current Value
	Delaware Management, Co.	Delaware Diversified Income A	**	\$ 269,061
	Delaware Management, Co.	Delaware US Growth A	**	1,416
	Franklin Templeton Investment Funds	Templeton Foreign A	**	17,403
	Goldman Sachs	Goldman Sachs Small Cap Value A	**	205,580
	Invesco	Invesco Diversified Dividend A	**	318,940
	Ivy Funds	Ivy Mid Cap Growth Y	**	171,958
	Ivy Funds	Ivy Global Growth Y	**	17,255
	JPMorgan	JP Morgan US Equity A	**	31,414
	MFS	MFS Massachusetts Investors Gr Stk A	**	67,892
	MFS	MFS Mid Cap Value A	**	787,245
	Prudential Investments LLC	Prudential Government Income A	**	29,269
	Prudential Investments LLC	Prudential Jennison Small Company A	**	28,930
	AllianceBernstein LP	AllianceBern 2010 Retirement Strategy Fund A	**	4
	AllianceBernstein LP	AllianceBern 2015 Retirement Strategy Fund A	**	8,959
	AllianceBernstein LP	AllianceBern 2020 Retirement Strategy Fund A	**	13,712
	AllianceBernstein LP	AllianceBern 2025 Retirement Strategy Fund A	**	172,340
	AllianceBernstein LP	AllianceBern 2030 Retirement Strategy Fund A	**	27,429
	AllianceBernstein LP	AllianceBern 2035 Retirement Strategy Fund A	**	13,779
	AllianceBernstein LP	AllianceBern 2040 Retirement Strategy Fund A	**	181
	American Century	American Century Real Estate A	**	66,153
	American Funds	American Funds Capital Income Builder R3	**	561,122
	BlackRock Advisors LLC	BlackRock Ready Assets Prime Money Fund	**	218,546
	BlackRock Advisors LLC	BlackRock S&P 500 Stock Institutional	**	357,081
	BlackRock Advisors LLC	BlackRock Global SmallCap A	**	255,481
	BlackRock Advisors LLC	BlackRock Health Sciences Opportunities A	**	384,151
	Other:			
*	Participant loans	3.25% to 9.75%	-0-	103,703
				<u>\$ 4,129,004</u>

* Party-in-interest

** Participant-directed thus cost information not required.

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name INTEGRATED PRINT & GRAPHICS, INC 401(K) PLAN

EIN: 36-2703670

Plan Sponsor's Name INTEGRATED PRINT & GRAPHICS, INC

PN: 002

(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
	Merrill Lynch	Ready Assets	0	218,546
	BlackRock	BlackRock Global SmallCap Inv A	0	255,481
	Delaware	Delaware Diversified Income Fund A	0	269,061
	AllianceBern	AB 2010 Retmt Strategy A	0	4
	AllianceBern	AB 2015 Retmt Strategy A	0	8,959
	AllianceBern	AB 2020 Retmt Strategy A	0	13,712
	AllianceBern	AB 2025 Retmt Strategy A	0	172,340

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name INTEGRATED PRINT & GRAPHICS, INC 401(K) PLAN

EIN: 36-2703670

Plan Sponsor's Name INTEGRATED PRINT & GRAPHICS, INC

PN: 002

(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
	AllianceBern	AB 2030 Retmt Strategy A	0	27,429
	AllianceBern	AB 2035 Retmt Strategy A	0	13,779
	AllianceBern	AB 2040 Retmt Strategy A	0	181
	Prudential	Prudential Jennison Small Company A	0	28,930
	BlackRock	BlackRock Health Sciences Opp Port A	0	384,151
	Prudential	Prudential Government Income A	0	29,269
	Invesco	Invesco Diversified Dividend A	0	318,940

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name INTEGRATED PRINT & GRAPHICS, INC 401(K) PLAN

EIN: 36-2703670

Plan Sponsor's Name INTEGRATED PRINT & GRAPHICS, INC

PN: 002

(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
	JPMorgan	JPMorgan US Equity A	0	31,414
	MFS	MFS Massachusetts Investors Gr Stk A	0	67,892
	Ivy	Ivy Mid Cap Growth Y	0	171,958
	Goldman Sachs	Goldman Sachs Small Cap Value A	0	205,580
	Templeton	Templeton Foreign A	0	17,403
	BlackRock	BlackRock S&P 500 Stock Institutional	0	357,081
	MFS	MFS Mid Cap Value A	0	787,245

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name INTEGRATED PRINT & GRAPHICS, INC 401(K) PLAN
Plan Sponsor's Name INTEGRATED PRINT & GRAPHICS, INC

EIN: 36-2703670
PN: 002

(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
	American Century	American Century Real Estate A	0	66,153
	American Funds	American Funds Cap Income BuilderR3	0	561,122
	Delaware	Delaware US Growth A	0	1,416
	Ivy	Ivy Global Growth Y	0	17,255
	Participant loan account	Various rates and maturities	0	103,703