# Form 5500

**Department of the Treasury**
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2014**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
SIGNTECH 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1990

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

4444 FEDERAL BLVD
SAN DIEGO, CA 92102

**2b** Employer Identification Number (EIN)
33-0038740

**2c** Plan Sponsor's telephone number
619-527-6100

**2d** Business code (see instructions)
339900

**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. | 10/14/2015 | KYMBERLY LARSEN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

Preparer's telephone number (optional)

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 142 |
| **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)** | 124 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 124 |
| **b** Retired or separated participants receiving benefits | **6b** | 1 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 19 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 144 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 144 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 117 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 6 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code_____

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2014**<br>**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 | **B** Three-digit plan number (PN) ▶ |
|---|---|
| SIGNTECH 401(K) PLAN | 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) |
| SIGNTECH ELECTRICAL ADVERTISING INC | 33-0038740 |

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 37 60 64 65 | RECORDKEEPER | 13688 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| ASTON/F MID CAP N - BNY MELLON INV<br>P.O. BOX 9793<br>PROVIDENCE, RI 02940 | 0.40% |

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| BROWN SMALL CO INV - ALPS FUND SER<br>20-3247785 | 0.40% |

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| COHEN & STEERS RLTY - BOSTON FINAN<br>P.O. BOX 8480<br>BOSTON, MA 02266 | 0.40% |

## Part I Service Provider Information (continued)

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

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| HARBOR INTL ADM - HARBOR SERVICES<br><br>34-1953399 | 0.25% |

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| INVS DIVRS DIVD R5 - INVESCO INVES<br>11 GREENWAY PLAZA, SUITE 100<br>HOUSTON, TX 77046 | 0.35% |

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| METWEST TOT RTN BD M - BNY MELLON<br>P.O. BOX 9793<br>PROVIDENCE, RI 02940 | 0.35% |

## Part I Service Provider Information (continued)

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

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| MFS MA INV TRUST R3 - MFS SERVICE<br><br>04-2865649 | 0.50% |

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

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

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| OAKMARK EQ & INC I - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266 | 0.35% |

## Part I Service Provider Information (continued)

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

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|---|
| OAKMARK INTL I - BOSTON FINANCIAL | P.O. BOX 8480<br>BOSTON, MA 02266 | 0.35% |

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|---|
| OPP DEVELOPING MKT Y - OFI GLOBAL | TWO WORLD FINANCIAL CENTER<br>225 LIBERTY STREET, 14TH FLOOR<br>NEW YORK, NY 10281 | 0.25% |

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

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

## Part I Service Provider Information (continued)

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

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

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

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| RDGWTH MID CAP VAL I - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266 | 0.40% |

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan 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
SIGNTECH 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
SIGNTECH ELECTRICAL ADVERTISING INC

**D** Employer Identification Number (EIN)
33-0038740

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STABLE VALUE FUND M

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 94-6751924-001 | C | 261914 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection**

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

**A** Name of plan
SIGNTECH 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
SIGNTECH ELECTRICAL ADVERTISING INC

**D** Employer Identification Number (EIN)
33-0038740

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 173648 | 201573 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 292342 | 261914 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 3682113 | 4063107 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 0 | 0 |
| **(2)** Employer real property | 1d(2) | 0 | 0 |
| **e** Buildings and other property used in plan operation | 1e | 0 | 0 |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 4148103 | 4526594 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 0 | 0 |
| **h** Operating payables | 1h | 0 | 0 |
| **i** Acquisition indebtedness | 1i | 0 | 0 |
| **j** Other liabilities | 1j | 0 | 0 |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 4148103 | 4526594 |

## 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) | 67934 | |
| **(B)** Participants | 2a(1)(B) | 339667 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 0 | |
| **(2)** Noncash contributions | 2a(2) | 0 | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 407601 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | 9561 | |
| **(F)** Other | 2b(1)(F) | 0 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 9561 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| **(B)** Common stock | 2b(2)(B) | 0 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 296620 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 296620 |
| **(3)** Rents | 2b(3) | | 0 |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | 0 | |
| **(B)** Other | 2b(5)(B) | 0 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 2633 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -64829 |
| **c** Other income | 2c | | 0 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 651586 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 244312 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 244312 |
| **f** Corrective distributions (see instructions) | 2f | | 14423 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| **h** Interest expense | 2h | | 0 |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 0 | |
| (3) Investment advisory and management fees | 2i(3) | 666 | |
| (4) Other | 2i(4) | 13694 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 14360 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 273095 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 378491 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 0 |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CONSIDINE AND CONSIDINE (2) EIN: 95-2694444

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

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

## Part IV Compliance Questions

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

During the plan year:

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

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 1000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | X | |

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

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

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

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

## Part V Trust Information (optional)

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**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
SIGNTECH 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
SIGNTECH ELECTRICAL ADVERTISING INC

**D** Employer Identification Number (EIN)
33-0038740

## Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**SIGNTECH 401(K) PLAN**
**FINANCIAL STATEMENTS**
**DECEMBER 31, 2014 AND 2013**

**SIGNTECH 401(K) PLAN**


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CONSIDINE & CONSIDINE
CERTIFIED PUBLIC ACCOUNTANTS

# INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Signtech 401(k) Plan

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Signtech 401(k) Plan, which comprise the statements of net assets available for plan benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

## Auditor's Responsibility

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

## Basis for Disclaimer of Opinion

As permitted by 29 CFR section 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 4, which was certified by Fidelity Management Trust Company, 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 plan trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the plan custodian is complete and accurate.

**Disclaimer of Opinion**

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

**Other Matter**

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

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

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



CONSIDINE & CONSIDINE
An Accountancy Corporation

October 2, 2015

**SIGNTECH 401(K) PLAN**
**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**
**DECEMBER 31, 2014 AND 2013**



| | 2014 | 2013 |
|---|---|---|
| **ASSETS** | | |
| **INVESTMENTS AT FAIR VALUE** | | |
| Pooled Separate Accounts: | | |
| Mutual Funds (Notes 4 and 7) | $ 4,063,107 | $ 3,682,113 |
| Stable Value Fund (Notes 4, 6, and 7) | 265,610 | 294,670 |
| | 4,328,717 | 3,976,783 |
| **RECEIVABLES** | | |
| Employees' Contributions | - | 5,695 |
| Employer's Contributions | - | 1,139 |
| Notes Receivable from Participants (Note 4) | 201,573 | 173,648 |
| | 201,573 | 180,482 |
| **TOTAL ASSETS** | 4,530,290 | 4,157,265 |
| **LIABILITIES** | | |
| Excess Contributions Payable (Note 8) | - | 10,737 |
| **NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE** | 4,530,290 | 4,146,528 |
| Adjustments from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts | (3,696) | (2,328) |
| **NET ASSETS AVAILABLE FOR PLAN BENEFITS** | $ 4,526,594 | $ 4,144,200 |

See Accompanying Notes

**SIGNTECH 401(K) PLAN**
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS**
**FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013**



| | 2014 | 2013 |
|---|---|---|
| **ADDITIONS TO NET ASSETS ATTRIBUTED TO:** | | |
| **INVESTMENT INCOME (NOTE 4)** | | |
| Interest and Dividends on Investments | $ 296,620 | $ 163,005 |
| Net Change in Fair Value of Investments | (65,882) | 482,451 |
| | 230,738 | 645,456 |
| Interest Income on Notes Receivable from Participants | 9,561 | 6,703 |
| **CONTRIBUTIONS** | | |
| Employee (Note 8) | 333,972 | 321,685 |
| Employer | 66,795 | 66,486 |
| Rollover | - | 933 |
| | 400,767 | 389,104 |
| **TOTAL ADDITIONS** | 641,066 | 1,041,263 |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:** | | |
| Benefits Paid to Participants | 244,312 | 73,621 |
| Administrative Expenses | 14,360 | 13,124 |
| **TOTAL DEDUCTIONS** | 258,672 | 86,745 |
| **NET INCREASE** | 382,394 | 954,518 |
| **NET ASSETS AVAILABLE FOR PLAN BENEFITS:** | | |
| **BEGINNING OF YEAR** | 4,144,200 | 3,189,682 |
| **END OF YEAR** | $ 4,526,594 | $ 4,144,200 |

See Accompanying Notes

## NOTE 1 DESCRIPTION OF PLAN

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

### GENERAL

The Plan is a defined contribution plan established and sponsored by the Company. The Plan was established on January 1, 1990 to enable eligible employees to make pre-tax contributions to the Plan; thereby, providing employees with an opportunity to accumulate funds for their retirement. The Plan Trustee has the authority and responsibility for the management and investment of plan assets. The Plan is administered by the Plan's Retirement Administrative Committee. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### ELIGIBILITY

An employee is eligible to participate in the Plan on January 1, April 1, July 1, or October 1, following the completion of six consecutive months of service.

### CONTRIBUTIONS

Contributions to the Plan are as follows:

1) Participants may elect to make salary deferral contributions to the Plan up to the annual limit ($17,500 in 2014 and 2013) established by the Internal Revenue Service ("IRS"). Participants greater than fifty years old may elect to make catch-up contributions in addition to the above, up to the maximum amount allowed by the IRS ($5,500 in 2014 and 2013).

2) The Plan allows for the participants in a former employer's qualified plan to contribute direct rollovers to this plan.

3) The Company may make matching contributions equal to a percentage of the participants' 401(k) elective deferral contributions. If a matching contribution is made, the Company matches contributions for all persons who were active participants at any time during that payroll period.

4) The Company may also make an additional discretionary contribution which shall be allocated to each eligible participant in proportion to his or her compensation for the period while a participant. A participant is eligible if he or she is an active participant on that date and have 1,000 or more hours of service in the plan year. Discretionary contributions are divided amongst participants eligible for a share on December 31.

**NOTE 1 DESCRIPTION OF PLAN (Continued)**

**PARTICIPANT ACCOUNTS**

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

**VESTING**

Participants are 100% vested in their deferral contributions and rollover contributions. A participant also attains 100% vesting in his/her account balance due to death, permanent disability, or reaching normal retirement age. Employer contributions, including earnings, vest at the following rates:

| | |
|---|---|
| 2 Years | 20% |
| 3 Years | 40% |
| 4 Years | 60% |
| 5 Years | 80% |
| 6 Years | 100% |

**NOTES RECEIVABLE FROM PARTICIPANTS**

Participants may borrow from his/her 401(k) account. The loan is available only from the elective employee contributions. The amount of the loan must be a minimum of $1,000 and may not exceed the lesser of $50,000 or one half of the participant's vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate for similar loans from commercial lending institutions.

**NOTE 1 DESCRIPTION OF PLAN (Continued)**

**PAYMENT OF BENEFITS**

The Plan provides for benefits to be distributed in periodic installments, in a lump sum, or a combination thereof, or may be deferred to a later time. Participants are entitled to receive the full value of their vested benefits when they retire, die, or become permanently disabled. Participants who terminate employment for any other reason are entitled to the value of their vested interest.

Participants may withdraw any or all of their account balances at any time during the Plan year provided certain hardship conditions, as defined in the Plan, have been met.

In the event of a mandatory distribution greater than $1,000, but no more than $5,000, in accordance with the payment provisions of the Plan, if the Participant does not elect to have such distributions paid directly to an eligible retirement plan specified by the Participant in a direct rollover or to receive the distribution directly under any form of payment allowed under the Plan, then the distribution will be paid in a direct rollover to an individual retirement plan designated by the plan administrator. Mandatory distributions of $1,000 or less will continue to be paid in cash as directed by the plan administrator, unless the Participant elects a direct rollover or elects to receive the distribution under another form permitted by the Plan.

**ADMINISTRATIVE EXPENSES**

Direct fees and expenses related to the operation of the Plan may be paid with forfeitures. Expenses not covered by forfeitures are paid from plan assets. Substantially all of the administrative expenses of the Plan were paid by the Plan for the years ended December 31, 2014 and 2013.

**FORFEITED ACCOUNTS**

Non-vested employer contributions forfeited by terminated participants may first be used to pay administrative expenses. Any remaining amounts may be used to reduce future employer contributions payable under the Plan. During 2014 and 2013, no forfeitures were used. At December 31, 2014 and 2013, there were $28,586 and $27,626 in the forfeiture account, respectively.

## NOTE 1 DESCRIPTION OF PLAN (Continued)

### INVESTMENT OPTIONS

Upon enrollment into the Plan, participants may direct their account balances in any investment alternatives approved by the trustee. All earnings and losses are credited directly to the participants' accounts.

## NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared using the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP).

Estimates - The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are maintained in pooled separate accounts and in a stable value portfolio and are stated at fair value as certified by the institution that holds the Plan's assets as an investment manager and are under the custody of the Plan's trustee. 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.

Stable Value Fund - The Stable Value Fund holds guaranteed investment contracts and security backed contracts. Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statements of Net Assets Available for Plan Benefits presents the fair value of the stable value fund as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statements of Changes in Net Assets Available for Plan Benefits is prepared on a contract value basis.

## NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurement - The Plan follows accounting standards consistent with the FASB codification which defines fair value, establishes a framework for measuring fair value and enhances disclosures about fair value measurements for all financial assets and liabilities.

Notes Receivable from Participants - Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Payment of Benefits - Benefits are recorded when paid.

Income Taxes - The Plan is tax exempt under the Internal Revenue Code Section 401(A) and consequently pays no income tax.

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated 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 and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan follows accounting standards for uncertainty in income taxes recognized in the Plan's financial statements and prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. It also provides guidance on derecognition and measurement of a tax position taken or to be taken in a tax return. As of December 31, 2014 and 2013, the Plan has not accrued interest or penalties related to uncertain tax positions. The Plan files tax return is U.S. Federal jurisdiction and is not subject to examination by U.S. tax authorities for the tax years prior to 2011.

## NOTE 3 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, the rights of all employees to account balances accrued to the date of the termination are fully vested and non-forfeitable.

## NOTE 4 INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The Company has obtained certification from Fidelity Management Trust Company ("Fidelity"), the trustee of the Plan, that all of the information provided to the Company by Fidelity is complete and accurate. Fidelity certification applies to substantially all of the Plan's investment assets, transactions, and supplemental schedules. Fidelity reports such information primarily on the cash basis while the accompanying financial statements and supplemental schedules are presented on the accrual basis. Therefore, certain amounts reflected in the financial statements and supplemental schedules may differ from the information certified by Fidelity.

The December 31, 2014 and 2013 Statements of Net Assets Available for Plan Benefits, the investment activities included on the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2014 and 2013, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by Fidelity in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The following is information certified by Fidelity, which is included in the Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013:

| | 2014 | 2013 |
|---|---|---|
| Notes Receivable from Participants | $ 201,573 | $ 173,648 |

| | 2014 | 2013 |
|---|---|---|
| Investments at Fair Value | | |
| Pooled Separate Accounts: | | |
| Mutual Funds | 4,063,107 | 3,682,113 |
| Stable Value Fund | 265,610 | 294,670 |
| | $ 4,328,717 | $ 3,976,783 |

| | 2014 | 2013 |
|---|---|---|
| Investment Income | | |
| Interest and Dividends on Investments | $ 296,620 | $ 163,005 |
| Net Change in Fair Value of Investments | (65,882) | 482,451 |
| Interest Income on Notes Receivable from Participants | 9,561 | 6,703 |
| | $ 240,299 | $ 652,159 |

## NOTE 4 INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE (Continued)

During 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the years) appreciation/depreciation in value as follows:

| | 2014 | 2013 |
|---|---|---|
| Pooled Separate Accounts: | | |
| Stable Value Fund | $ 2,633 | $ 3,807 |
| Mutual Funds | (68,515) | 478,644 |
| | $ (65,882) | $ 482,451 |

The following certified investments represent more than 5% of net assets available for plan benefits as of the year ended:

| | 2014 |
|---|---|
| FID Freedom 2030 | $ 877,691 |
| FID Contrafund | 272,088 |
| Wells Fargo Stable Value Fund | 265,610 |
| FID Freedom 2035 | 264,542 |
| FID Freedom 2040 | 258,338 |
| | $ 1,938,269 |

| | 2013 |
|---|---|
| FID Freedom 2030 | $ 814,817 |
| Wells Fargo Stable Value Fund | 294,670 |
| FID Freedom 2040 | 286,500 |
| FID Freedom 2035 | 279,594 |
| | $ 1,675,581 |

## NOTE 5 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. As of December 31, 2014, five investments had approximately 43% of the Plan's total assets invested in them. As of December 31, 2013, four investments had approximately 40% of the Plan's total assets invested in them. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants account balances and the amounts reported in the Statements of Net Assets Available for Plan Benefits.

## NOTE 6 INVESTMENT CONTRACTS WITH INSURANCE COMPANY

The Plan has an investment in a stable value fund that is operated as a collective trust. The underlying investments held by the stable value fund are guaranteed investment contracts and security-backed contracts. All guaranteed investment contracts and security-backed contracts held by the stable value fund are fully benefit-responsive, which means withdrawals from these investment contracts may be made at contract value for qualifying benefit payments, including participant-directed transfers. The stable value fund is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Additional information on the stable value fund is available by referring to the financial statements of Wells Fargo Stable Return Fund M and Wells Fargo Stable Return Fund G.

The stable value fund holds contracts whereby the issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the stable value fund holds fully benefit-responsive contracts, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the stable value fund. The stable value fund is presented on the face of the Statements of Net Assets Available for Plan Benefits at fair value with an adjustment to contract value in arriving at net assets available for plan benefits. Contract value, as reported to the Plan by Fidelity, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair values of the stable value fund at December 31, 2014 and 2013 were $265,610 and $294,670, respectively, and is included in investments in the accompanying Statements of Net Assets Available for Plan Benefits. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than zero percent. Such interest rates are reviewed on a quarterly basis for resetting.

**NOTE 6 INVESTMENT CONTRACTS WITH INSURANCE COMPANY (Continued)**

Certain events limit the Plan's ability to transact at contract value with Fidelity. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan, (b) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

The stable value fund held contracts that do not permit the insurance company (or issuer) to terminate the agreement prior to the scheduled maturity date.

| | 2014 | 2013 |
|---|---|---|
| Average Yields: | | |
| Based on Actual Earnings | 1.40% | 1.36% |
| Based on Interest Rate Credited to Participants | 1.64% | 1.52% |

## NOTE 7 FAIR VALUE MEASUREMENT

The Plan follows the methods of fair value measurement to value its financial assets and liabilities. Fair value is based on 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. In order to increase consistency and comparability in fair value measurements, a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels has been established, which are described below:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in inactive markets; or model-derived valuations in which all significant inputs are observable or can be derived principally from or corroborated with observable market data.

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

Mutual Funds: Mutual fund shares are valued at quoted market prices in an exchange and active market, which represent the net asset values held by the Plan at year end and are classified as Level 1 investments.

Stable Value Fund: The stable value fund has invested all of its assets in Wells Fargo Stable Return Fund G, which is classified as Level 2 for fair value measurements. The investments held by Wells Fargo Stable Return Fund G have separate level categorization which can be found in its financial statements.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

**NOTE 7 FAIR VALUE MEASUREMENT (Continued)**

The following table presents the Plan's investments on the Statements of Net Assets Available for Plan Benefits measured at fair value on a recurring basis by level within the valuation hierarchy as of December 31, 2014.

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Assets | | | | |
| Pooled Separate Accounts: | | | | |
| Mutual Funds | | | | |
| U.S. Large Blend | $ 2,199,259 | $ - | $ - | $ 2,199,259 |
| U.S. Small-Mid Cap | 826,708 | - | - | 826,708 |
| U.S. Large Growth | 389,245 | - | - | 389,245 |
| Bond Funds | 351,400 | - | - | 351,400 |
| U.S. Large Value | 296,495 | - | - | 296,495 |
| Stable Value Fund | - | 265,610 | - | 265,610 |
| | $ 4,063,107 | $ 265,610 | $ - | $ 4,328,717 |

The following table presents the Plan's investments on the Statements of Net assets Available for Plan Benefits measured at fair value on a recurring basis by level within the valuation hierarchy as of December 31, 2013.

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Assets | | | | |
| Pooled Separate Accounts: | | | | |
| Mutual Funds | | | | |
| U.S. Large Blend | $ 2,133,044 | $ - | $ - | $ 2,133,044 |
| U.S. Small-Mid Cap | 703,956 | - | - | 703,956 |
| U.S. Large Growth | 348,727 | - | - | 348,727 |
| Bond Funds | 293,011 | - | - | 293,011 |
| U.S. Large Value | 203,375 | - | - | 203,375 |
| Stable Value Fund | - | 294,670 | - | 294,670 |
| | $ 3,682,113 | $ 294,670 | $ - | $ 3,976,783 |

## NOTE 8 EXCESS CONTRIBUTIONS PAYABLE

Contributions received from participants for 2014 and 2013 are net of payments of $0 and $10,737, respectively, to certain active participants to return to them excess contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. The 2013 payments for excess contributions were made in July 2014.

## NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the trustee, Fidelity, which qualifies these transactions as party-in-interest transactions. Administrative fees incurred by the Plan to Fidelity totaled $14,360 and $13,124 for the years ended December 31, 2014 and 2013, respectively. The Company pays certain administrative fees of the Plan, which are not reimbursed. In addition, the Company provides administrative services to the Plan at no cost to the Plan.

## NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements at December 31, 2014 and 2013 to Form 5500:

| | 2014 | 2013 |
|---|---|---|
| Net Assets Available for Plan Benefits per the Financial Statements | $ 4,526,594 | $ 4,144,200 |
| Excess Contributions Payable | - | 10,737 |
| Employer's Contributions Receivable | - | (1,139) |
| Employees' Contributions Receivable | - | (5,695) |
| Net Assets Available for Plan Benefits per Form 5500 | $ 4,526,594 | $ 4,148,103 |

| | 2014 | 2013 |
|---|---|---|
| Changes in Net Assets Available for Plan Benefits per the Financial Statements | $ 382,394 | $ 954,518 |
| Employees' Contributions Receivable - Prior Year | 5,695 | - |
| Employer's Contributions Receivable - Prior Year | 1,139 | - |
| Adjustments for Fully Benefit-Responsive Investment Contracts | 3,686 | - |
| Prior Year Excess Contributions | (14,423) | (11,945) |
| Current Year Excess Contributions | - | 10,737 |
| Employer's Contributions Receivable - Current Year | - | (1,139) |
| Employees' Contributions Receivable - Current Year | - | (5,695) |
| Changes in Net Assets Available for Plan Benefits per Form 5500 | $ 378,491 | $ 946,476 |

## NOTE 11 SUBSEQUENT EVENTS

The Company has evaluated subsequent events through October 2, 2015, the date which the financial statements were available to be issued. There were no material subsequent events which affected the amounts or disclosures in the financial statements.

**SIGNTECH 401(K) PLAN**
**REQUIRED SUPPLEMENTAL INFORMATION**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2014**



Plan Sponsor's EIN: 33-0038740
Plan Number: 1

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | FID Freedom 2030 | Mutual Funds | ** | $ 877,691 |
| * | FID Contrafund | Mutual Funds | ** | 272,088 |
| | WF Stable Value Fund | Stable Value Fund | ** | 265,610 |
| * | FID Freedom 2035 | Mutual Funds | ** | 264,542 |
| * | FID Freedom 2040 | Mutual Funds | ** | 258,338 |
| * | FID Freedom 2050 | Mutual Funds | ** | 204,808 |
| * | FID Small Cap Value | Mutual Funds | ** | 190,023 |
| | MSIF MidCap Grth P | Mutual Funds | ** | 184,181 |
| | Metwest Tot Rtn Bd M | Mutual Funds | ** | 175,053 |
| | Sptn 500 Index Inv | Mutual Funds | ** | 144,859 |
| | Invs Divrs Divd Inst | Mutual Funds | ** | 142,187 |
| | Aston/F MidCap N | Mutual Funds | ** | 131,282 |
| | Rdgwth MidCap Val I | Mutual Funds | ** | 126,090 |
| | Oakmark Intl I | Mutual Funds | ** | 106,241 |
| * | FID Freedom 2020 | Mutual Funds | ** | 106,055 |
| * | FID Freedom 2045 | Mutual Funds | ** | 105,354 |
| * | FID Freedom 2025 | Mutual Funds | ** | 102,275 |
| | MFS Ma Inv Trust R3 | Mutual Funds | ** | 97,154 |
| | Sptn Int Tr Ind Adv | Mutual Funds | ** | 82,560 |
| | Pimco Tot Return Adm | Mutual Funds | ** | 76,080 |
| * | FID Sm Cap Discovery | Mutual Funds | ** | 67,100 |
| * | FID Low Priced Stk | Mutual Funds | ** | 51,104 |
| | Cohen & Steers Rlty | Mutual Funds | ** | 48,154 |

**SIGNTECH 401(K) PLAN**
**REQUIRED SUPPLEMENTAL INFORMATION**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2014**



Plan Sponsor's EIN: 33-0038740
Plan Number: 1

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Oakmark Eq & Inc I | Mutual Funds | ** | 48,067 |
| * | FID Freedom 2015 | Mutual Funds | ** | 37,664 |
| * | FID Freedom 2055 | Mutual Funds | ** | 36,214 |
| | Harbor Intl Adm | Mutual Funds | ** | 33,482 |
| | Brown Small Co Inv | Mutual Funds | ** | 28,774 |
| * | FID Freedom 2005 | Mutual Funds | ** | 27,205 |
| | Opphmr Dev Mkts Y | Mutual Funds | ** | 17,941 |
| | Pimco Real Rtn Bd Ad | Mutual Funds | ** | 17,707 |
| * | FID Puritan | Mutual Funds | ** | 2,062 |
| * | FID Freedom Income | Mutual Funds | ** | 764 |
| * | FID Freedom 2010 | Mutual Funds | ** | 8 |
| | | | | $ 4,328,717 |

* Indicates an identified person known to be a party-in-interest to the Plan.
** Cost has been omitted as investment is participant directed.

**SIGNTECH 401(K) PLAN**
**REQUIRED SUPPLEMENTAL INFORMATION**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2014**



Plan Sponsor's EIN: 33-0038740
Plan Number: 1

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Notes Receivable from Participants | Various Maturity Dates<br>Interest rates 4.25% to 5.25% | $ - | $ 201,573 |

* Indicates an identified person known to be a party-in-interest to the Plan.

**SIGNTECH 401(K) PLAN**
**FINANCIAL STATEMENTS**
**DECEMBER 31, 2014 AND 2013**

**SIGNTECH 401(K) PLAN**


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CONSIDINE & CONSIDINE
CERTIFIED PUBLIC ACCOUNTANTS

# INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Signtech 401(k) Plan

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Signtech 401(k) Plan, which comprise the statements of net assets available for plan benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

## Auditor's Responsibility

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

## Basis for Disclaimer of Opinion

As permitted by 29 CFR section 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 4, which was certified by Fidelity Management Trust Company, 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 plan trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the plan custodian is complete and accurate.

**Disclaimer of Opinion**

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

**Other Matter**

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

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

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



CONSIDINE & CONSIDINE
An Accountancy Corporation

October 2, 2015

**SIGNTECH 401(K) PLAN**
**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**
**DECEMBER 31, 2014 AND 2013**



| | 2014 | 2013 |
|---|---|---|
| **ASSETS** | | |
| **INVESTMENTS AT FAIR VALUE** | | |
| Pooled Separate Accounts: | | |
| Mutual Funds (Notes 4 and 7) | $ 4,063,107 | $ 3,682,113 |
| Stable Value Fund (Notes 4, 6, and 7) | 265,610 | 294,670 |
| | 4,328,717 | 3,976,783 |
| **RECEIVABLES** | | |
| Employees' Contributions | - | 5,695 |
| Employer's Contributions | - | 1,139 |
| Notes Receivable from Participants (Note 4) | 201,573 | 173,648 |
| | 201,573 | 180,482 |
| **TOTAL ASSETS** | 4,530,290 | 4,157,265 |
| **LIABILITIES** | | |
| Excess Contributions Payable (Note 8) | - | 10,737 |
| **NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE** | 4,530,290 | 4,146,528 |
| Adjustments from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts | (3,696) | (2,328) |
| **NET ASSETS AVAILABLE FOR PLAN BENEFITS** | $ 4,526,594 | $ 4,144,200 |

See Accompanying Notes

**SIGNTECH 401(K) PLAN**
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS**
**FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013**



| | 2014 | 2013 |
|---|---|---|
| **ADDITIONS TO NET ASSETS ATTRIBUTED TO:** | | |
| **INVESTMENT INCOME (NOTE 4)** | | |
| Interest and Dividends on Investments | $ 296,620 | $ 163,005 |
| Net Change in Fair Value of Investments | (65,882) | 482,451 |
| | 230,738 | 645,456 |
| Interest Income on Notes Receivable from Participants | 9,561 | 6,703 |
| **CONTRIBUTIONS** | | |
| Employee (Note 8) | 333,972 | 321,685 |
| Employer | 66,795 | 66,486 |
| Rollover | - | 933 |
| | 400,767 | 389,104 |
| **TOTAL ADDITIONS** | 641,066 | 1,041,263 |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:** | | |
| Benefits Paid to Participants | 244,312 | 73,621 |
| Administrative Expenses | 14,360 | 13,124 |
| **TOTAL DEDUCTIONS** | 258,672 | 86,745 |
| **NET INCREASE** | 382,394 | 954,518 |
| **NET ASSETS AVAILABLE FOR PLAN BENEFITS:** | | |
| **BEGINNING OF YEAR** | 4,144,200 | 3,189,682 |
| **END OF YEAR** | $ 4,526,594 | $ 4,144,200 |

See Accompanying Notes

## NOTE 1 DESCRIPTION OF PLAN

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

### GENERAL

The Plan is a defined contribution plan established and sponsored by the Company. The Plan was established on January 1, 1990 to enable eligible employees to make pre-tax contributions to the Plan; thereby, providing employees with an opportunity to accumulate funds for their retirement. The Plan Trustee has the authority and responsibility for the management and investment of plan assets. The Plan is administered by the Plan's Retirement Administrative Committee. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### ELIGIBILITY

An employee is eligible to participate in the Plan on January 1, April 1, July 1, or October 1, following the completion of six consecutive months of service.

### CONTRIBUTIONS

Contributions to the Plan are as follows:

1) Participants may elect to make salary deferral contributions to the Plan up to the annual limit ($17,500 in 2014 and 2013) established by the Internal Revenue Service ("IRS"). Participants greater than fifty years old may elect to make catch-up contributions in addition to the above, up to the maximum amount allowed by the IRS ($5,500 in 2014 and 2013).

2) The Plan allows for the participants in a former employer's qualified plan to contribute direct rollovers to this plan.

3) The Company may make matching contributions equal to a percentage of the participants' 401(k) elective deferral contributions. If a matching contribution is made, the Company matches contributions for all persons who were active participants at any time during that payroll period.

4) The Company may also make an additional discretionary contribution which shall be allocated to each eligible participant in proportion to his or her compensation for the period while a participant. A participant is eligible if he or she is an active participant on that date and have 1,000 or more hours of service in the plan year. Discretionary contributions are divided amongst participants eligible for a share on December 31.

**NOTE 1 DESCRIPTION OF PLAN (Continued)**

**PARTICIPANT ACCOUNTS**

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

**VESTING**

Participants are 100% vested in their deferral contributions and rollover contributions. A participant also attains 100% vesting in his/her account balance due to death, permanent disability, or reaching normal retirement age. Employer contributions, including earnings, vest at the following rates:

| | |
|---|---|
| 2 Years | 20% |
| 3 Years | 40% |
| 4 Years | 60% |
| 5 Years | 80% |
| 6 Years | 100% |

**NOTES RECEIVABLE FROM PARTICIPANTS**

Participants may borrow from his/her 401(k) account. The loan is available only from the elective employee contributions. The amount of the loan must be a minimum of $1,000 and may not exceed the lesser of $50,000 or one half of the participant's vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate for similar loans from commercial lending institutions.

**NOTE 1 DESCRIPTION OF PLAN (Continued)**

**PAYMENT OF BENEFITS**

The Plan provides for benefits to be distributed in periodic installments, in a lump sum, or a combination thereof, or may be deferred to a later time. Participants are entitled to receive the full value of their vested benefits when they retire, die, or become permanently disabled. Participants who terminate employment for any other reason are entitled to the value of their vested interest.

Participants may withdraw any or all of their account balances at any time during the Plan year provided certain hardship conditions, as defined in the Plan, have been met.

In the event of a mandatory distribution greater than $1,000, but no more than $5,000, in accordance with the payment provisions of the Plan, if the Participant does not elect to have such distributions paid directly to an eligible retirement plan specified by the Participant in a direct rollover or to receive the distribution directly under any form of payment allowed under the Plan, then the distribution will be paid in a direct rollover to an individual retirement plan designated by the plan administrator. Mandatory distributions of $1,000 or less will continue to be paid in cash as directed by the plan administrator, unless the Participant elects a direct rollover or elects to receive the distribution under another form permitted by the Plan.

**ADMINISTRATIVE EXPENSES**

Direct fees and expenses related to the operation of the Plan may be paid with forfeitures. Expenses not covered by forfeitures are paid from plan assets. Substantially all of the administrative expenses of the Plan were paid by the Plan for the years ended December 31, 2014 and 2013.

**FORFEITED ACCOUNTS**

Non-vested employer contributions forfeited by terminated participants may first be used to pay administrative expenses. Any remaining amounts may be used to reduce future employer contributions payable under the Plan. During 2014 and 2013, no forfeitures were used. At December 31, 2014 and 2013, there were $28,586 and $27,626 in the forfeiture account, respectively.

## NOTE 1 DESCRIPTION OF PLAN (Continued)

### INVESTMENT OPTIONS

Upon enrollment into the Plan, participants may direct their account balances in any investment alternatives approved by the trustee. All earnings and losses are credited directly to the participants' accounts.

## NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared using the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP).

Estimates - The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are maintained in pooled separate accounts and in a stable value portfolio and are stated at fair value as certified by the institution that holds the Plan's assets as an investment manager and are under the custody of the Plan's trustee. 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.

Stable Value Fund - The Stable Value Fund holds guaranteed investment contracts and security backed contracts. Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statements of Net Assets Available for Plan Benefits presents the fair value of the stable value fund as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statements of Changes in Net Assets Available for Plan Benefits is prepared on a contract value basis.

## NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurement - The Plan follows accounting standards consistent with the FASB codification which defines fair value, establishes a framework for measuring fair value and enhances disclosures about fair value measurements for all financial assets and liabilities.

Notes Receivable from Participants - Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Payment of Benefits - Benefits are recorded when paid.

Income Taxes - The Plan is tax exempt under the Internal Revenue Code Section 401(A) and consequently pays no income tax.

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated 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 and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan follows accounting standards for uncertainty in income taxes recognized in the Plan's financial statements and prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. It also provides guidance on derecognition and measurement of a tax position taken or to be taken in a tax return. As of December 31, 2014 and 2013, the Plan has not accrued interest or penalties related to uncertain tax positions. The Plan files tax return is U.S. Federal jurisdiction and is not subject to examination by U.S. tax authorities for the tax years prior to 2011.

## NOTE 3 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, the rights of all employees to account balances accrued to the date of the termination are fully vested and non-forfeitable.

## NOTE 4 INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The Company has obtained certification from Fidelity Management Trust Company ("Fidelity"), the trustee of the Plan, that all of the information provided to the Company by Fidelity is complete and accurate. Fidelity certification applies to substantially all of the Plan's investment assets, transactions, and supplemental schedules. Fidelity reports such information primarily on the cash basis while the accompanying financial statements and supplemental schedules are presented on the accrual basis. Therefore, certain amounts reflected in the financial statements and supplemental schedules may differ from the information certified by Fidelity.

The December 31, 2014 and 2013 Statements of Net Assets Available for Plan Benefits, the investment activities included on the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2014 and 2013, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by Fidelity in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The following is information certified by Fidelity, which is included in the Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013:

| | 2014 | 2013 |
|---|---|---|
| Notes Receivable from Participants | $ 201,573 | $ 173,648 |

| | 2014 | 2013 |
|---|---|---|
| Investments at Fair Value | | |
| Pooled Separate Accounts: | | |
| Mutual Funds | 4,063,107 | 3,682,113 |
| Stable Value Fund | 265,610 | 294,670 |
| | $ 4,328,717 | $ 3,976,783 |

| | 2014 | 2013 |
|---|---|---|
| Investment Income | | |
| Interest and Dividends on Investments | $ 296,620 | $ 163,005 |
| Net Change in Fair Value of Investments | (65,882) | 482,451 |
| Interest Income on Notes Receivable from Participants | 9,561 | 6,703 |
| | $ 240,299 | $ 652,159 |

## NOTE 4 INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE (Continued)

During 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the years) appreciation/depreciation in value as follows:

| | 2014 | 2013 |
|---|---|---|
| Pooled Separate Accounts: | | |
| Stable Value Fund | $ 2,633 | $ 3,807 |
| Mutual Funds | (68,515) | 478,644 |
| | $ (65,882) | $ 482,451 |

The following certified investments represent more than 5% of net assets available for plan benefits as of the year ended:

| | 2014 |
|---|---|
| FID Freedom 2030 | $ 877,691 |
| FID Contrafund | 272,088 |
| Wells Fargo Stable Value Fund | 265,610 |
| FID Freedom 2035 | 264,542 |
| FID Freedom 2040 | 258,338 |
| | $ 1,938,269 |

| | 2013 |
|---|---|
| FID Freedom 2030 | $ 814,817 |
| Wells Fargo Stable Value Fund | 294,670 |
| FID Freedom 2040 | 286,500 |
| FID Freedom 2035 | 279,594 |
| | $ 1,675,581 |

## NOTE 5 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. As of December 31, 2014, five investments had approximately 43% of the Plan's total assets invested in them. As of December 31, 2013, four investments had approximately 40% of the Plan's total assets invested in them. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants account balances and the amounts reported in the Statements of Net Assets Available for Plan Benefits.

## NOTE 6 INVESTMENT CONTRACTS WITH INSURANCE COMPANY

The Plan has an investment in a stable value fund that is operated as a collective trust. The underlying investments held by the stable value fund are guaranteed investment contracts and security-backed contracts. All guaranteed investment contracts and security-backed contracts held by the stable value fund are fully benefit-responsive, which means withdrawals from these investment contracts may be made at contract value for qualifying benefit payments, including participant-directed transfers. The stable value fund is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Additional information on the stable value fund is available by referring to the financial statements of Wells Fargo Stable Return Fund M and Wells Fargo Stable Return Fund G.

The stable value fund holds contracts whereby the issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the stable value fund holds fully benefit-responsive contracts, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the stable value fund. The stable value fund is presented on the face of the Statements of Net Assets Available for Plan Benefits at fair value with an adjustment to contract value in arriving at net assets available for plan benefits. Contract value, as reported to the Plan by Fidelity, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair values of the stable value fund at December 31, 2014 and 2013 were $265,610 and $294,670, respectively, and is included in investments in the accompanying Statements of Net Assets Available for Plan Benefits. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than zero percent. Such interest rates are reviewed on a quarterly basis for resetting.

**NOTE 6 INVESTMENT CONTRACTS WITH INSURANCE COMPANY (Continued)**

Certain events limit the Plan's ability to transact at contract value with Fidelity. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan, (b) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

The stable value fund held contracts that do not permit the insurance company (or issuer) to terminate the agreement prior to the scheduled maturity date.

| | 2014 | 2013 |
|---|---|---|
| Average Yields: | | |
| Based on Actual Earnings | 1.40% | 1.36% |
| Based on Interest Rate Credited to Participants | 1.64% | 1.52% |

## NOTE 7 FAIR VALUE MEASUREMENT

The Plan follows the methods of fair value measurement to value its financial assets and liabilities. Fair value is based on 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. In order to increase consistency and comparability in fair value measurements, a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels has been established, which are described below:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in inactive markets; or model-derived valuations in which all significant inputs are observable or can be derived principally from or corroborated with observable market data.

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

Mutual Funds: Mutual fund shares are valued at quoted market prices in an exchange and active market, which represent the net asset values held by the Plan at year end and are classified as Level 1 investments.

Stable Value Fund: The stable value fund has invested all of its assets in Wells Fargo Stable Return Fund G, which is classified as Level 2 for fair value measurements. The investments held by Wells Fargo Stable Return Fund G have separate level categorization which can be found in its financial statements.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

**NOTE 7 FAIR VALUE MEASUREMENT (Continued)**

The following table presents the Plan's investments on the Statements of Net Assets Available for Plan Benefits measured at fair value on a recurring basis by level within the valuation hierarchy as of December 31, 2014.

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Assets | | | | |
| Pooled Separate Accounts: | | | | |
| Mutual Funds | | | | |
| U.S. Large Blend | $ 2,199,259 | $ - | $ - | $ 2,199,259 |
| U.S. Small-Mid Cap | 826,708 | - | - | 826,708 |
| U.S. Large Growth | 389,245 | - | - | 389,245 |
| Bond Funds | 351,400 | - | - | 351,400 |
| U.S. Large Value | 296,495 | - | - | 296,495 |
| Stable Value Fund | - | 265,610 | - | 265,610 |
| | $ 4,063,107 | $ 265,610 | $ - | $ 4,328,717 |

The following table presents the Plan's investments on the Statements of Net assets Available for Plan Benefits measured at fair value on a recurring basis by level within the valuation hierarchy as of December 31, 2013.

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Assets | | | | |
| Pooled Separate Accounts: | | | | |
| Mutual Funds | | | | |
| U.S. Large Blend | $ 2,133,044 | $ - | $ - | $ 2,133,044 |
| U.S. Small-Mid Cap | 703,956 | - | - | 703,956 |
| U.S. Large Growth | 348,727 | - | - | 348,727 |
| Bond Funds | 293,011 | - | - | 293,011 |
| U.S. Large Value | 203,375 | - | - | 203,375 |
| Stable Value Fund | - | 294,670 | - | 294,670 |
| | $ 3,682,113 | $ 294,670 | $ - | $ 3,976,783 |

## NOTE 8 EXCESS CONTRIBUTIONS PAYABLE

Contributions received from participants for 2014 and 2013 are net of payments of $0 and $10,737, respectively, to certain active participants to return to them excess contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. The 2013 payments for excess contributions were made in July 2014.

## NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the trustee, Fidelity, which qualifies these transactions as party-in-interest transactions. Administrative fees incurred by the Plan to Fidelity totaled $14,360 and $13,124 for the years ended December 31, 2014 and 2013, respectively. The Company pays certain administrative fees of the Plan, which are not reimbursed. In addition, the Company provides administrative services to the Plan at no cost to the Plan.

## NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements at December 31, 2014 and 2013 to Form 5500:

| | 2014 | 2013 |
|---|---|---|
| Net Assets Available for Plan Benefits per the Financial Statements | $ 4,526,594 | $ 4,144,200 |
| Excess Contributions Payable | - | 10,737 |
| Employer's Contributions Receivable | - | (1,139) |
| Employees' Contributions Receivable | - | (5,695) |
| Net Assets Available for Plan Benefits per Form 5500 | $ 4,526,594 | $ 4,148,103 |

| | 2014 | 2013 |
|---|---|---|
| Changes in Net Assets Available for Plan Benefits per the Financial Statements | $ 382,394 | $ 954,518 |
| Employees' Contributions Receivable - Prior Year | 5,695 | - |
| Employer's Contributions Receivable - Prior Year | 1,139 | - |
| Adjustments for Fully Benefit-Responsive Investment Contracts | 3,686 | - |
| Prior Year Excess Contributions | (14,423) | (11,945) |
| Current Year Excess Contributions | - | 10,737 |
| Employer's Contributions Receivable - Current Year | - | (1,139) |
| Employees' Contributions Receivable - Current Year | - | (5,695) |
| Changes in Net Assets Available for Plan Benefits per Form 5500 | $ 378,491 | $ 946,476 |

## NOTE 11 SUBSEQUENT EVENTS

The Company has evaluated subsequent events through October 2, 2015, the date which the financial statements were available to be issued. There were no material subsequent events which affected the amounts or disclosures in the financial statements.

**SIGNTECH 401(K) PLAN**
**REQUIRED SUPPLEMENTAL INFORMATION**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2014**



Plan Sponsor's EIN: 33-0038740
Plan Number: 1

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | FID Freedom 2030 | Mutual Funds | ** | $ 877,691 |
| * | FID Contrafund | Mutual Funds | ** | 272,088 |
| | WF Stable Value Fund | Stable Value Fund | ** | 265,610 |
| * | FID Freedom 2035 | Mutual Funds | ** | 264,542 |
| * | FID Freedom 2040 | Mutual Funds | ** | 258,338 |
| * | FID Freedom 2050 | Mutual Funds | ** | 204,808 |
| * | FID Small Cap Value | Mutual Funds | ** | 190,023 |
| | MSIF MidCap Grth P | Mutual Funds | ** | 184,181 |
| | Metwest Tot Rtn Bd M | Mutual Funds | ** | 175,053 |
| | Sptn 500 Index Inv | Mutual Funds | ** | 144,859 |
| | Invs Divrs Divd Inst | Mutual Funds | ** | 142,187 |
| | Aston/F MidCap N | Mutual Funds | ** | 131,282 |
| | Rdgwth MidCap Val I | Mutual Funds | ** | 126,090 |
| | Oakmark Intl I | Mutual Funds | ** | 106,241 |
| * | FID Freedom 2020 | Mutual Funds | ** | 106,055 |
| * | FID Freedom 2045 | Mutual Funds | ** | 105,354 |
| * | FID Freedom 2025 | Mutual Funds | ** | 102,275 |
| | MFS Ma Inv Trust R3 | Mutual Funds | ** | 97,154 |
| | Sptn Int Tr Ind Adv | Mutual Funds | ** | 82,560 |
| | Pimco Tot Return Adm | Mutual Funds | ** | 76,080 |
| * | FID Sm Cap Discovery | Mutual Funds | ** | 67,100 |
| * | FID Low Priced Stk | Mutual Funds | ** | 51,104 |
| | Cohen & Steers Rlty | Mutual Funds | ** | 48,154 |

**SIGNTECH 401(K) PLAN**
**REQUIRED SUPPLEMENTAL INFORMATION**
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**DECEMBER 31, 2014**



Plan Sponsor's EIN: 33-0038740
Plan Number: 1

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Oakmark Eq & Inc I | Mutual Funds | ** | 48,067 |
| * | FID Freedom 2015 | Mutual Funds | ** | 37,664 |
| * | FID Freedom 2055 | Mutual Funds | ** | 36,214 |
| | Harbor Intl Adm | Mutual Funds | ** | 33,482 |
| | Brown Small Co Inv | Mutual Funds | ** | 28,774 |
| * | FID Freedom 2005 | Mutual Funds | ** | 27,205 |
| | Opphmr Dev Mkts Y | Mutual Funds | ** | 17,941 |
| | Pimco Real Rtn Bd Ad | Mutual Funds | ** | 17,707 |
| * | FID Puritan | Mutual Funds | ** | 2,062 |
| * | FID Freedom Income | Mutual Funds | ** | 764 |
| * | FID Freedom 2010 | Mutual Funds | ** | 8 |
| | | | | $ 4,328,717 |

* Indicates an identified person known to be a party-in-interest to the Plan.
** Cost has been omitted as investment is participant directed.

**SIGNTECH 401(K) PLAN**
**REQUIRED SUPPLEMENTAL INFORMATION**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2014**



Plan Sponsor's EIN: 33-0038740
Plan Number: 1

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | Notes Receivable from Participants | Various Maturity Dates<br>Interest rates 4.25% to 5.25% | $ - | $ 201,573 |

* Indicates an identified person known to be a party-in-interest to the Plan.