

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 <div style="font-size: 24pt; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>SCHAWK, INC. RETIREMENT PLAN FOR IMAGING EMPLOYEES</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1980</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1980</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1980</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>SCHAWK, INC.</u> <u>1695 SOUTH RIVER ROAD</u> <u>DES PLAINES, IL 60018</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>66-0323724</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>847-296-5353</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541400</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>66-0323724</u>	2c Plan Sponsor's telephone number <u>847-296-5353</u>	2d Business code (see instructions) <u>541400</u>	
2b Employer Identification Number (EIN) <u>66-0323724</u>					
2c Plan Sponsor's telephone number <u>847-296-5353</u>					
2d Business code (see instructions) <u>541400</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	MARCY CAMPBELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	MARCY CAMPBELL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 2374
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) 1618
a(2) Total number of active participants at the end of the plan year	6a(2) 1495
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 770
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2265
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 3
f Total. Add lines 6d and 6e	6f 2268
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 2082
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 259
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 2R 2S 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan SCHAWK, INC. RETIREMENT PLAN FOR IMAGING EMPLOYEES	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SCHAWK, INC.	D Employer Identification Number (EIN) 66-0323724	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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?
15 52 59 60 62 63 71 72	RECORDKEEPER	14172	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>SCHAWK, INC. RETIREMENT PLAN FOR IMAGING EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SCHAWK, INC.</u>	D Employer Identification Number (EIN) <u>66-0323724</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EQUITY IND NON-LED M</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>45-4368878-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20384333</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER RTRMT 2030 I</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST COMPANY</u>		
c EIN-PN <u>02-0476209-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5185486</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER RTRMT 2020 I</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST COMPANY</u>		
c EIN-PN <u>02-0476209-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3436929</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER RTRMT 2040 I</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST COMPANY</u>		
c EIN-PN <u>02-0476209-022</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3236992</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER RTRMNT CL I</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST COMPANY</u>		
c EIN-PN <u>02-0476209-026</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>410407</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER RTRMT 2010 I</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST COMPANY</u>		
c EIN-PN <u>02-0476209-025</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>551502</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER RRMT 2050 I</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST COMPANY</u>		
c EIN-PN <u>02-0476209-027</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>486244</u>

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
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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
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>SCHAWK, INC. RETIREMENT PLAN FOR IMAGING EMPLOYEES</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SCHAWK, INC.</u>		D Employer Identification Number (EIN) <u>66-0323724</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	300	225
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)		
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	12325519	11190909
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)	1587580	1438219
	(9) Value of interest in common/collective trusts	1c(9)	33007349	33691893
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	104599156	110671213
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)	1320807	1655972

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	152840711	158648431

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	152840711	158648431
---	-----------	-----------	-----------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2681489	
(B) Participants	2a(1)(B)	7258624	
(C) Others (including rollovers)	2a(1)(C)	964382	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		10904495

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8628	
(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)	65118	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		73746

(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)	8698681	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8698681

(3) Rents	2b(3)		
-----------------	--------------	--	--

(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)		3172671
(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)		-1042943
c Other income.....	2c		96138
d Total income. Add all income amounts in column (b) and enter total.....	2d		21902788

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	15104713	
(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)		15104713
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		141151
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	849204	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		849204
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		16095068

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		5807720
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: KUTCHINS, ROBBINS & DIAMOND, LTD

(2) EIN: 36-3856676

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		5000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

<div>A Name of plan SCHAWK, INC. RETIREMENT PLAN FOR IMAGING EMPLOYEES</div>	<div>B Three-digit plan number (PN) ►</div> <div>002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 SCHAWK, INC.</div>	<div>D Employer Identification Number (EIN) 66-0323724</div>

Part I	Distributions
--------	---------------

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 94-1687665		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

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

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

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): _____



***SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS
PLAN FOR IMAGING EMPLOYEES***

*Financial Statements – Modified Cash Basis
December 31, 2014 and 2013*

SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN
FOR IMAGING EMPLOYEES
FINANCIAL STATEMENTS - MODIFIED CASH BASIS
DECEMBER 31, 2014 AND 2013

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KUTCHINS
ROBBINS &
DIAMOND,
LTD.

CERTIFIED PUBLIC ACCOUNTANTS

1101 PERIMETER DRIVE, SUITE 760 ■ SCHAUMBURG, IL 60173 ■ TEL 847.240.1040 ■ FAX 847.240.1055 ■ www.krdcpas.com

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Schawk, Inc. Employees Retirement Savings Plan
for Imaging Employees
Des Plaines, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Schawk, Inc. Employees Retirement Savings Plan for Imaging Employees (the "Plan"), which comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits – modified cash basis for the years then ended, and the related notes to financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting as described in the notes to financial statements. This includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in the notes to financial statements, which was certified by Bank of America, N.A. ("Bank of America"), the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that Bank of America holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

"Helping Our Clients Achieve Financial Success Through Sound Advice"



**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.

Basis of Accounting

We draw attention to the notes to financial statements, which describe the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

Other Matter

The supplemental schedule of assets (held at end of year) – modified cash basis as of December 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for 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, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

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

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

Kutichins, Robbins & Diamond, Ltd.

October 14, 2015

**SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN
FOR IMAGING EMPLOYEES**

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STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

DECEMBER 31, 2014 AND 2013

See notes to financial statements.

	<u>2014</u>	<u>2013</u>
<i>ASSETS</i>		
INVESTMENTS, AT FAIR VALUE		
Units of common/collective funds	\$ 33,691,894	\$ 33,007,349
Shares of registered investment companies	121,862,342	116,924,972
Participant self directed brokerage accounts	<u>1,655,972</u>	<u>1,320,807</u>
Investments, at fair value	157,210,208	151,253,128
NOTES RECEIVABLE FROM PARTICIPANTS	<u>1,438,216</u>	<u>1,587,580</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 158,648,424</u></u>	<u><u>\$ 152,840,708</u></u>

**SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN
FOR IMAGING EMPLOYEES**

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**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
YEARS ENDED DECEMBER 31, 2014 AND 2013**

See notes to financial statements.

	<u>2014</u>	<u>2013</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	\$ 2,225,866	\$ 22,656,036
Interest and dividends	8,707,304	5,373,286
	<u>10,933,170</u>	<u>28,029,322</u>
Net investment income	10,933,170	28,029,322
Interest income on notes receivable from participants	65,118	71,419
	<u>10,998,288</u>	<u>28,100,741</u>
Contributions		
Employer matching	1,833,935	1,319,632
Employee salary deferrals	7,258,625	7,302,644
Employee rollovers	964,382	1,515,952
	<u>10,056,942</u>	<u>10,138,228</u>
	<u>21,055,230</u>	<u>38,238,969</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	15,247,075	22,688,587
Administrative costs	439	2,338
	<u>15,247,514</u>	<u>22,690,925</u>
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	5,807,716	15,548,044
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	<u>152,840,708</u>	<u>137,292,664</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 158,648,424</u>	<u>\$ 152,840,708</u>

**SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN
FOR IMAGING EMPLOYEES**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

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DESCRIPTION OF PLAN

The following description of the Schawk, Inc. Retirement Savings Plan for Imaging Employees (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan, established January 1, 1960, was created to provide retirement benefits for eligible employees, as defined, of Schawk, Inc. (the "Company"). Employees are eligible to make elective deferrals after completing one hour of service and attaining age 18. Effective January 1, 2008, employees are automatically enrolled in the Plan 30 days after they become eligible unless they affirmatively elect not to participate. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

In July 2014, the Company was acquired by Matthews International, Inc. As of July 29, 2014, Matthews International, Inc. replaced the Company as the plan sponsor.

The Plan is qualified cash deferred arrangement, pursuant to Section 401(k) of the Internal Revenue Code, and provides for the following contributions, which are to be maintained in separate accounts for each participant:

- (a) Salary Deferral Contributions – A participant may elect, on a pretax basis, to defer and contribute to the Plan each year amounts not to exceed the lesser of 100% of compensation, as defined, not to exceed \$17,500 (\$23,000 for participants over the age of 50) for 2014 and 2013, adjusted annually for cost of living increases.
- (b) Employer Matching Contributions - to be made at the discretion of the Company, determined each year by the Company on the basis of \$1 for each \$1 of salary deferral contributions each year based on the Company attainment of the following EBITDA targets and limitations:
 - a.) Less than \$40 million: No match
 - b.) \$40 million to \$50 million: Match up to 1.5% of compensation
 - c.) \$50 million to \$60 million: Match up to 2.25% of compensation
 - d.) Over \$60 million: Match up to 3.00% of compensation

In each case, compensation is subject to the statutory limit, which is \$260,000 and \$255,000 for 2014 and 2013, respectively.

- (c) Employer Discretionary Contributions – to be made at the discretion of the Company. There were no employer discretionary contributions for the years ended December 31, 2014 and 2013.
- (d) Rollover and Transfer Contributions - to be made by the employee from amounts distributed or transferred from other qualified plans.

Participants' direct the investment of their contributions into various investment options offered by the Plan. Participants may change their investment options daily.

SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN
FOR IMAGING EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

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DESCRIPTION OF PLAN (CONTINUED)

Each participant's account is credited with (a) the participant's elective contribution, (b) the matching or other contributions, and (c) an allocation of the Plan's investment earnings and appreciation in the value of its investments. Account balances are decreased for (a) distributions or withdrawals, (b) an allocation of the Plan's investment losses and value depreciation and (c) plan administrative fees and expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Payments of benefits are made to participants or their beneficiaries upon death, retirement, disability or, at the option of the employee, termination of employment. Benefits are payable in a lump sum or by other methods as described in the Plan agreement. The Plan also permits hardship withdrawals from a participant's deferral contribution account and in-service withdrawals at the age of 59-1/2 from all vested accounts.

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. Amounts available for loans are reduced by the highest outstanding loan balance in the borrower's account during the prior twelve month period. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate as determined by the plan administrator. Principal and interest is paid ratably through payroll deductions.

Participants are immediately vested in their Salary Deferral Contributions and Rollover and Transfer Contributions accounts plus actual earnings thereon. Vesting of Employer Matching and Discretionary Contributions accounts for each participant is based on years of service, beginning with 20% after two years, increasing 20% per year until vested after 6 years of service.

Forfeitures of non-vested portion of participants' accounts resulting from termination of employment before full vesting may be used to reduce future employer contribution.

At December 31, 2014 and 2013, forfeited nonvested accounts totaled \$53,452 and \$558,539 respectively. In 2014 and 2013, employer contributions were reduced by \$841,455 and \$275,000, respectively by forfeited nonvested accounts.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements are presented on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under this method, contributions and interest and dividend income are recorded when cash is received by the Plan and benefits and administrative expenses are recorded when cash is disbursed by the Plan.

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 Plan invests in investment contracts through a collective fund. Contract value for this collective fund is based on the net asset value of the fund as reported by the investment advisor. The statement of net assets available for benefits presents the fair value of the investment in the collective fund as well as the adjustment of the investment in the collective fund from fair value to contract value relating to the investment contracts. The statement of changes in net assets available for benefits is prepared on a contract value basis for the common/collective fund. At December 31, 2014 and 2013, contract value approximated fair value.

SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN
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DECEMBER 31, 2014 AND 2013

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SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates: The preparation of financial statements presented on the modified cash basis of accounting requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balances. Delinquent loans are treated as distributions based upon the terms of the Plan document.

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment trustee. See Fair Value Measurement footnote for discussion of fair value measurement.

Purchases and sales of investments are recorded on the trade date. Interest and dividend income is recorded when received. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Payments of Benefits: Benefits are recorded when paid.

Subsequent Events: Management has evaluated subsequent events through October 14, 2015, the date the financial statements were available to be issued.

INVESTMENTS

The following presents investments that represented 5 percent or more of the Plan's net assets as of December 31, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
BlackRock Treasury Trust Fund	\$ 20,384,333	\$ 20,621,971
Morgan Stanley Mid Cap Growth Fund	*	8,393,002
American Funds The Growth Fund of America Fund	27,589,333	25,795,947
PIMCO Total Return Fund	15,511,738	15,629,102
Oakmark Equity & Income I Fund	*	16,097,817
FFI Premier Institutional Fund	11,191,127	12,325,816
American Century Mid Cap Fund	10,577,306	7,685,747
American Funds Europa Pacific Growth Fund	12,353,064	12,413,782
T. Rowe Price Cap Appreciation Fund	18,356,569	*

*less than 5 percent at December 31, 2014 and 2013, respectively

SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN
FOR IMAGING EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

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INVESTMENTS (CONTINUED)

During the years ended December 31, 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated as follows:

	<u>2014</u>	<u>2013</u>
Units of common/collective funds	\$ 628,695	\$ 1,968,814
Shares of registered investment companies	1,501,033	20,582,599
Self directed brokerage accounts	<u>96,138</u>	<u>104,623</u>
Net appreciation in fair value of investments	\$ <u>2,225,866</u>	\$ <u>22,656,036</u>

FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Units Common/Collective Fund: Stated at estimated fair value which represents the net asset value of units held by the Plan at year-end as determined by Bank of America. Bank of America computes the fair value of the fund based upon quoted market prices of the underlying securities held by the fund.

SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN
FOR IMAGING EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

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FAIR VALUE MEASUREMENTS (CONTINUED)

Shares of Registered Investment Companies: Valued at the daily closing price as reported by the fund. Shares of registered investment companies are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self Directed Brokerage Accounts: Valued at the closing price reported on the active market on which the individual securities are traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
December 31, 2014				
Units of common/collective funds	\$	\$ 33,691,894	\$	\$ 33,691,894
Shares of registered investment companies				
Bond funds	15,511,738	-	-	15,511,738
Stock funds	76,802,908	-	-	76,802,908
Money market funds	11,191,127	-	-	11,191,127
Allocation funds	18,356,569	-	-	18,356,569
Self directed brokerage accounts:				
Stock funds	1,477,883	-	-	1,477,883
Debt funds	1,110	-	-	1,110
Money market funds	176,979	-	-	176,979
Total investments	<u>\$ 123,518,314</u>	<u>\$ 33,691,894</u>	<u>\$ -</u>	<u>\$ 157,210,208</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
December 31, 2013				
Units of common/collective funds	\$	\$ 33,007,349	\$	\$ 33,007,349
Shares of registered investment companies				
Bond funds	15,629,102	-	-	15,629,102
Stock funds	72,872,237	-	-	72,872,237
Money market funds	12,325,816	-	-	12,325,816
Allocation funds	16,097,817	-	-	16,097,817
Self directed brokerage accounts:				
Stock funds	1,207,711	-	-	1,207,711
Debt funds	991	-	-	991
Money market funds	112,105	-	-	112,105
Total investments	<u>\$ 118,245,779</u>	<u>\$ 33,007,349</u>	<u>\$ -</u>	<u>\$ 151,253,128</u>

SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN
FOR IMAGING EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

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FAIR VALUE MEASUREMENTS (CONTINUED)

The following table summarizes investments measured at fair value based on Net Asset Value per share as of December 31, 2014 and 2013:

	% of Net Assets	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
2014					
Manning & Napier Retirement Target Income Fund (a)	0.26%	\$ 410,407	\$ -	Daily	12 months
Manning & Napier Retirement 2010 Fund (a)	0.35%	\$ 551,502	\$ -	Daily	12 months
Manning & Napier Retirement 2020 Fund (a)	2.17%	\$ 3,436,929	\$ -	Daily	12 months
Manning & Napier Retirement 2030 Fund (a)	3.27%	\$ 5,185,487	\$ -	Daily	12 months
Manning & Napier Retirement 2040 Fund (a)	2.04%	\$ 3,236,992	\$ -	Daily	12 months
Manning & Napier Retirement 2050 Fund (a)	0.31%	\$ 486,244	\$ -	Daily	12 months
BlackRock Treasury Trust Fund (a)	12.85%	\$ 20,384,333	\$ -	Daily	12 months
2013					
Manning & Napier Retirement Target Income Fund (a)	0.28%	\$ 432,082	\$ -	Daily	12 months
Manning & Napier Retirement 2010 Fund (a)	0.27%	\$ 409,327	\$ -	Daily	12 months
Manning & Napier Retirement 2020 Fund (a)	2.06%	\$ 3,152,993	\$ -	Daily	12 months
Manning & Napier Retirement 2030 Fund (a)	3.14%	\$ 4,803,974	\$ -	Daily	12 months
Manning & Napier Retirement 2040 Fund (a)	2.06%	\$ 3,154,192	\$ -	Daily	12 months
Manning & Napier Retirement 2050 Fund (a)	0.28%	\$ 432,810	\$ -	Daily	12 months
BlackRock Treasury Trust Fund (a)	13.49%	\$ 20,621,971	\$ -	Daily	12 months

SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN
FOR IMAGING EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

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FAIR VALUE MEASUREMENTS (CONTINUED)

- (a) This category currently includes investments in mutual funds that invest in debt obligations issued or guaranteed by the U.S. Government or its agencies, debt obligations of U.S. or foreign companies, mortgage and asset backed securities or similar investments. The fair values of any mutual fund investments in this category are valued daily using the net asset value per share of the investments.

For each of the above, management of the funds has the ability to shift investments as long as the underlying investment meets the criteria mandated by the investment objectives and restrictions contained within the portfolio guidelines. These guidelines require that, at a minimum, the investments selected must meet the then current credit rating and diversification requirements of the fund manager.

INFORMATION PREPARED AND CERTIFIED BY TRUSTEE OF THE PLAN

All investments, notes receivable and investment income information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as being complete and accurate by Bank of America, the trustee.

PARTIES-IN-INTEREST TRANSACTIONS

Certain plan investments, were units of common/collective funds managed by Bank of America, the plan trustee and, therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Bank of America for the years ended December 31, 2014 and 2013 were \$439 and \$2,338, respectively. Certain administrative expenses incurred by the Plan are paid by the Company. Additionally, certain employees of the Company provide various services to the Plan. These employees are not compensated for these services by the Plan.

PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants become 100% vested in their accounts.

TAX STATUS

The Plan follows a non-standardized form of a prototype plan sponsored by Bank of America. The prototype plan has received an opinion letter dated February 13, 2012 from the Internal Revenue Service ("IRS") as to the prototype plan's qualified status. Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code ("IRC"), and therefore, believe that the Plan is qualified, and the related trust is tax exempt. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN
FOR IMAGING EMPLOYEES
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

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RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

SUPPLEMENTARY INFORMATION

SCHAWK, INC. EMPLOYEES RETIREMENT SAVINGS PLAN FOR IMAGING EMPLOYEES

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) -
MODIFIED CASH BASIS
DECEMBER 31, 2014

EMPLOYER IDENTIFICATION NUMBER: 36-2545354

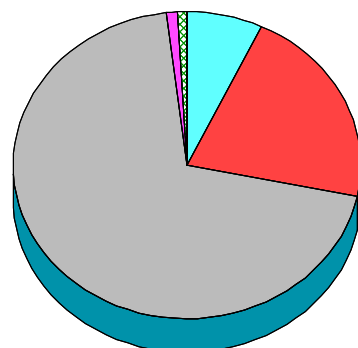
PLAN NUMBER: 002

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		Units of common/collective funds managed by Bank of America		
*	Manning & Napier Fund, Inc.	Manning & Napier Retirement Target Income Fund	N/A	\$ 410,407
*	Manning & Napier Fund, Inc.	Manning & Napier Retirement 2010 Fund	N/A	551,502
*	Manning & Napier Fund, Inc.	Manning & Napier Retirement 2020 Fund	N/A	3,436,929
*	Manning & Napier Fund, Inc.	Manning & Napier Retirement 2030 Fund	N/A	5,185,487
*	Manning & Napier Fund, Inc.	Manning & Napier Retirement 2040 Fund	N/A	3,236,992
*	Manning & Napier Fund, Inc.	Manning & Napier Retirement 2050 Fund	N/A	486,244
*	BlackRock, Inc.	BlackRock Treasury Trust Fund	N/A	20,384,333
				<u>33,691,894</u>
		Shares of registered investment companies		
	The Investment Company of America	American Funds The Growth Fund of America Fund	N/A	27,589,333
	American Beacon	American Beacon Small Cap Value Fund	N/A	7,489,082
	Delaware Investments	Delaware Value Fund	N/A	6,122,029
	Pacific Investment Management Company, LLC	PIMCO Total Return Fund	N/A	15,511,738
	Funds for Institutions	FFI Premier Institutional Fund	N/A	11,191,127
	The Investment Company of America	American Funds Europa Pacific Growth Fund	N/A	12,353,064
	Invesco Management Group, Inc.	Invesco Small Cap Growth Fund	N/A	3,444,411
	American Century Investments	American Century Mid Cap Fund	N/A	10,577,306
	Morgan Stanley Smith Barney, LLC	Morgan Stanley Mid Cap Growth Fund	N/A	7,088,552
	Oppenheimer Funds	Oppenheimer Developing Markets Fund	N/A	1,682,506
	T. Rowe Price	T Rowe Price Cap Appreciation Fund	N/A	18,356,569
	Loomis, Sayles & Company, L.P.	Loomis Sayles Limited Term Fund	N/A	456,625
				<u>121,862,342</u>
	Self Directed	Self Directed Brokerage Accounts	N/A	<u>1,655,972</u>
*	Participants	Participant loans (interest rates range from 4.25% to 9.25%)	\$ 0	<u>1,438,216</u>
				<u>\$ 158,648,424</u>
*	A party-in-interest as defined by ERISA.			

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2014 - 12/31/2014

SCHAWK, INC. RETIREMENT PLAN
FOR IMAGING EMPLOYEES
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



0.05% CERT OF DEPOSIT / BANK DEPOSIT	7.01% MONEY MARKET
21.24% COMMON / COLLECTIVE TRUSTS	69.76% MUTUAL FUNDS
1.04% OTHER ASSETS	0.91% LOANS
0.00% PENDING SETTLEMENT FUNDS	0.00% ACCRUED INCOME

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
<u>CERT OF DEPOSIT / BANK DEPOSIT</u>					
MERRILL LYNCH BANK DEPOSIT PROGRAM		1.000	75,325.81	75,325.81	0.05%
<u>MONEY MARKET</u>					
FFI PREMIER INSTITUTIONAL FUND	11,115,575.6500	1.000	11,115,575.65	11,115,575.65	7.01%
<u>COMMON / COLLECTIVE TRUSTS</u>					
MANNING & NAPIER RRMT 2050 I	33,766.9692	14.400	390,788.56	486,244.36	0.31%
MANNING & NAPIER RTRMNT CL I	27,396.9629	14.980	339,462.26	410,406.50	0.26%
MANNING & NAPIER RTRMT 2010 I	39,280.7343	14.040	469,363.69	551,501.51	0.35%
MANNING & NAPIER RTRMT 2030 I	358,113.7070	14.480	3,881,845.94	5,185,486.48	3.27%
MANNING & NAPIER RTRMT 2020 I	236,703.0903	14.520	2,901,445.17	3,436,928.87	2.17%
MANNING & NAPIER RTRMT 2040 I	227,796.7652	14.210	2,443,005.50	3,236,992.03	2.04%

Balances include pending activity

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2014 - 12/31/2014

SCHAWK, INC. RETIREMENT PLAN
FOR IMAGING EMPLOYEES
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
BLACKROCK EQUITY IND NON-LED M	1,309,651.5058	15.564	14,003,681.54	20,384,332.79	12.85%
TOTAL COMMON / COLLECTIVE TRUSTS			24,429,592.66	33,691,892.54	21.24%
<u>MUTUAL FUNDS</u>					
PIMCO TOTAL RETURN PORT. INSTL	1,455,134.8986	10.660	15,860,157.70	15,511,738.02	9.78%
AMERICAN EUROPACIFIC GR FD R5	262,607.6484	47.040	11,251,060.75	12,353,063.78	7.79%
AMERICAN GRTH FD OF AMER CL R5	647,181.1579	42.630	21,831,181.80	27,589,332.76	17.39%
DELAWARE VALUE FUND	335,821.6452	18.230	5,494,224.11	6,122,028.59	3.86%
T. ROWE PRICE CAP APPRECIATION	702,509.3413	26.130	18,152,058.01	18,356,569.09	11.57%
AMERICAN BEACON SMALL CAP VALU	298,726.8591	25.070	7,993,173.84	7,489,082.36	4.72%
INVESCO SMALL CAP GRTH CL R5	88,092.3449	39.100	3,211,716.32	3,444,410.69	2.17%
AMERICAN CENTURY MID CAP	642,606.6534	16.460	9,308,776.92	10,577,305.51	6.67%
OPPENHEIMER DEVELOPING MARKETS	47,989.3274	35.060	1,731,331.26	1,682,505.82	1.06%
MORG STANLEY MID CAP GR FD CL	180,186.8790	39.340	6,976,275.03	7,088,551.82	4.47%
LOOMIS SAYLES LTD TERM	39,262.6550	11.630	465,138.48	456,624.68	0.29%
TOTAL MUTUAL FUNDS			102,275,094.22	110,671,213.12	69.76%
<u>OTHER ASSETS</u>					
SELF-DIRECT ACCT	1,655,972.3500	1.000	1,655,972.35	1,655,972.35	1.04%
<u>LOANS</u>					
LOAN FUND	1,438,218.6700	1.000	1,438,218.67	1,438,218.67	0.91%
<u>PENDING SETTLEMENT FUNDS</u>					
PENDING SETTLEMENT FUND	225.0000	1.000	225.00	225.00	0.00%

Balances include pending activity

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2014 - 12/31/2014

SCHAWK, INC. RETIREMENT PLAN
FOR IMAGING EMPLOYEES
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
INVESTMENT TOTAL			140,990,004.36	158,648,423.14	100.00%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			7.82	7.82	0.00%
TOTAL ASSETS			140,990,012.18	158,648,430.96	100.00%

A portion of the balance displayed in the BIF Money Fund or the Merrill Lynch Bank Deposit Program (MLBD Program) may contain a pending deposit. If cash funds are invested / deposited in the BIF or MLBD Program, sweep activity details are available upon request.

Balances include pending activity