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 01/01/2014 and ending 12/31/2014

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
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MPG, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

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

366 MADISON AVENUE
FLOOR 10
NEW YORK, NY 10017

2b Employer Identification Number (EIN)
47-1246548

2c Plan Sponsor's telephone number
646-780-1859

2d Business code (see instructions)
541213

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.	10/07/2015	LINDSAY KUSH
	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	**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:	**4b** EIN	20-0357453
a Sponsor's name MPG, INC.	**4c** PN	001
5 Total number of participants at the beginning of the plan year	**5**	105
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)**	65
a(2) Total number of active participants at the end of the plan year	**6a(2)**	37
b Retired or separated participants receiving benefits	**6b**	2
c Other retired or separated participants entitled to future benefits	**6c**	23
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	62
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	62
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	46
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
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 2T 3D 3H 2S

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)

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)	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.**	**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
MPG, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ACCOUNTING FULFILLMENT SERVICES INC

D Employer Identification Number (EIN)
47-1246548

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

THE PARAGON ALLIANCE GROUP
300 HARLEYSVILLE PIKE
SOUDERTON, PA 18964

23-3044062

(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)

CAPITAL RESEARCH AND MGMT COMPANY

95-1411037

(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?
52 64 68 72 65	RECORDKEEPER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CAPITAL BANK AND TRUST COMPANY

95-6817943

(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?
25 62	TRUSTEE	0	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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(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

(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

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 01/01/2014 and ending 12/31/2014

A Name of plan
MPG, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ACCOUNTING FULFILLMENT SERVICES INC

D Employer Identification Number (EIN)
47-1246548

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		2162
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	12972	14041
(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)		
(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)	37120	7517
(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)	1112619	1039198
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1162711	1062918
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1162711	1062918

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)	20846	
	(B) Participants	2a(1)(B)	141261	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		162107
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	569	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		569
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		57796
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		220472
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	292970	
(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)		292970
f Corrective distributions (see instructions)	2f		23665
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)	3630	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3630
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		320265
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-99793
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: GILBERT & CALABRESE, LLC **(2)** EIN: 27-0249502

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		120000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

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
MPG, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ACCOUNTING FULFILLMENT SERVICES INC

D Employer Identification Number (EIN)
47-1246548

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): 47-1246548

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):

MPG, Inc. 401(k) Profit Sharing Plan
Financial Statements
December 31, 2014

MPG, Inc. 401(k) Profit Sharing Plan
Financial Statements
December 31, 2014

Table of Contents

Independent Auditors' Report ..... 1 - 2

Statements of Net Assets Available for Benefits 3

Statement of Changes in Net Assets Available for Benefits 4

Notes to Financial Statements ..... 5 - 10

Supplementary Data 11

Gilbert & Calabrese, LLC

Certified Public Accountants

Independent Auditors' Report

To the Plan Administrator of
the MPG, Inc. 401(k) Profit Sharing Plan
366 Madison Avenue,10th Floor
New York, NY 10117

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of MPG, Inc. 401(k) Profit Sharing 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 ended December 31, 2014 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 11, which was certified by American Funds and Capital Bank and Trust, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2014 and 2013 that the information provided to the plan administrator by the custodian is complete and accurate.

181 Route 206, Flanders, New Jersey 07836
973-448-1099 Fax 973-448-0004

Gilbert & Calabrese, LLC

Certified Public Accountants

Disclaimer of Opinion

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

Other Matter

The supplemental statement, Schedule H, Line 4i – Schedule of Assets (held at end of year), is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial. 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 schedules, 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.

Gilbert & Calabrese, LLC
Certified Public Accountants

Flanders, New Jersey
September 23, 2015

181 Route 206, Flanders, New Jersey 07836
973-448-1099 Fax 973-448-0004

MPG, Inc. 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

Assets

	2014	2013
Cash	$ 2,162	$ 763
Investments (at fair value)		
Registered investment companies	1,039,198	1,111,856
Contributions receivable	14,041	12,972
Notes receivable from participants	7,517	37,120
Total assets	1,062,918	1,162,711
Net assets available for benefits	$1,062,918	$1,162,711

See independent auditors' report and notes to financial statements.

MPG, Inc. 401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2014

Additions	
Additions to net assets attributed to:	
Net appreciation in fair value of investments	$ 57,796
Interest / dividend income	569
Employer contributions	20,846
Participants' contributions	141,261
Total additions	220,472
Deductions	
Deductions from net assets attributed to:	
Participant withdrawals	316,635
Administrative expenses	3,630
Total deductions	320,265
Net decrease	(99,793)
Net assets available for benefits:	
Beginning of year	1,162,711
End of year	$ 1,062,918

See independent auditors' report and notes to financial statements.

MPG, Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2014

Note 1- Description of Plan

The following description of the MPG, Inc. 401(k) Profit Sharing Plan provides only general information pertaining to the Plan. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

a. General

The Plan is a defined contribution profit sharing plan covering all full-time employees of Accounting Fulfillment Services, Inc. (the Company) (formerly MPG, Inc.), who are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. Contributions

Participants are permitted to make elective deferrals of any amount up to 100% of their compensation up to the calendar year limit under sections 402(g) and 415 of the IRC. Newly hired employees are automatically enrolled in the Plan with an initial deferral amount of 3%. Participants may opt-out or make changes to the deferral rate at any time. Beginning in April 2012, the employer began making matching contributions equal to 25% of the first 8% of elective deferrals up to a maximum of 2% of compensation.

c. Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contributions and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

d. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is vested 20% after two years of service and is incrementally vested annually until fully vested after five years of credited service or upon reaching normal retirement age, or in the event of death or disability.

e. Investment Options

Upon enrolling in the Plan, a participant may direct contributions in any of the investment options offered through American Funds under a pooled separate account arrangement. Thereafter the participant may change investment options or allocation of invested balance directly with American Funds.

Note 1- Description of Plan (Cont'd)

f. Notes receivable from Participants

Participants may borrow from their fund accounts up to 50 percent of their vested balances to a maximum of $50,000. Loan terms range from 6 months to 15 years and are secured by the balance in the participant's account and bear interest at a rate of prime plus 1% in effect at the time the loan is processed. Principal and interest is paid ratably through participant's payroll deductions.

g. Payment of Benefits

As soon as administratively feasible, following the date on which a distribution is requested or is otherwise payable the participant will receive the value of the vested interest in their account as a lump-sum distribution. If the participant is still active in the Plan upon reaching normal retirement age of 65, the participant may elect to receive the value of the vested interest in their account as a lump-sum distribution. Active participants are permitted to withdraw elective deferrals upon attaining age 59½ or on account of certain qualifying hardships.

h. Forfeited Account Balances

Forfeited account balances may be used to reduce future employer contributions or pay plan expenses. Forfeitures shall be allocated to Participants in the same manner as the Employer's contribution.

Note 2- Summary of Significant Accounting Policies

a. Basis of Accounting

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

b. Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Note 2- Summary of Significant Accounting Policies (Cont'd)

c. Investment Valuation

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Participant loans are valued at cost, which approximates fair value.

Purchases and sales of investments are recorded on a trade date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

d. Benefit Payments

Benefits are recorded when paid.

e. Subsequent Events

Subsequent events were evaluated through the September 23, 2015, which is the date the financial statements were available to be issued

f. Administrative Expenses

At its discretion, the plan sponsor pays most of the administrative expenses of the Plan

Note 3- Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit 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 benefits. The Plan held substantially all its assets with one institution. In the event of the institutions failure, the Plan could be subject to losses.

Note 4- Related Party Transactions

The Plan invests in shares of mutual funds managed by an affiliate of the American Funds, which is the custodian for the Plan's participant directed investments as defined by the Plan. Therefore such investments qualify as party-in-interest transactions that are exempt from the prohibited transaction rules.

MPG, Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2014

Note 5- Contributions

For the plan year ended December 31, 2014 the Company made matching contributions of $20,846 to the plan. Employee participant contributions were $141,261.

Note 6- Investments

At December 31, 2014 the Plan's assets were allocated among the investment options as selected by the participants. Independent investment managers administer the investment funds. The investment information as of December 31 follows:

		2014		2013
Variable investment options with American Funds				
Washington Mutual Investors Fund	*	$ 121,460	*	$ 110,806
American Mutual Fund		43,820		49,750
Capital Income Builder	*	304,524	*	330,356
Euro-Pacific Growth Fund	*	92,064	*	98,899
Intermediate Bond Fund of America	*	64,532	*	84,331
Capital World Bond Fund	*	58,858	*	87,657
SmallCap World Fund	*	77,801	*	63,837
AMCAP Fund	*	113,228	*	120,212
The Income Fund of America		24,671		22,414
New World Fund		9,180		9,023
American Funds Global Balanced Fund		3,233		491
American Funds 2010 Target Date Fund		-		184
American Funds 2030 Target Date Fund		33,077		17,887
American Funds 2035 Target Date Fund		-		915
American Funds 2040 Target Date Fund		3,531		14,685
American Funds 2045 Target Date Fund		112		9,728
American Funds 2050 Target Date Fund		40,238		44,056
American Funds 2055 Target Date Fund		39,258		34,038
Money Market Fund		9,651		12,587
Total fair value of investments		$1,039,238		$1,111,856

* Denotes investments greater than 5% of net plan assets

See independent auditors' report.

Note 7- Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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 fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

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

Level 1 Investments	2014	2013
Mutual Funds with American Funds:		
Equity and Growth Funds	$ 786,747	$ 805,297
Targeted Balance Funds	119,449	121,984
Bond Funds	123,351	171,988
Money Market Funds	9,651	12,587
Total fair value of investments	$ 1,039,198	$ 1,111,856

Note 8- Forfeitures

During the plan year ended December 31, 2014 non-vested account balances forfeited by participants amounted to $8,466.

Note 9- Plan Termination

Although the Company has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

During the year 2013 the Plan's Sponsor made changes to down-size its business. As a result many of the existing employees were terminated from the employment of the Sponsor and an event of partial termination has occurred. In accordance with the plan's provisions, affected participants have become 100 percent vested in their accounts.

Note 10- Tax Status

The Plan has adopted a prototype plan that has obtained a determination letter from the Internal Revenue service. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the plan's financial statements.

The Plan is subject to routine audits by the tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is currently subject to income tax examinations for the last three years.

Note 11- Information Prepared and Certified by the Trustee of the Plan

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified as complete and accurate by the Trustee, American Funds and Capital Bank and Trust in accordance with 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.

Investments, at fair value:	
Mutual funds	$ 1,039,198
Notes receivable from participants	$ 7,120
Investment income and net depreciation in fair values	$ 57,796
Schedule of assets held for investment purposes	See supplementary schedule

MPG, Inc. 401(k) Profit Sharing Plan
EIN #20-0357453 – Three digit Plan #001
December 31, 2014
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

(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 Funds	American Funds 2030 Target Date Fund	2623.056 units @	12.61	32,664	$ 33,077
*	American Funds	American Funds 2040 Target Date Fund	275.617 units @	12.81	3,041	3,531
*	American Funds	American Funds 2045 Target Date Fund	8.759 units @	12.85	(471)	112
*	American Funds	American Funds 2050 Target Data Fund	3198.590 units @	12.58	38,820	40,238
*	American Funds	American Funds 2055 Target Data Fund	2534.400 units @	15.49	38,029	39,258
*	American Funds	AMCAP Fund	4130.907 units @	27.41	110,047	113,228
*	American Funds	American Mutual Fund	1187.524 units @	36.90	42,074	43,820
*	American Funds	Capital Income Builder	5111.171 units @	59.58	299,318	304,524
*	American Funds	Euro-Pacific Growth Fund	1991.011 units @	46.24	95,979	92,064
*	American Funds	American Funds Global Balanced Fund	107.302 units @	30.13	3,350	3,233
*	American Funds	Intermediate Bond Fund of America	4773.674 units @	13.51	63,933	64,492
*	American Funds	The Income Fund of America	1146.945 units @	21.51	23,554	24,671
*	American Funds	Money Market Fund	9650.990 units @	1.00	9,651	9,651
*	American Funds	New World Fund	173.775 units @	52.83	9,944	9,180
*	American Funds	SmallCap World Fund	1771.819 units @	43.91	84,242	77,801
*	American Funds	Capital World Bond Fund	2969.637 units @	19.82	59,001	58,858
*	American Funds	Washington Mutual Investors Fund	2986.466 units @	40.67	117,412	121,460
*	Notes receivable from Participants	4.25%			-	7,517
	Total fair value of investment					$1,046,715

See independent auditors' report

MPG, Inc. 401(k) Profit Sharing Plan
Financial Statements
December 31, 2014

MPG, Inc. 401(k) Profit Sharing Plan
Financial Statements
December 31, 2014

Table of Contents

Independent Auditors' Report ..... 1 - 2

Statements of Net Assets Available for Benefits 3

Statement of Changes in Net Assets Available for Benefits 4

Notes to Financial Statements ..... 5 - 10

Supplementary Data 11

Gilbert & Calabrese, LLC

Certified Public Accountants

Independent Auditors' Report

To the Plan Administrator of
the MPG, Inc. 401(k) Profit Sharing Plan
366 Madison Avenue,10th Floor
New York, NY 10117

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of MPG, Inc. 401(k) Profit Sharing 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 ended December 31, 2014 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 11, which was certified by American Funds and Capital Bank and Trust, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2014 and 2013 that the information provided to the plan administrator by the custodian is complete and accurate.

181 Route 206, Flanders, New Jersey 07836
973-448-1099 Fax 973-448-0004

Gilbert & Calabrese, LLC

Certified Public Accountants

Disclaimer of Opinion

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

Other Matter

The supplemental statement, Schedule H, Line 4i – Schedule of Assets (held at end of year), is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial. 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 schedules, 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.

Gilbert & Calabrese, LLC
Certified Public Accountants

Flanders, New Jersey
September 23, 2015

181 Route 206, Flanders, New Jersey 07836
973-448-1099 Fax 973-448-0004

MPG, Inc. 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

Assets

	2014	2013
Cash	$ 2,162	$ 763
Investments (at fair value)		
Registered investment companies	1,039,198	1,111,856
Contributions receivable	14,041	12,972
Notes receivable from participants	7,517	37,120
Total assets	1,062,918	1,162,711
Net assets available for benefits	$1,062,918	$1,162,711

See independent auditors' report and notes to financial statements.

MPG, Inc. 401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2014

Additions	
Additions to net assets attributed to:	
Net appreciation in fair value of investments	$ 57,796
Interest / dividend income	569
Employer contributions	20,846
Participants' contributions	141,261
Total additions	220,472
Deductions	
Deductions from net assets attributed to:	
Participant withdrawals	316,635
Administrative expenses	3,630
Total deductions	320,265
Net decrease	(99,793)
Net assets available for benefits:	
Beginning of year	1,162,711
End of year	$ 1,062,918

See independent auditors' report and notes to financial statements.

MPG, Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2014

Note 1- Description of Plan

The following description of the MPG, Inc. 401(k) Profit Sharing Plan provides only general information pertaining to the Plan. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

a. General

The Plan is a defined contribution profit sharing plan covering all full-time employees of Accounting Fulfillment Services, Inc. (the Company) (formerly MPG, Inc.), who are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. Contributions

Participants are permitted to make elective deferrals of any amount up to 100% of their compensation up to the calendar year limit under sections 402(g) and 415 of the IRC. Newly hired employees are automatically enrolled in the Plan with an initial deferral amount of 3%. Participants may opt-out or make changes to the deferral rate at any time. Beginning in April 2012, the employer began making matching contributions equal to 25% of the first 8% of elective deferrals up to a maximum of 2% of compensation.

c. Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contributions and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

d. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is vested 20% after two years of service and is incrementally vested annually until fully vested after five years of credited service or upon reaching normal retirement age, or in the event of death or disability.

e. Investment Options

Upon enrolling in the Plan, a participant may direct contributions in any of the investment options offered through American Funds under a pooled separate account arrangement. Thereafter the participant may change investment options or allocation of invested balance directly with American Funds.

Note 1- Description of Plan (Cont'd)

f. Notes receivable from Participants

Participants may borrow from their fund accounts up to 50 percent of their vested balances to a maximum of $50,000. Loan terms range from 6 months to 15 years and are secured by the balance in the participant's account and bear interest at a rate of prime plus 1% in effect at the time the loan is processed. Principal and interest is paid ratably through participant's payroll deductions.

g. Payment of Benefits

As soon as administratively feasible, following the date on which a distribution is requested or is otherwise payable the participant will receive the value of the vested interest in their account as a lump-sum distribution. If the participant is still active in the Plan upon reaching normal retirement age of 65, the participant may elect to receive the value of the vested interest in their account as a lump-sum distribution. Active participants are permitted to withdraw elective deferrals upon attaining age 59½ or on account of certain qualifying hardships.

h. Forfeited Account Balances

Forfeited account balances may be used to reduce future employer contributions or pay plan expenses. Forfeitures shall be allocated to Participants in the same manner as the Employer's contribution.

Note 2- Summary of Significant Accounting Policies

a. Basis of Accounting

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

b. Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Note 2- Summary of Significant Accounting Policies (Cont'd)

c. Investment Valuation

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Participant loans are valued at cost, which approximates fair value.

Purchases and sales of investments are recorded on a trade date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

d. Benefit Payments

Benefits are recorded when paid.

e. Subsequent Events

Subsequent events were evaluated through the September 23, 2015, which is the date the financial statements were available to be issued

f. Administrative Expenses

At its discretion, the plan sponsor pays most of the administrative expenses of the Plan

Note 3- Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit 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 benefits. The Plan held substantially all its assets with one institution. In the event of the institutions failure, the Plan could be subject to losses.

Note 4- Related Party Transactions

The Plan invests in shares of mutual funds managed by an affiliate of the American Funds, which is the custodian for the Plan's participant directed investments as defined by the Plan. Therefore such investments qualify as party-in-interest transactions that are exempt from the prohibited transaction rules.

MPG, Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2014

Note 5- Contributions

For the plan year ended December 31, 2014 the Company made matching contributions of $20,846 to the plan. Employee participant contributions were $141,261.

Note 6- Investments

At December 31, 2014 the Plan's assets were allocated among the investment options as selected by the participants. Independent investment managers administer the investment funds. The investment information as of December 31 follows:

		2014		2013
Variable investment options with American Funds				
Washington Mutual Investors Fund	*	$ 121,460	*	$ 110,806
American Mutual Fund		43,820		49,750
Capital Income Builder	*	304,524	*	330,356
Euro-Pacific Growth Fund	*	92,064	*	98,899
Intermediate Bond Fund of America	*	64,532	*	84,331
Capital World Bond Fund	*	58,858	*	87,657
SmallCap World Fund	*	77,801	*	63,837
AMCAP Fund	*	113,228	*	120,212
The Income Fund of America		24,671		22,414
New World Fund		9,180		9,023
American Funds Global Balanced Fund		3,233		491
American Funds 2010 Target Date Fund		-		184
American Funds 2030 Target Date Fund		33,077		17,887
American Funds 2035 Target Date Fund		-		915
American Funds 2040 Target Date Fund		3,531		14,685
American Funds 2045 Target Date Fund		112		9,728
American Funds 2050 Target Date Fund		40,238		44,056
American Funds 2055 Target Date Fund		39,258		34,038
Money Market Fund		9,651		12,587
Total fair value of investments		$1,039,238		$1,111,856

* Denotes investments greater than 5% of net plan assets

See independent auditors' report.

Note 7- Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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 fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

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

Level 1 Investments	2014	2013
Mutual Funds with American Funds:		
Equity and Growth Funds	$ 786,747	$ 805,297
Targeted Balance Funds	119,449	121,984
Bond Funds	123,351	171,988
Money Market Funds	9,651	12,587
Total fair value of investments	$ 1,039,198	$ 1,111,856

Note 8- Forfeitures

During the plan year ended December 31, 2014 non-vested account balances forfeited by participants amounted to $8,466.

Note 9- Plan Termination

Although the Company has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

During the year 2013 the Plan's Sponsor made changes to down-size its business. As a result many of the existing employees were terminated from the employment of the Sponsor and an event of partial termination has occurred. In accordance with the plan's provisions, affected participants have become 100 percent vested in their accounts.

Note 10- Tax Status

The Plan has adopted a prototype plan that has obtained a determination letter from the Internal Revenue service. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the plan's financial statements.

The Plan is subject to routine audits by the tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is currently subject to income tax examinations for the last three years.

Note 11- Information Prepared and Certified by the Trustee of the Plan

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified as complete and accurate by the Trustee, American Funds and Capital Bank and Trust in accordance with 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.

Investments, at fair value:	
Mutual funds	$ 1,039,198
Notes receivable from participants	$ 7,120
Investment income and net depreciation in fair values	$ 57,796
Schedule of assets held for investment purposes	See supplementary schedule

MPG, Inc. 401(k) Profit Sharing Plan
EIN #20-0357453 – Three digit Plan #001
December 31, 2014
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

(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 Funds	American Funds 2030 Target Date Fund	2623.056 units @	12.61	32,664	$ 33,077
*	American Funds	American Funds 2040 Target Date Fund	275.617 units @	12.81	3,041	3,531
*	American Funds	American Funds 2045 Target Date Fund	8.759 units @	12.85	(471)	112
*	American Funds	American Funds 2050 Target Data Fund	3198.590 units @	12.58	38,820	40,238
*	American Funds	American Funds 2055 Target Data Fund	2534.400 units @	15.49	38,029	39,258
*	American Funds	AMCAP Fund	4130.907 units @	27.41	110,047	113,228
*	American Funds	American Mutual Fund	1187.524 units @	36.90	42,074	43,820
*	American Funds	Capital Income Builder	5111.171 units @	59.58	299,318	304,524
*	American Funds	Euro-Pacific Growth Fund	1991.011 units @	46.24	95,979	92,064
*	American Funds	American Funds Global Balanced Fund	107.302 units @	30.13	3,350	3,233
*	American Funds	Intermediate Bond Fund of America	4773.674 units @	13.51	63,933	64,492
*	American Funds	The Income Fund of America	1146.945 units @	21.51	23,554	24,671
*	American Funds	Money Market Fund	9650.990 units @	1.00	9,651	9,651
*	American Funds	New World Fund	173.775 units @	52.83	9,944	9,180
*	American Funds	SmallCap World Fund	1771.819 units @	43.91	84,242	77,801
*	American Funds	Capital World Bond Fund	2969.637 units @	19.82	59,001	58,858
*	American Funds	Washington Mutual Investors Fund	2986.466 units @	40.67	117,412	121,460
*	Notes receivable from Participants	4.25%			-	7,517
	Total fair value of investment					$1,046,715

See independent auditors' report

MPG, Inc. 401(k) Profit Sharing Plan
Financial Statements
December 31, 2014

MPG, Inc. 401(k) Profit Sharing Plan
Financial Statements
December 31, 2014

Table of Contents

Independent Auditors' Report ..... 1 - 2

Statements of Net Assets Available for Benefits 3

Statement of Changes in Net Assets Available for Benefits 4

Notes to Financial Statements ..... 5 - 10

Supplementary Data 11

Gilbert & Calabrese, LLC

Certified Public Accountants

Independent Auditors' Report

To the Plan Administrator of
the MPG, Inc. 401(k) Profit Sharing Plan
366 Madison Avenue,10th Floor
New York, NY 10117

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of MPG, Inc. 401(k) Profit Sharing 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 ended December 31, 2014 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 11, which was certified by American Funds and Capital Bank and Trust, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2014 and 2013 that the information provided to the plan administrator by the custodian is complete and accurate.

181 Route 206, Flanders, New Jersey 07836
973-448-1099 Fax 973-448-0004

Gilbert & Calabrese, LLC

Certified Public Accountants

Disclaimer of Opinion

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

Other Matter

The supplemental statement, Schedule H, Line 4i – Schedule of Assets (held at end of year), is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial. 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 schedules, 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.

Gilbert & Calabrese, LLC
Certified Public Accountants

Flanders, New Jersey
September 23, 2015

181 Route 206, Flanders, New Jersey 07836
973-448-1099 Fax 973-448-0004

MPG, Inc. 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

Assets

	2014	2013
Cash	$ 2,162	$ 763
Investments (at fair value)		
Registered investment companies	1,039,198	1,111,856
Contributions receivable	14,041	12,972
Notes receivable from participants	7,517	37,120
Total assets	1,062,918	1,162,711
Net assets available for benefits	$1,062,918	$1,162,711

See independent auditors' report and notes to financial statements.

MPG, Inc. 401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2014

Additions	
Additions to net assets attributed to:	
Net appreciation in fair value of investments	$ 57,796
Interest / dividend income	569
Employer contributions	20,846
Participants' contributions	141,261
Total additions	220,472
Deductions	
Deductions from net assets attributed to:	
Participant withdrawals	316,635
Administrative expenses	3,630
Total deductions	320,265
Net decrease	(99,793)
Net assets available for benefits:	
Beginning of year	1,162,711
End of year	$ 1,062,918

See independent auditors' report and notes to financial statements.

MPG, Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2014

Note 1- Description of Plan

The following description of the MPG, Inc. 401(k) Profit Sharing Plan provides only general information pertaining to the Plan. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

a. General

The Plan is a defined contribution profit sharing plan covering all full-time employees of Accounting Fulfillment Services, Inc. (the Company) (formerly MPG, Inc.), who are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. Contributions

Participants are permitted to make elective deferrals of any amount up to 100% of their compensation up to the calendar year limit under sections 402(g) and 415 of the IRC. Newly hired employees are automatically enrolled in the Plan with an initial deferral amount of 3%. Participants may opt-out or make changes to the deferral rate at any time. Beginning in April 2012, the employer began making matching contributions equal to 25% of the first 8% of elective deferrals up to a maximum of 2% of compensation.

c. Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contributions and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

d. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is vested 20% after two years of service and is incrementally vested annually until fully vested after five years of credited service or upon reaching normal retirement age, or in the event of death or disability.

e. Investment Options

Upon enrolling in the Plan, a participant may direct contributions in any of the investment options offered through American Funds under a pooled separate account arrangement. Thereafter the participant may change investment options or allocation of invested balance directly with American Funds.

Note 1- Description of Plan (Cont'd)

f. Notes receivable from Participants

Participants may borrow from their fund accounts up to 50 percent of their vested balances to a maximum of $50,000. Loan terms range from 6 months to 15 years and are secured by the balance in the participant's account and bear interest at a rate of prime plus 1% in effect at the time the loan is processed. Principal and interest is paid ratably through participant's payroll deductions.

g. Payment of Benefits

As soon as administratively feasible, following the date on which a distribution is requested or is otherwise payable the participant will receive the value of the vested interest in their account as a lump-sum distribution. If the participant is still active in the Plan upon reaching normal retirement age of 65, the participant may elect to receive the value of the vested interest in their account as a lump-sum distribution. Active participants are permitted to withdraw elective deferrals upon attaining age 59½ or on account of certain qualifying hardships.

h. Forfeited Account Balances

Forfeited account balances may be used to reduce future employer contributions or pay plan expenses. Forfeitures shall be allocated to Participants in the same manner as the Employer's contribution.

Note 2- Summary of Significant Accounting Policies

a. Basis of Accounting

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

b. Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Note 2- Summary of Significant Accounting Policies (Cont'd)

c. Investment Valuation

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Participant loans are valued at cost, which approximates fair value.

Purchases and sales of investments are recorded on a trade date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

d. Benefit Payments

Benefits are recorded when paid.

e. Subsequent Events

Subsequent events were evaluated through the September 23, 2015, which is the date the financial statements were available to be issued

f. Administrative Expenses

At its discretion, the plan sponsor pays most of the administrative expenses of the Plan

Note 3- Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit 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 benefits. The Plan held substantially all its assets with one institution. In the event of the institutions failure, the Plan could be subject to losses.

Note 4- Related Party Transactions

The Plan invests in shares of mutual funds managed by an affiliate of the American Funds, which is the custodian for the Plan's participant directed investments as defined by the Plan. Therefore such investments qualify as party-in-interest transactions that are exempt from the prohibited transaction rules.

MPG, Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2014

Note 5- Contributions

For the plan year ended December 31, 2014 the Company made matching contributions of $20,846 to the plan. Employee participant contributions were $141,261.

Note 6- Investments

At December 31, 2014 the Plan's assets were allocated among the investment options as selected by the participants. Independent investment managers administer the investment funds. The investment information as of December 31 follows:

		2014		2013
Variable investment options with American Funds				
Washington Mutual Investors Fund	*	$ 121,460	*	$ 110,806
American Mutual Fund		43,820		49,750
Capital Income Builder	*	304,524	*	330,356
Euro-Pacific Growth Fund	*	92,064	*	98,899
Intermediate Bond Fund of America	*	64,532	*	84,331
Capital World Bond Fund	*	58,858	*	87,657
SmallCap World Fund	*	77,801	*	63,837
AMCAP Fund	*	113,228	*	120,212
The Income Fund of America		24,671		22,414
New World Fund		9,180		9,023
American Funds Global Balanced Fund		3,233		491
American Funds 2010 Target Date Fund		-		184
American Funds 2030 Target Date Fund		33,077		17,887
American Funds 2035 Target Date Fund		-		915
American Funds 2040 Target Date Fund		3,531		14,685
American Funds 2045 Target Date Fund		112		9,728
American Funds 2050 Target Date Fund		40,238		44,056
American Funds 2055 Target Date Fund		39,258		34,038
Money Market Fund		9,651		12,587
Total fair value of investments		$1,039,238		$1,111,856

* Denotes investments greater than 5% of net plan assets

See independent auditors' report.

Note 7- Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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 fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

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

Level 1 Investments	2014	2013
Mutual Funds with American Funds:		
Equity and Growth Funds	$ 786,747	$ 805,297
Targeted Balance Funds	119,449	121,984
Bond Funds	123,351	171,988
Money Market Funds	9,651	12,587
Total fair value of investments	$ 1,039,198	$ 1,111,856

Note 8- Forfeitures

During the plan year ended December 31, 2014 non-vested account balances forfeited by participants amounted to $8,466.

Note 9- Plan Termination

Although the Company has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

During the year 2013 the Plan's Sponsor made changes to down-size its business. As a result many of the existing employees were terminated from the employment of the Sponsor and an event of partial termination has occurred. In accordance with the plan's provisions, affected participants have become 100 percent vested in their accounts.

Note 10- Tax Status

The Plan has adopted a prototype plan that has obtained a determination letter from the Internal Revenue service. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the plan's financial statements.

The Plan is subject to routine audits by the tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is currently subject to income tax examinations for the last three years.

Note 11- Information Prepared and Certified by the Trustee of the Plan

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified as complete and accurate by the Trustee, American Funds and Capital Bank and Trust in accordance with 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.

Investments, at fair value:	
Mutual funds	$ 1,039,198
Notes receivable from participants	$ 7,120
Investment income and net depreciation in fair values	$ 57,796
Schedule of assets held for investment purposes	See supplementary schedule

MPG, Inc. 401(k) Profit Sharing Plan
EIN #20-0357453 – Three digit Plan #001
December 31, 2014
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

(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 Funds	American Funds 2030 Target Date Fund	2623.056 units @	12.61	32,664	$ 33,077
*	American Funds	American Funds 2040 Target Date Fund	275.617 units @	12.81	3,041	3,531
*	American Funds	American Funds 2045 Target Date Fund	8.759 units @	12.85	(471)	112
*	American Funds	American Funds 2050 Target Data Fund	3198.590 units @	12.58	38,820	40,238
*	American Funds	American Funds 2055 Target Data Fund	2534.400 units @	15.49	38,029	39,258
*	American Funds	AMCAP Fund	4130.907 units @	27.41	110,047	113,228
*	American Funds	American Mutual Fund	1187.524 units @	36.90	42,074	43,820
*	American Funds	Capital Income Builder	5111.171 units @	59.58	299,318	304,524
*	American Funds	Euro-Pacific Growth Fund	1991.011 units @	46.24	95,979	92,064
*	American Funds	American Funds Global Balanced Fund	107.302 units @	30.13	3,350	3,233
*	American Funds	Intermediate Bond Fund of America	4773.674 units @	13.51	63,933	64,492
*	American Funds	The Income Fund of America	1146.945 units @	21.51	23,554	24,671
*	American Funds	Money Market Fund	9650.990 units @	1.00	9,651	9,651
*	American Funds	New World Fund	173.775 units @	52.83	9,944	9,180
*	American Funds	SmallCap World Fund	1771.819 units @	43.91	84,242	77,801
*	American Funds	Capital World Bond Fund	2969.637 units @	19.82	59,001	58,858
*	American Funds	Washington Mutual Investors Fund	2986.466 units @	40.67	117,412	121,460
*	Notes receivable from Participants	4.25%			-	7,517
	Total fair value of investment					$1,046,715

See independent auditors' report

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 01/01/2014 and ending 12/31/2014

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
- [x] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MPG, Inc. 401(k) Profit Sharing Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

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

366 Madison Avenue
Floor 10
New York NY 10017

2b Employer Identification Number (EIN)
47-1246548

2c Plan Sponsor's telephone number
(646) 780-1859

2d Business code (see instructions)
541213

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	Signature of plan administrator	Date: 10/7/15	Enter name of individual signing as plan administrator: Lindsay Kush
SIGN HERE	Signature of employer/plan sponsor	Date: 10/7/15	Enter name of individual signing as employer or plan sponsor: Lindsay Kush
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)