

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
---	---	--

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

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THE VINDICATOR PRINTING COMPANY RETIREMENT PLAN FOR NON-UNION EMPLOYEES</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>007</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1973</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>007</u>	1c Effective date of plan <u>01/01/1973</u>	
1b Three-digit plan number (PN) ▶	<u>007</u>				
1c Effective date of plan <u>01/01/1973</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>THE VINDICATOR PRINTING CO.</u> <u>VINDICATOR SQUARE, P.O. BOX 780</u> <u>YOUNGSTOWN, OH 44501-0780</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0596870</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>330-747-1471</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>511110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0596870</u>	2c Plan Sponsor's telephone number <u>330-747-1471</u>	2d Business code (see instructions) <u>511110</u>	
2b Employer Identification Number (EIN) <u>34-0596870</u>					
2c Plan Sponsor's telephone number <u>330-747-1471</u>					
2d Business code (see instructions) <u>511110</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	BETTY H. BROWN JAGNOW, PRESIDENT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	BETTY H. BROWN JAGNOW, PRESIDENT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	177
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)	49
a(2) Total number of active participants at the end of the plan year		6a(2)	49
b Retired or separated participants receiving benefits		6b	57
c Other retired or separated participants entitled to future benefits.....		6c	63
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	169
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	8
f Total. Add lines 6d and 6e		6f	177
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I			
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) ☒ Trust		(3) ☒ 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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☐ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	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

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THE VINDICATOR PRINTING COMPANY RETIREMENT PLAN FOR NON-UNION EMPLOYEES	B Three-digit plan number (PN) 007
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE VINDICATOR PRINTING CO.	D Employer Identification Number (EIN) 34-0596870

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2014		
2	Assets:		
	a Market value	2a 5128222	
	b Actuarial value	2b 4823371	
3	Funding target/participant count breakdown		
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	63 2842247	2842247
	b For terminated vested participants	67 1186412	1186412
	c For active participants	49 2350932	2353492
	d Total	179 6379591	6382151
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	6.44%
6	Target normal cost	6	81884

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary MATTHEW C. KAISER Type or print name of actuary TOWERS WATSON DELAWARE INC. Firm name 1001 LAKESIDE AVENUE SUITE 1900 CLEVELAND, OH 44114 Address of the firm	Date 14-05784 Most recent enrollment number 216-937-4000 Telephone number (including area code)
----------------------	---	--

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>15.22</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.64</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	75.57 %
15 Adjusted funding target attainment percentage	15	75.57 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	75.69 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/13/2014	71300	0			
07/30/2014	71300	0			
10/15/2014	52679	0			
01/13/2015	65093	0			
09/14/2015	44528	0			
			Totals ▶	18(b)	304900
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	289330
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	81884	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	1558780		207417
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	289301	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36	289301	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	289330	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	29	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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

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

A Name of plan <u>THE VINDICATOR PRINTING COMPANY RETIREMENT PLAN FOR NON-UNION EMPLOYEES</u>	B Three-digit plan number (PN) ► <u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE VINDICATOR PRINTING CO.</u>	D Employer Identification Number (EIN) <u>34-0596870</u>

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(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)

TOWERS WATSON DELAWARE INC.

53-0181291

(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?
11	NONE	17813	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUNTRUST BANK

59-3482833

(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?
21	NONE	29525	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>THE VINDICATOR PRINTING COMPANY RETIREMENT PLAN FOR NON-UNION EMPLOYEES</u>		B Three-digit plan number (PN) ► <u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE VINDICATOR PRINTING CO.</u>		D Employer Identification Number (EIN) <u>34-0596870</u>

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	207659	109621
(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)	41487	50191
(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)		
(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)	4886652	4943609
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5135798	5103421

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5135798	5103421
---	-----------	---------	---------

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)	304900	
(B) Participants	2a(1)(B)		
(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)		304900
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	97065	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		97065
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2112944	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1847036	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		265908
(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)		-198623
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		469250

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	405058	
(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)		405058
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	17813	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	29525	
(4) Other.....	2i(4)	49231	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		96569
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		501627

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-32377
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: WM G. BARTH & ASSOCIATES, INC.

(2) EIN: 20-3926686

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
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 <u>THE VINDICATOR PRINTING COMPANY RETIREMENT PLAN FOR NON-UNION EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE VINDICATOR PRINTING CO.</u>	D Employer Identification Number (EIN) <u>34-0596870</u>

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	<u>0</u>
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): _____ 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	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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): _____

AUDITED FINANCIAL STATEMENTS

**THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)**

December 31, 2014 and 2013

AUDITED FINANCIAL STATEMENTS

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

December 31, 2014 and 2013

CONTENTS

FINANCIAL STATEMENTS:

<i>Independent Auditor's Report</i>	<i>1</i>
<i>Statements of Net Assets Available for Benefits</i>	<i>2</i>
<i>Statements of Changes in Net Assets Available for Benefits</i>	<i>3</i>
<i>Notes to Financial Statements</i>	<i>4-10</i>

SUPPLEMENTAL SCHEDULES:

<i>Schedule of Assets (Held at End of Year) at December 31, 2014.....</i>	<i>11</i>
<i>Schedule of Reportable Transactions</i>	<i>12</i>



Wm G. Barth & Associates, Inc.

Established
1976

A CERTIFIED PUBLIC
ACCOUNTING FIRM

THE COMMERCE BUILDING, SUITE 360 • 201 E. COMMERCE STREET
YOUNGSTOWN, OHIO 44503
TELEPHONE (330) 746-7434 • FAX (330) 746-4401
www.wmbarthcpas.com

INDEPENDENT AUDITOR'S REPORT

Plan Administration Committee
The Vindicator Printing Company
Youngstown, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Vindicator Printing Company Retirement Plan for Non-Union Employees (007), 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 years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Suntrust Bank, the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of Assets (Held at End of Year) and Reportable Transactions as of and for the year ended December 31, 2014 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, 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.

Wm G. Barth & Associates, Inc.

A Certified Public Accounting Firm
Youngstown, Ohio
October 5, 2015

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

	DECEMBER 31	
	2014	2013
<u>ASSETS</u>		
Assets in trust at fair market value - Notes A and D:		
Money market funds	\$ 50,191	\$ 41,487
Equity securities	387,943	344,531
Mutual funds	4,555,666	4,542,121
Employer contribution receivable	109,621	207,659
NET ASSETS AVAILABLE FOR BENEFITS	\$ 5,103,421	\$ 5,135,798

See accompanying notes to financial statements

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

	YEAR ENDED DECEMBER 31	
	2014	2013
<u>ADDITIONS</u>		
Employer contributions	\$ 304,900	\$ 307,523
Investment income:		
Net (depreciation)-appreciation in fair value of investments	\$ (198,623)	\$ 301,759
Earnings from investments	97,065	74,856
Realized gain on sale of investments	265,908	295,206
NET INVESTMENT INCOME	\$ 164,350	\$ 671,821
TOTAL ADDITIONS	\$ 469,250	\$ 979,344
<u>DEDUCTIONS</u>		
Retirement and disability benefits paid	\$ 405,058	\$ 372,385
Administrative expense	96,569	81,884
TOTAL DEDUCTIONS	\$ 501,627	\$ 454,269
NET (DEDUCTIONS)-ADDITIONS DURING YEAR	\$ (32,377)	\$ 525,075
<u>BALANCE AT BEGINNING OF YEAR</u>		
Net assets available for benefits	5,135,798	4,610,723
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	\$ 5,103,421	\$ 5,135,798

See accompanying notes to financial statements

NOTES TO FINANCIAL STATEMENTS

THE VINDICATOR PRINTING COMPANY RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

December 31, 2014 and 2013

NOTE A - SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting:

The accompanying financial statements have been prepared using the accrual basis of accounting.

Use of Estimates:

The preparation of financial statements in accordance with the accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statement, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance company. See Note D for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Payments of Benefits:

Benefit payments to participants are recorded upon distribution.

Administrative Expenses:

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes of net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Subsequent Events:

The Plan has evaluated subsequent events through October 5, 2015, the date the financial statements were available to be issued.

Reclassifications:

Certain minor reclassifications were made to the December 31, 2013 financial statements in order to conform them to December 31, 2014 presentation.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

December 31, 2014 and 2013

NOTE B - DESCRIPTION OF PLAN

General:

The Plan is a defined benefit pension plan incident to a pension agreement and amendments between The Vindicator Printing Company and non-union employees. The Plan covers employees that have completed at least one year of eligibility service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant's Accounts:

A covered employee will become a member of the Pension Plan on the earliest date of January 1 or July 1, whichever follows the date on which the employee satisfies these eligibility requirements. One year of eligibility service is credited for each 12-month period beginning on the date of employment, and each anniversary of the date of employment, during which the covered employee works 1,000 hours.

For service prior to January 1, 1976, the employee will accrue benefit service for years of uninterrupted service with the Company, measured from date of hire with the Company (includes time when not a covered employee). Starting with January 1, 1976, if the employee is credited with 1,000 hours of service while a member of the Plan during a Plan Year, he shall receive a year of benefit accrual service. If he is credited with less than 1,000 hours of service during the Plan Year of termination only because he did not work the entire Plan Year, he will receive a fractional year of benefit accrual service for the portion of the Plan year that he worked while a member of the Pension Plan.

If service credited before January 1, 1976 under non-union plan while covered under another plan, the total non-union benefit is offset for the service that is counted under another plan. When an employee transfers into non-union plan (before April 1, 2009), service is credited based upon each plan's provisions.

The benefit amount of the retirement pension is determined by the greater of two formulas. For further detail, see the plan summary. The pension benefits under the Pension Plan are insured by the Pension Benefit Guaranty Corporation (PBGC), a federal insurance agency. If the Pension Plan terminates (ends) without enough money to pay all benefits, the PBGC will step in to pay pension benefits. Most participants receive all of the pension benefits they would have received under the Pension Plan, but some participants may lose certain benefits. The PBGC guarantee generally covers normal and early retirement benefits and certain benefits for your survivors.

Funding Policy:

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2014 and 2013, the Company made contributions of \$304,900 and \$307,523, respectively. The Company's contributions for 2014 and 2013 exceeded the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Company reserves the right to amend, suspend, or terminate the Pension Plan. However, in the event of any such action, the Company shall not have any right, title, or interest in any assets of the Pension Plan and no assets of the Pension Plan shall revert to the Company except that after satisfaction of all liabilities of the Pension Plan, such remaining part of the Pension Plan may revert to the Company. If the Pension Plan is terminated in whole or in part, the accrued pension benefits of the affected participants will become nonforfeitable and will be allocated to the affect participants according to a schedule of priorities established by federal law to the extent the Pension Plan has assets sufficient to cover the benefits.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

December 31, 2014 and 2013

NOTE B - DESCRIPTION OF PLAN (CONTINUED)

Pension Benefits:

The benefits of the Pension Plan are provided primarily for the purpose of providing financial security upon retirement. Accordingly, benefits may not be assigned and are not subject to garnishment, attachment or other legal process of creditors. However, under a qualified domestic relations order, all or a portion of the benefits payable to a participant may be assigned to an alternative payee under procedures established by the Plan Administration Committee. These procedures will be available to a participant upon the receipt by the Plan Administration Committee of notification that a domestic relations order is going to be obtained. A domestic relations order is any judgment, decree, or order (including approval of property settlement agreement) that relates to the provision of child support, alimony payments, or marital property rights to a spouse, former spouse, child or other dependent of a participant that is made pursuant to a state domestic relations law.

Effective March 31, 2009, the Company has chosen to freeze the future accrual of pension benefits and to close participation. While the Company has not expressed any intent to discontinue contributions or terminate the Plan, it has the right to do so under the Plan, the net assets are to be allocated in accordance with the plan documents.

NOTE C - FUNDING AND ACTUARIAL DATA

		AS OF JANUARY 1	
		2015	2014
Actuarial present value of accumulated benefits:			
Vested benefits -			
Retired participants and beneficiaries receiving payments		\$ 2,695,195	\$ 2,615,952
Other participants		3,122,526	3,151,055
	TOTAL VESTED BENEFITS	\$ 5,817,721	\$ 5,767,007
Non-vested benefits		2,248	2,293
	TOTALS	\$ 5,819,969	\$ 5,769,300
Unfunded actuarial liability		\$ 716,548	\$ 633,502
Reconciliation of Present Value of Accumulated Benefits			
1.)	Present value of accumulated benefits as of December 31, 2013	\$ 5,769,300	
2.)	Changes during the year due to:		
a.	Benefits accumulated	\$ -	
b.	Actuarial (gains)-losses	82,868	
c.	Decrease in the discount period	417,508	
d.	Actual benefits paid	(405,058)	
e.	Assumption changes	(44,649)	
f.	Plan amendments	-	
g.	Net increase-(decrease)	\$ 50,669	
3.)	Present value of accumulated benefits as of December 31, 2014	\$ 5,819,969	

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

December 31, 2014 and 2013

NOTE C – FUNDING AND ACTUARIAL DATA (CONTINUED)

The actuarial present value of accumulated benefits and the unfunded actuarial liability (credit) were calculated by Towers Watson, consulting actuaries, as of January 1, 2015 and 2014. The actuary's method and assumptions include the entry age normal actuarial cost method, life expectancy of participants, assumed retirement age 65, or attained age, if later, and asset values at the amount reported by Suntrust Bank in their pension plan fund account. The interest rate used to value the vested benefits for 2015 and 2014 was 7.50% for both periods. A 6.24% and 6.44% interest rate was used to calculate the unfunded actuarial (asset) for 2015 and 2014, respectively.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue; if the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits.

According to the actuary, the Plan was adequately funded in compliance with ERISA requirements during both plan years.

NOTE D – FAIR VALUE MEASUREMENT

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 measurements authoritative 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. There are only Level 1 investments in the Plan.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

December 31, 2014 and 2013

NOTE D – FAIR VALUE MEASUREMENT (CONTINUED)

The fair values of the Pension Plan assets at December 31, 2014 and 2013, by asset category are as follows:

Fair Value Measurements at December 31, 2014

<u>Asset Category</u>	<u>Quoted Prices in</u>	
	<u>Total</u>	<u>Active Markets for Identical Assets (Level 1)</u>
Cash - federated money market	\$ 50,191	\$ 50,191
Equity securities	387,943	387,943
Mutual funds	4,555,666	4,555,666
TOTALS	<u>\$ 4,993,800</u>	<u>\$ 4,993,800</u>

Fair Value Measurements at December 31, 2013

<u>Asset Category</u>	<u>Quoted Prices in</u>	
	<u>Total</u>	<u>Active Markets for Identical Assets (Level 1)</u>
Cash - federated money market	\$ 41,487	\$ 41,487
Equity securities	344,531	344,531
Mutual funds	4,542,121	4,542,121
TOTALS	<u>\$ 4,928,139</u>	<u>\$ 4,928,139</u>

NOTE E – INVESTMENTS

The following table presents the fair market value of investments that represent 5 percent or more of the Plan's net assets. See Note D for additional discussion of fair value measurements.

	<u>Year-Ended December 31</u>	
	<u>2014</u>	<u>2013</u>
Federal Strategic Value Dividend Fund	\$ 312,256	\$ 253,596
T. Rowe Price Institutional Large-Cap Growth Fund	490,078	528,727
John Hancock Funds III Disciplined Value Fund	498,436	522,057
JP Morgan US Equity Fund	281,266	340,716
Manning & Napier World Opportunity Fund	381,525	446,055
Doubleline Total Return Bond Fund	283,044	246,905

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

December 31, 2014 and 2013

NOTE E – INVESTMENTS (CONTINUED)

During 2014 and 2013, the Plan's investments (held during the year) depreciated in value by (\$198,623) and appreciated by \$301,759, respectfully, as follows:

	Year-Ended December 31	
	2014	2013
Equity Securities	\$ 191	\$ (2,137)
Mutual Funds	(198,814)	314,388
Proprietary Fund	-	(10,492)
	<u>\$ (198,623)</u>	<u>\$ 301,759</u>

NOTE F – RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risk, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such change could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions in the near term would be material to the financial statements.

NOTE G - INCOME TAX STATUS

The Plan obtained its latest determination letter on September 23, 2002, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. The federal tax returns of the Plan for 2011 and subsequent plan years are open for examination by the Department of Labor.

NOTE H - RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

During 2014, the Plan paid administrative expenses of approximately \$96,569. Of this amount, \$29,525 was paid to Suntrust Bank for the trustee fee. \$49,231 was paid to The Vindicator Printing Company for reimbursement of the PBGC premium that the company paid on the Plan's behalf. \$17,813 was paid to Towers Watson for their actuary fee.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)

December 31, 2014 and 2013

NOTE I – CERTIFIED INVESTMENT INFORMATION

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Suntrust Bank, the Trustee of the Plan, has certified as of and for the years ended December 31, 2014 and 2013, that the information, regarding the fair value of investments and the related investment income is complete and accurate.

* * * * *

SUPPLEMENTAL SCHEDULES

* * * * *

SUPPLEMENTAL SCHEDULE

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)
EIN #34-0596870

December 31, 2014

FORM 5500 – SCHEDULE H, PART IV, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

a.	b. ISSUER OR SIMILAR PARTY	c. DESCRIPTION OF INVESTMENT	d. COST	e. CURRENT VALUE
<u>MONEY MARKET FUNDS</u>				
a.	Federated Money Market - Treasury Obligations	50,190.880 shares	\$ 50,191	\$ 50,191
		TOTAL MONEY MARKET FUNDS	\$ 50,191	\$ 50,191
<u>EQUITY SECURITIES</u>				
a.	Ishares Barclays 3-7 Year ETF	1,837.000 shares	\$ 222,693	\$ 224,683
b.	Pimco 1-5 Year US Tips Index ETF	3,156.000 shares	167,196	163,260
		TOTAL EQUITY SECURITIES	\$ 389,889	\$ 387,943
<u>MUTUAL FUNDS</u>				
a.	Blackstone Alternative Multi-Strategy Fund	10,247,283 shares	\$ 102,516	\$ 102,678
b.	Brandes International Small Cap Equity Fund	7,081.221 shares	95,849	86,603
c.	Cambier Small Cap Fund	2,232.043 shares	43,008	44,685
d.	Doubleline Total Return Bond Fund	25,801.607 shares	288,211	283,044
e.	Eaton Vance Atlanta Capital SMID Cap Fund	7,828.208 shares	175,005	197,271
f.	Eaton Vance Floating-Rate Fund	15,511.640 shares	141,870	138,209
g.	Federated Strategic Value Fund	52,835.146 shares	267,813	312,256
h.	Goldman Sachs Emerging Markets Fund	14,291.165 shares	132,737	105,755
i.	John Hancock Funds III Disciplined Value Fund	26,274.935 shares	418,719	498,436
j.	JP Morgan US Equity Fund	19,330.966 shares	253,444	281,266
k.	Mainstay Icap International Fund	6,147.822 shares	209,152	201,587
l.	Manning & Napier World Opportunities Fund	52,049.775 shares	408,074	381,525
m.	Oppenheimer Developing Markets Fund	5,448.572 shares	178,445	191,027
n.	Osterweis Strategic Income Fund	12,058.336 shares	142,618	137,344
o.	Pimco Emerging Local Bond Fund	12,785.492 shares	131,383	106,375
p.	Pimco Investment Grade Corporate Bond Fund	22,393.734 shares	239,849	236,253
q.	T. Rowe Price Diversified Small-Cap Growth Fund	1,869.322 shares	41,004	47,817
r.	T. Rowe Price Institutional Large-Cap Growth Fund	17,833.997 shares	328,284	490,078
s.	T. Rowe Price Real Estate Fund	4,101.274 shares	94,599	110,160
t.	Vanguard Mortgage-Backed Securities Fund	10,869.096 shares	226,691	230,425
u.	Wasatch Long/Short Fund	6,570.118 shares	90,319	97,961
v.	Wells Fargo Advantage Absolute Return Fund	9,338.458 shares	103,989	101,322
w.	Western Asset Mortgage Backed Securites Fund	15,852.896 shares	174,823	173,589
		TOTAL MUTUAL FUNDS	\$ 4,288,402	\$ 4,555,666
		TOTAL INVESTMENTS	\$ 4,728,482	\$ 4,993,800

SUPPLEMENTAL SCHEDULE - (CONTINUED)

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)
EIN 34-0596870

Year ended December 31, 2014

FORM 5500 - SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF REPORTABLE TRANSACTIONS

a. IDENTITY OF PARTY INVOLVED	b. DESCRIPTION OF ASSETS	c. PURCHASE PRICE	d. SELLING PRICE	e. COST OF ASSETS	h. CURRENT VALUE OF		i. NET GAIN OR (LOSS)
					ASSETS ON TRANSACTION DATE		
Suntrust Bank	917,147.100 Shares Federated Treasury Obligations MM-1	\$ 917,146	\$ -	\$ 917,146	\$ 917,146		\$ -
Suntrust Bank	904,878.660 Shares Federated Treasury Obligations MM-1	-	904,878	904,878	904,878		-

SUPPLEMENTAL SCHEDULE

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)
EIN #34-0596870

December 31, 2014

FORM 5500 – SCHEDULE H, PART IV, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

a.	b. ISSUER OR SIMILAR PARTY	c. DESCRIPTION OF INVESTMENT	d. COST	e. CURRENT VALUE
<u>MONEY MARKET FUNDS</u>				
a.	Federated Money Market - Treasury Obligations	50,190.880 shares	\$ 50,191	\$ 50,191
		TOTAL MONEY MARKET FUNDS	\$ 50,191	\$ 50,191
<u>EQUITY SECURITIES</u>				
a.	Ishares Barclays 3-7 Year ETF	1,837.000 shares	\$ 222,693	\$ 224,683
b.	Pimco 1-5 Year US Tips Index ETF	3,156.000 shares	167,196	163,260
		TOTAL EQUITY SECURITIES	\$ 389,889	\$ 387,943
<u>MUTUAL FUNDS</u>				
a.	Blackstone Alternative Multi-Strategy Fund	10,247,283 shares	\$ 102,516	\$ 102,678
b.	Brandes International Small Cap Equity Fund	7,081.221 shares	95,849	86,603
c.	Cambier Small Cap Fund	2,232.043 shares	43,008	44,685
d.	Doubleline Total Return Bond Fund	25,801.607 shares	288,211	283,044
e.	Eaton Vance Atlanta Capital SMID Cap Fund	7,828.208 shares	175,005	197,271
f.	Eaton Vance Floating-Rate Fund	15,511.640 shares	141,870	138,209
g.	Federated Strategic Value Fund	52,835.146 shares	267,813	312,256
h.	Goldman Sachs Emerging Markets Fund	14,291.165 shares	132,737	105,755
i.	John Hancock Funds III Disciplined Value Fund	26,274.935 shares	418,719	498,436
j.	JP Morgan US Equity Fund	19,330.966 shares	253,444	281,266
k.	Mainstay Icap International Fund	6,147.822 shares	209,152	201,587
l.	Manning & Napier World Opportunities Fund	52,049.775 shares	408,074	381,525
m.	Oppenheimer Developing Markets Fund	5,448.572 shares	178,445	191,027
n.	Osterweis Strategic Income Fund	12,058.336 shares	142,618	137,344
o.	Pimco Emerging Local Bond Fund	12,785.492 shares	131,383	106,375
p.	Pimco Investment Grade Corporate Bond Fund	22,393.734 shares	239,849	236,253
q.	T. Rowe Price Diversified Small-Cap Growth Fund	1,869.322 shares	41,004	47,817
r.	T. Rowe Price Institutional Large-Cap Growth Fund	17,833.997 shares	328,284	490,078
s.	T. Rowe Price Real Estate Fund	4,101.274 shares	94,599	110,160
t.	Vanguard Mortgage-Backed Securities Fund	10,869.096 shares	226,691	230,425
u.	Wasatch Long/Short Fund	6,570.118 shares	90,319	97,961
v.	Wells Fargo Advantage Absolute Return Fund	9,338.458 shares	103,989	101,322
w.	Western Asset Mortgage Backed Securites Fund	15,852.896 shares	174,823	173,589
		TOTAL MUTUAL FUNDS	\$ 4,288,402	\$ 4,555,666
		TOTAL INVESTMENTS	\$ 4,728,482	\$ 4,993,800

SUPPLEMENTAL SCHEDULE - (CONTINUED)

THE VINDICATOR PRINTING COMPANY
RETIREMENT PLAN FOR NON-UNION EMPLOYEES (007)
EIN 34-0596870

Year ended December 31, 2014

FORM 5500 - SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF REPORTABLE TRANSACTIONS

a. IDENTITY OF PARTY INVOLVED	b. DESCRIPTION OF ASSETS	c. PURCHASE PRICE	d. SELLING PRICE	e. COST OF ASSETS	h. CURRENT VALUE OF ASSETS ON TRANSACTION DATE	i. NET GAIN OR (LOSS)
Suntrust Bank	917,147.100 Shares Federated Treasury Obligations MM-1	\$ 917,146	\$ -	\$ 917,146	\$ 917,146	\$ -
Suntrust Bank	904,878.660 Shares Federated Treasury Obligations MM-1	\$ -	904,878	904,878	904,878	\$ -

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► File as an attachment to Form 5500 or 5500-SF.

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

► Round off amounts to nearest dollar.

► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan The Vindicator Printing Company Retirement Plan for Non-Union Employees	B Three-digit plan number (PN) ► 007
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The Vindicator Printing Company	D Employer Identification Number (EIN) 34-0596870
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014			
2 Assets:			
a Market value	2a	5128222	
b Actuarial value	2b	4823371	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	63	2842247	2842247
b For terminated vested participants	67	1186412	1186412
c For active participants	49	2350932	2353492
d Total	179	6379591	6382151
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.44%	
6 Target normal cost	6	81884	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Matthew C. Kaiser

MCK

Signature of actuary

Matthew C. Kaiser

Type or print name of actuary

Towers Watson Delaware Inc.

Firm name

1001 Lakeside Avenue
Suite 1900
Cleveland

OH 44114

Address of the firm

10/8/2015

Date

1405784

Most recent enrollment number

216-937-4000

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2014
v. 140124

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>15.22%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.64%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	75.57%
15	Adjusted funding target attainment percentage	15	75.57%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	75.69%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employee(s):

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/13/2014	71300	0			
07/30/2014	71300	0			
10/15/2014	52679	0			
01/13/2015	65093	0			
09/14/2015	44528	0			
Totals ▶			18(b)	304900	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year.

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	289330

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%
			☐ N/A, full yield curve used
b Applicable month (enter code):			21b 4
22 Weighted average retirement age			22 66
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	81884										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>1558780</td> <td>207417</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	1558780	207417	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	1558780	207417										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0										
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	289301										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement			0									
36 Additional cash requirement (line 34 minus line 35)	36	289301										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	289330										
38 Present value of excess contributions for current year (see instructions):												
a Total (excess, if any, of line 37 over line 36)	38a	29										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 19
Discounted Employer Contributions
as of January 1, 2014

Date	Applicable Plan Year	Contribution	Interest Rate Used to Discount During Timely Contribution Period	Timely Contribution Period	Interest Rate Used to Discount During Late Contribution Period	Late Contribution Period	Interest Adjusted Contribution
05/13/2014	2014	71,300	6.44%	0.28889	11.44	0.07778	69,461
07/30/2014	2014	71,300	6.44%	0.53889	11.44	0.04167	68,654
10/15/2014	2014	52,679	6.44%	0.78889	N/A	N/A	50,148
01/13/2015	2014	65,093	6.44%	1.03333	N/A	N/A	61,028
09/14/2015	2014	44,528	6.44%	1.70278	N/A	N/A	40,039
Total		304,900					289,330

Plan Name: The Vindicator Printing Compant Retirement Plan for Non-Union Employees
EIN / PN: 34-0596870 / 007
Plan Sponsor: The Vindicator Printing Company
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2014

See Schedule SB, Part V for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

<u>Age at Retirement</u>	<u>Rates of Retirement</u>	<u>Percent Retiring</u>	<u>Weighted Ages</u>
(1)	(2)	(3)	(1) x (3)
55	0.00%	0.00%	0.0000
56	0.00%	0.00%	0.0000
57	0.00%	0.00%	0.0000
58	0.00%	0.00%	0.0000
59	0.00%	0.00%	0.0000
60	2.00%	2.00%	1.2000
61	3.00%	2.94%	1.7934
62	5.00%	4.75%	2.9469
63	5.00%	4.52%	2.8447
64	5.00%	4.29%	2.7453
65	37.50%	30.56%	19.8661
66	25.00%	12.73%	8.4049
67	50.00%	19.10%	12.7984
68	50.00%	9.55%	6.4947
69	50.00%	4.78%	3.2951
70	100.00%	4.78%	3.3429
Weighted Average Retirement Age			65.7

Plan Name:	The Vindicator Printing Compant Retirement Plan for Non-Union Employees
EIN / PN:	34-0596870 / 007
Plan Sponsor:	The Vindicator Printing Company
Valuation Date	January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2014

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		1		0		0		0		0		0		0		0		0	
30 - 34	0		2		1		0		0		0		0		0		0		0	
35 - 39	0		0		0		2		0		0		0		0		0		0	
40 - 44	0		1		0		2		0		0		0		0		0		0	
45 - 49	0		1		1		2		0		0		0		0		0		0	
50 - 54	0		4		2		2		2		0		1		0		0		0	
55 - 59	0		2		0		1		1		1		0		1		0		0	
60 - 64	0		2		0		1		6		5		0		0		2		0	
65 - 69	0		0		0		0		0		1		0		0		0		0	
70 & Over	0		0		0		0		0		0		0		0		0		2	

Plan Name: The Vindicator Printing Compant Retirement Plan for Non-Union Employees
 EIN / PN: 34-0596870 / 007
 Plan Sponsor: The Vindicator Printing Company
 Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2014

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2014	146,661	7	146,661	24,545
2	Shortfall	01/01/2013	496,116	6	441,113	83,499
3	Shortfall	01/01/2012	(145,341)	5	(112,160)	(24,668)
4	Shortfall	01/01/2011	944,230	12	810,653	91,431
5	Shortfall	01/01/2010	326,895	11	272,513	32,610
Total					1,558,780	207,417

Plan Name: The Vindicator Printing Compant Retirement Plan for Non-Union Employees
EIN / PN: 34-0596870 / 007
Plan Sponsor: The Vindicator Printing Company
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Plan Sponsor	The Vindicator Printing Company
EIN/PN	34-0596870/007
Plan Name	The Vindicator Printing Company Retirement Plan for Non-Union Employees
Valuation Date	January 1, 2014
Enrolled Actuary	Matther C. Kaiser
Enrollment Number	14-05784

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	The Vindicator Printing Compant Retirement Plan for Non-Union Employees
EIN / PN:	34-0596870 / 007
Plan Sponsor:	The Vindicator Printing Company
Valuation Date	January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: September
- Yield curve basis: 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
• First segment rate:	4.99%	1.37%
• Second segment rate:	6.32%	4.05%
• Third segment rate:	6.99%	5.06%
• Effective interest rate:	6.44%	4.28%

Annual rates of increase

- Compensation: Not applicable after the March 31, 2009 benefit freeze
- Future Social Security wage bases: Not applicable after the March 31, 2009 benefit freeze
- Statutory limits on compensation: Not applicable after the March 31, 2009 benefit freeze

Plan Name: The Vindicator Printing Compant Retirement Plan for Non-Union Employees
EIN / PN: 34-0596870 / 007
Plan Sponsor: The Vindicator Printing Company
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

- **Healthy** The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.
- **Disabled** The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Termination Rates varying by age and gender.

Representative Termination Rates

Percentage leaving during the year		
Attained Age	Males	Females
20	14.95%	24.95%
25	9.94	14.95
30	6.91	9.94
35	4.88	6.91
40	2.82	4.88
45	1.67	2.82
50	0.40	1.67
55	0.00	0.40
60 and over	0.00	0.00

Disability None.

Plan Name: The Vindicator Printing Compant Retirement Plan for Non-Union Employees
EIN / PN: 34-0596870 / 007
Plan Sponsor: The Vindicator Printing Company
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Retirement Rate
Under 60	0.0%
60	2.0
61	3.0
62	5.0
63-64	5.0
65	37.5
66	25.0
67-69	50.0
70	100.0

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 65.
- Deferred vested benefit The later of age 65 or termination of employment.
- Retirement benefit Upon termination of employment.

Form of payment

Participants are assumed to elect the normal form which is a single life annuity.

Percent married

85% of males; 50% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.

Spouse age

Female spouses are assumed to be three years younger than male spouses.

Covered pay

Not applicable after the March 31, 2009 plan freeze.

Administrative expenses

The amount included this year for administrative expenses is \$81,884.

Plan Name: The Vindicator Printing Company Retirement Plan for Non-Union Employees
EIN / PN: 34-0596870 / 007
Plan Sponsor: The Vindicator Printing Company
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Suspension of benefits It is assumed that suspension of benefits notices have been issued to participants who are working past normal retirement age. Therefore, no actuarial increased benefits have been included in the valuation.

Methods

Valuation date First day of plan year.

Funding target Present value of accrued benefits.

Target normal cost Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.

Actuarial value of assets Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 7.50% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years.

Benefits not valued We believe that we have reflected all significant plan provisions in this valuation.

Change in assumptions and methods since prior valuation Other than the prescribed changes in interest rate and mortality, there were no other changes made since the prior valuation.

Plan Name: The Vindicator Printing Compant Retirement Plan for Non-Union Employees
EIN / PN: 34-0596870 / 007
Plan Sponsor: The Vindicator Printing Company
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

The Vindicator Printing Company

Plan

The Vindicator Printing Company Retirement Plan for Non-Union Employees

Effective Date and Most Recent Amendment

January 1, 1973, as amended and restated effective January 1, 2010, and most recently amended effective November 4, 2011.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

Covered employees become participants on the next July 1 or January 1 following completion of one Year of Eligibility Service and attainment of age 21. Participation in the plan has been closed since March 31, 2009.

Normal Retirement Benefit

Normal Retirement Date: Eligible upon attaining age 65.

Benefit Formula: 45% of average earnings (the average of the best five consecutive years Compensation out of the last 10 years prior to retirement), less one-half of the employee's Social Security benefit (the "offset"); provided such offset shall not exceed the lesser of the "maximum offset allowance" defined in IRC Section 401(1)(B) or 50% of the member's normal retirement benefit determined without regard to the offset. The net benefit is reduced for service less than 30 years at retirement. There is a minimum benefit equal to 1% of average earnings (maximum of \$1,000 a month) times credited service (maximum of 30 years). After 1991, Compensation includes overtime, commissions, and bonuses.

Plan benefits guaranteed by The Equitable under Group Annuity Contract AC 643 (which was converted to a non-participating basis as of September 1, 1991) are not included in the actuarial valuation of Plan benefits.

Plan Name:	The Vindicator Printing Company Retirement Plan for Non-Union Employees
EIN / PN:	34-0596870 / 007
Plan Sponsor:	The Vindicator Printing Company
Valuation Date	January 1, 2014

SCHEDULE SB ATTACHMENTS

All benefits under the plan have been frozen as of March 31, 2009.

Early Retirement Benefit

Eligibility: Eligible upon attaining age 55 and 10 years of vesting service.

Benefit: Actuarial equivalent of the accrued Normal Retirement Benefit, determined on the assumption that the employee continued to age 65 at his final average earnings at termination with the resulting normal retirement benefit reduced by the ratio of actual service to assumed service to age 65. The accrued benefit is reduced 6-2/3% per year for the first 5 years and 3-1/3% per year for each additional year for early retirement commencing prior to age 65.

Disability Benefit

Eligibility: Eligible upon attaining age 45 and 10 years of vesting service if the disability was incurred prior to March 31, 2009.

Benefit: A benefit determined as for normal retirement assuming that the employee had attained his normal retirement age upon disability retirement. The disability benefit is payable until age 65 or until the employee recovers if earlier; at age 65 the benefit is re-determined under the normal formula.

Vested Benefits Upon Termination of Service

Eligibility: Eligible upon attaining 5 years vesting service.

Benefit: A benefit determined as for early retirement but payable at age 65 or, for terminating employees with at least 10 years of vesting service, a benefit reduced for early commencement payable between age 55 and 65, utilizing the above Early Retirement reductions.

Pre-Retirement Death Benefit

Eligibility: Benefit payable to spouse of an active or terminated employee who dies after becoming eligible for a Termination Benefit.

Benefit: The benefit is calculated as if the employee had terminated his employment the day of his death (if he was in active status), had elected to have his pension commence on his earliest retirement date, had elected the 50% joint and survivor option, had survived to his earliest retirement date and died the following day.

Special Provisions for Top-Heavy Plans

Not applicable; the plan has never been top-heavy.

Plan Name:	The Vindicator Printing Compant Retirement Plan for Non-Union Employees
EIN / PN:	34-0596870 / 007
Plan Sponsor:	The Vindicator Printing Company
Valuation Date	January 1, 2014

SCHEDULE SB ATTACHMENTS

Plan Participants' Contributions

They are not required or permitted.

Changes in Plan Provisions since Last Actuarial Valuation

No changes in plan provisions have been made since the last actuarial valuation.

Substantive Commitments

No substantive commitments other than the above plan provisions have been included in this valuation.

Plan Name:	The Vindicator Printing Compant Retirement Plan for Non-Union Employees
EIN / PN:	34-0596870 / 007
Plan Sponsor:	The Vindicator Printing Company
Valuation Date	January 1, 2014