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;
- [X] 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;
- [X] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
LITHOGRAPHIX, INC. 401(K) INVESTMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/1987

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

12250 S CRENSHAW BLVD
HAWTHORNE, CA 90250

2b Employer Identification Number (EIN)
95-1781015

2c Plan Sponsor's telephone number
323-706-6437

2d Business code (see instructions)
323100

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.	10/23/2015	DARLIN CORDERO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/23/2015	DARLIN CORDERO
	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**	353
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)**	308
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	306
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	43
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	349
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	350
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	237
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2R 2S 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)	[X] Insurance	**(1)**	[X] 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)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
LITHOGRAPHIX, INC. 401(K) INVESTMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LITHOGRAPHIX, INC.

D Employer Identification Number (EIN)
95-1781015

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	613953	350	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

b	Balance at the end of the previous year			7b	1171385
c	Additions: (1) Contributions deposited during the year	7c(1)	58937		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	15211		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	99579		
	▶ LOAN PAYMENT, ROLLOVER, OUTSIDE INVESTMENT TRANSFER				
	(6) Total additions			7c(6)	173727
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1345112
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	20989		
	(2) Administration charge made by carrier	7e(2)	397		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	136626		
	▶ LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER, 401(K) (M) EXCESS CONTRIBUTION				
	(5) Total deductions			7e(5)	158012
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1187100

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

A Name of plan
LITHOGRAPHIX, INC. 401(K) INVESTMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LITHOGRAPHIX, INC.

D Employer Identification Number (EIN)
95-1781015

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	6140	Yes [X] No [ ]	Yes [X] No [ ]	2545	Yes [ ] No [X]

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

WELLS FARGO ADVISORS LLC

34-1542819

(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?
27 99	INVESTMENT ADVISORY	0	Yes [X] No [ ]	Yes [ ] No [X]	30000	Yes [ ] No [X]

(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
PRINCIPAL LIFE INSURANCE COMPANY	13 37 50 64	2545

(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.
PERSHING, LLC 13-2741729	PRINCIPAL SELF DIRECTED BROKERAGE ACCOUNT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
WELLS FARGO ADVISORS LLC	27 99	30000

(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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY (PLAN)

(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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
LITHOGRAPHIX, INC. 401(K) INVESTMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LITHOGRAPHIX, INC.

D Employer Identification Number (EIN)
95-1781015

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	31077	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	213	67
(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)	0	0
(B) Common	1c(4)(B)	664564	614903
(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)	806850	805194
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	20425954	21743920
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1171385	1187100
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	23100043	24351184
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	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	23100043	24351184

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)	0	
	(B) Participants	2a(1)(B)	894712	
	(C) Others (including rollovers)	2a(1)(C)	58830	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		953542
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)	34837	
	(F) Other	2b(1)(F)	15211	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		50048
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	18825	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	284077	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		302902
	(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)	21561	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		21561

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(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)		1059508
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2387561
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1115968	
(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)		1115968
f Corrective distributions (see instructions)	2f		10212
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)	10915	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		10915
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1137095
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1250466
l Transfers of assets:			
(1) To this plan	2l(1)		675
(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: ROORDA PIQUET & BESSEE INC **(2)** EIN: 33-0252865

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		43822
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	0

			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	0
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	0
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			

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
LITHOGRAPHIX, INC. 401(K) INVESTMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LITHOGRAPHIX, INC.

D Employer Identification Number (EIN)
95-1781015

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): 42-0127290

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):

LITHOGRAPHIX, INC.
401(k) INVESTMENT SAVINGS PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION
WITH INDPENDENT AUDITOR'S REPORT

DECEMBER 31, 2014 and 2013

LITHOGRAPHIX, INC.
401(k) INVESTMENT SAVINGS PLAN

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DECEMBER 31, 2014 and 2013

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RPB CPAs

INDEPENDENT AUDITOR'S REPORT

To the Trustee of the
Lithographix, Inc. 401(k) Investment Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Lithographix, Inc. 401(k) Investment Savings Plan, which comprise the Statements of Net Assets Available for Plan Benefits as of December 31, 2014 and 2013, and the related Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 Trustee instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Principal Trust Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Trustee that the Custodian holds the Plan's investment assets and executes investment transactions. The Trustee has obtained a certification from the Custodian as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Trustee by the Custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

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

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Roorda, Piquet & Bessee, Inc.
Riverside, CA
October 15, 2015

LITHOGRAPHIX, INC.
401(k) INVESTMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

	December 31, 2014	December 31, 2013
Plan assets		
Investments at fair value (Notes 2, 4, 5, 6 and 7):		
Cash	$ 67	$ 213
Common stock	614,903	664,564
Mutual funds	21,743,920	20,425,954
Guaranteed investment contract	1,187,100	1,171,385
Total investments	23,545,990	22,262,116
Receivables:		
Notes receivable from participants	805,194	806,850
Employee contributions	-	31,077
Total receivables	805,194	837,927
Total plan assets	24,351,184	23,100,043
Plan liabilities		
Corrective distributions	16,998	9,110
Net assets available for plan benefits	$ 24,334,186	$ 23,090,933

The accompanying notes are an integral part of these financial statements

LITHOGRAPHIX, INC.
401(k) INVESTMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

	Year ended December 31, 2014
Additions	
Investment income (Notes 5 and 6):	
Net appreciation in fair value of investments	$ 1,081,069
Dividends	302,902
Interest from guaranteed investment contract	15,211
Total investment income	1,399,182
Interest from notes receivable from participants	34,837
Contributions:	
Participant	894,712
Rollover	58,830
Total contributions	953,542
Total additions	2,387,561
Deductions	
Benefits paid to participants	1,115,968
Corrective distributions	18,100
Administrative expenses	10,915
Total deductions	1,144,983
Net increase	1,242,578
Transfer of assets to plan (Note 9)	675
Net assets available for plan benefits	
Beginning of year	23,090,933
End of year	$ 24,334,186

The accompanying notes are an integral part of these financial statements

NOTE 1 - DESCRIPTION OF THE PLAN

The Lithographix, Inc. 401(k) Investment Savings Plan ("the Plan") is a defined contribution plan providing retirement income to eligible employees. The Plan was established March 1, 1987 and was subsequently amended July 1, 2013. The Plan is administered by Lithographix, Inc. ("the Company"). The Plan consists of a tax deferred savings program under Internal Revenue Code (IRC) Section 401(k) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The following description of the Plan provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

Eligibility and Participation

Employees who are 18 years or older are eligible to participate in the Plan on the first day of the month following employment provided that they are not a leased employees under Code Section 414(n), non-resident aliens, or any person covered by a collective bargaining agreement (which does not specifically provide coverage of such employees). Participants are eligible for Company matching or discretionary contributions if they are employed on the last day of the Plan year and have completed 1,000 hours of service.

Contributions

Each year, participants may contribute up to 100% of pre-tax annual compensation, as defined in the Plan. The Plan has an automatic enrollment provision, whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants will have their deferral rate set at 5% of eligible compensation and their contributions are invested in a designated balanced fund until changed by the participant.

Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Participants may change their investment options on a daily basis. The Plan provides for Company matching and discretionary contributions. For the year ended December 31, 2014, there were no discretionary or Company matching contributions. All contributions are subject to certain IRC limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) Company discretionary contributions, (b) Company matching contributions, (c) plan earnings, (d) forfeitures of terminated participants' non-vested accounts, and (e) charged with an allocation of administrative expenses and losses. Plan earnings or losses are allocated to each participant's account based upon actual performance of their individual portfolio.

Vesting

The full amount credited to a participant's account shall be fully vested upon attaining normal retirement age, death, or by reason of permanent disability. Participants are always 100% vested in amounts attributable to their salary deferrals. For participants who meet eligibility conditions during any plan year, Company matching and discretionary contributions shall vest according to the following schedule:

Years of Service	Vested Interest
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Notes Receivable from Participants

Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 less the highest outstanding loan balance during the prior 12 months or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates as determined by the Company. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

The Plan provides for the payment of benefits to the participant or beneficiary at retirement, death, disability, or termination of employment. Participants terminating their employment with the Company or attaining age 59 1/2 are entitled to withdraw all or a portion of their vested account balance. "Hardship" distributions, as outlined in the plan document, are permitted subject to the approval of the Trustee. Participants who qualify for retirement benefits and withdrawals will receive their benefits in the form of a lump sum cash distribution or in periodic installments. Benefits under the Plan shall be distributed solely from the assets of the Trust. The benefit to which a participant is entitled is the benefit that can be provided directly from the participant's vested account balance.

Forfeitures

Forfeitures of Company contributions may be used to pay plan administrative expenses or to reduce future Company contributions. As of December 31, 2014 forfeitures of $2,780 were available for future use.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

As described in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 946, *Reporting on Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans (the FSP)*, 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 plan 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 investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Plan Benefits is prepared on a contract value basis for fully benefit responsive investment contracts.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that may affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from such estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated 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. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are stated at the unpaid principal amount. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 30, 2014 and 2013. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Cash and Cash Equivalents

The Plan considers highly liquid investments with an original maturity of three months or less to be cash and cash equivalents.

Payment of Benefits
Benefits are recorded when paid.

Administrative Expenses
Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are include in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Administration of Plan Assets
Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

NOTE 3 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. 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 4 - INVESTMENTS

All investments are participant directed. The following represents investments that comprise 5% or more of the Plan's net assets available for benefits at fair value as of December 31, 2014 and 2013:

	December 31, 2014	December 31, 2013
Guaranteed Investment Contract		
Principal Fixed Income Guaranteed Option	$ 1,187,100	$ 1,171,385
Mutual Funds		
Loomis Sayles Core Plus Bond A Fund	$ 2,611,234	$ 2,302,062
Prudential Jennison Mid Cap Growth A Fund	$ 1,817,379	$ 1,721,517
Large Cap Growth I R4 Fund	$ 2,839,863	$ 2,902,041
BlarckRock Equity Dividend A Fund	$ 1,421,250	$ 1,367,441
Oakmark International II Fund	$ 1,151,682	$ 1,405,897
Large Cap S&P 500 Index R5 Fund	$ 2,403,626	$ 2,192,793
Delaware Small Cap Value A Fund	$ 1,714,038	$ 1,783,928

NOTE 5 - FAIR VALUE MEASUREMENTS

FASB ASC 820, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. That framework 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 (Level 1 measurements) and the lowest priority to unobservable inputs (Levels 3 measurements). The three levels of the fair value hierarchy under this accounting guidance are described as follows:

Level 1 Fair Value Measurements
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 Fair Value Measurements
Inputs to the valuation methodology include (1) quoted prices for similar assets or liabilities in active markets, (2) quoted prices for identical or similar assets or liabilities in active markets, (3) inputs other than quoted prices that are observable for the asset or liability, and (4) inputs that are derived principally from corroborated 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 Fair Value Measurements
Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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.

The 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 December 31, 2013.

Mutual Funds
Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. The investment is classified within Level 1 of the hierarchy.

Guaranteed Investment Contract

Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer (see Note 6). Because the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the Company evaluates a variety of factors including review of the existing contract, economic conditions, industry and market developments, and overall credit rating. Certain unobservable inputs are assessed through review of contract terms while others are substantiated utilizing available market data. The investment is classified within Level 3 of the hierarchy.

Participants have the option to self-direct their contributions through Self-Directed Brokerage Accounts. The following valuation methodologies are used for assets held in the Self-Directed Brokerage Accounts:

Common Stock

Common stock is valued at the closing price reported on the active market on which the individual securities are traded and therefore is classified as Level 1 within the valuation hierarchy.

Cash Equivalents

Cash equivalents are at par which approximates fair value and therefore classified as Level 1 within the valuation hierarchy.

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 tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and December 31, 2013 (See Note 2):

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Guaranteed Investment Contract	$ -	$ -	$ 1,187,100	$ 1,187,100
Mutual Funds				
Money Market Funds	315,123	-	-	315,123
Balanced/Asset Allocation	3,266,334	-	-	3,266,334
Fixed Income	3,377,200	-	-	3,377,200
International Equity	2,353,599	-	-	2,353,599
Large U.S. Equity	7,100,013	-	-	7,100,013
Small/Mid U.S. Equity	5,331,651	-	-	5,331,651
Cash	67	-	-	67
Common Stock	614,903	-	-	614,903
Total assets	$ 22,358,890	$ -	$ 1,187,100	$ 23,545,990

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Guaranteed Investment Contract	$ -	$ -	$ 1,171,385	$ 1,171,385
Mutual Funds				
Money Market Funds	196,762	-	-	196,762
Balanced/Asset Allocation	2,388,390	-	-	2,388,390
Fixed Income	3,233,445	-	-	3,233,445
International Equity	1,306,413	-	-	1,306,413
Large U.S. Equity	8,166,518	-	-	8,166,518
Small/Mid U.S. Equity	5,134,426	-	-	5,134,426
Cash	213	-	-	213
Common Stock	664,564	-	-	664,564
Total assets	$ 21,090,731	$ -	$ 1,171,385	$ 22,262,116

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2014:

	Guaranteed Fund Contract
Balance, beginning of year	$ 1,171,385
Interest	15,211
Purchases	159,361
Sales	(158,857)
Balance, end of year	$ 1,187,100

NOTE 6 - GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan invests in a fully benefit-responsive guaranteed investment contract (GIC) with Principal Life Insurance Company (Principal). Principle maintains the contributions in a general account. The account is credited with interest based on a fixed rate of interest. The contract has a surrender charge of 5% that may be charged based on cumulative transfer percentages and advanced notice of intent to terminate if a plan terminates its interest in the contract. The GIC issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the GIC is fully benefit-responsive, contract value is the relevant measurement for that portion of the net assets available for plan benefits attributable to the GIC. Contract value, as reported to the Plan by Principal, represents contributions made under the contract, plus interest, 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 value of the investment contract at December 31, 2014 and 2013 was $1,187,100 and $1,171,385, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than the guaranteed minimum interest rate. Such interest rates are reviewed on a semi-annual basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Company or other Company events (for example, divestitures or spin-offs of a subsidiary) that causes a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that the occurrence of any such events which would limit the Plan's ability to transact at contract value with participants is probable.

The following represents average yields of the guaranteed investment contract:

	December 31, 2014	December 31, 2013
Based on actual earnings	2.00%	2.05%
Based on interest rate credited to participants	1.29%	1.01%

NOTE 7 - SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEE

The following is a summary of the Plan's financial information and data certified by Principal Trust Company in accordance with Section 29 CFR 2520.103-5(c) of the Department of Labor Rules and Regulations for Reporting and Disclosure, as of December 31, 2014 and 2013. Differences between the information summarized below and that which is included in the accompanying financial statements are attributable to adjustments made by the Company to adjust the financial statements to the accrual basis of accounting.

	December 31, 2014	December 31, 2013
Cash	$ 67	$ 213
Common stock	614,903	664,564
Mutual funds	21,743,920	20,425,954
Guaranteed investment contract	1,187,100	1,171,385
Notes receivable from participants	805,194	806,850
	$ 24,351,184	$ 23,068,966

Net appreciation in fair value of investments	$ 1,081,069
Dividends	302,902
Interest from guaranteed investment contract	15,211
Interest from notes receivable from participants	34,837
	$ 1,434,019

NOTE 8 - TAX STATUS

The Company adopted the Principal Life Insurance Company Prototype Non-Standardized Profit Sharing Plan which obtained its latest opinion letter on March 31, 2014. In this letter, the Internal Revenue Service (IRS) states that the Plan is acceptable under Section 401 of the Code for use by the employers for the benefit of their employees. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination. The Company has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014., there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Company believes it is no longer subject to income tax examinations for the years prior to 2011.

NOTE 9 - PLAN TO PLAN TRANSFERS

The amount reported as a transfer from ESOP represents funds transferred from the Lithographix, Inc. Employee Stock Ownership Plan. Participants in the ESOP who are still current employees of the Company and meet the criteria to diversify their ESOP account (as provided in the ESOP plan document) may roll over the applicable amount to their 401(k) account in this Plan. For the year ended December 31, 2014, $675 was transferred to the Plan.

NOTE 10 - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. The Plan issues notes to participants which are secured by the balances in participants' accounts. Plan participants have paid fees for loan and distribution processing. In addition, the Plan paid investment advisory fees. Other investment related expenses paid by the Plan are included in the net appreciation in fair value of investments. These transactions qualify as party in interest transactions for which a statutory exception exemption exists. The Company paid certain administrative expenses of the Plan; including recordkeeping and audit fees.

NOTE 11 - PLAN TERMINATION

Although the Company 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 that the Plan is terminated, participants will become 100% vested in all Company contributions.

NOTE 12- 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:

	December 31, 2014	December 31, 2013
Net assets available for plan benefits per financial statements	$ 24,334,186	$ 23,090,933
Corrective distributions	16,998	9,110
Net assets available for plan benefits per Form 5500	$ 24,351,184	$ 23,100,043

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

	December 31, 2014
Changes in net assets available for plan benefits per financial statements	$ 1,242,578
Corrective distributions for 2013	(9,110)
Corrective distributions for 2014	16,998
Changes in net assets available for plan benefits per the Form 5500	$ 1,250,466

NOTE 13 - DELINQUENT PARTICIPANT CONTRIBUTIONS

Certain contributions were not remitted to the trustees within the maximum period permitted under the Department of Labor's regulations. These late remittances are detailed in the attached Schedule of Delinquent Participant Contributions and Note Repayments.

NOTE 14 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 15, 2015, the date the financial statements were available to be issued. No siginficant subsequent events have been identified that would require adjustment of or disclosure in the accompanying financial statements.

SUPPLEMENTAL INFORMATION

LITHOGRAPHIX, INC. 401(k) INVESTMENT SAVINGS PLAN
DECEMBER 31, 2014

EIN: 95-1781015
PLAN # 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Loomis Sayles & Company	Loomis Sayles Core Plus Bond A Fund	**	$ 2,611,234
	PIMCO	PIMCO Foreign Bond (Unhedged) A Fund	**	57,381
*	Prudential Investments, LLC	Prudential High-Yield A Fund	**	689,310
*	Prudential Investments, LLC	Prudential Jennison Mid Cap Growth A Fund	**	1,817,379
*	Prudential Investments, LLC	Prudential Global Real Estate A Fund	**	335,455
	T. Rowe Price Associates, Inc.	T. Rowe Price Retirement Income Advisor Fund	**	71,282
	T. Rowe Price Associates, Inc.	T. Rowe Price Retirement 2005 Advisor Fund	**	6,286
	T. Rowe Price Associates, Inc.	T. Rowe Price Retirement 2010 Advisor Fund	**	23,752
	T. Rowe Price Associates, Inc.	T. Rowe Price Retirement 2015 Advisor Fund	**	295,807
	T. Rowe Price Associates, Inc.	T. Rowe Price Retirement 2020 Advisor Fund	**	318,105
	T. Rowe Price Associates, Inc.	T. Rowe Price Retirement 2025 Advisor Fund	**	1,061,460
	T. Rowe Price Associates, Inc.	T. Rowe Price Retirement 2030 Advisor Fund	**	260,604
	T. Rowe Price Associates, Inc.	T. Rowe Price Retirement 2035 Advisor Fund	**	305,099
	T. Rowe Price Associates, Inc.	T. Rowe Price Retirement 2040 Advisor Fund	**	109,469
	T. Rowe Price Associates, Inc.	T. Rowe Price Retirement 2045 Advisor Fund	**	96,268
	T. Rowe Price Associates, Inc.	T. Rowe Price Retirement 2050 Advisor Fund	**	713,934
	T. Rowe Price Associates, Inc.	T. Rowe Price Retirement 2055 Advisor Fund	**	4,270
	T. Rowe Price Associates, Inc.	Large Cap Growth I R4 Fund	**	2,839,863
	BlackRock Advisors, LLC	BlarckRock Equity Dividend A Fund	**	1,421,250
	Oakmark Mutual Funds	Oakmark II Fund	**	407,017
	Oakmark Mutual Funds	Oakmark International II Fund	**	1,151,682
*	Principal Global Investors	Large Cap S&P 500 Index R5 Fund	**	2,403,626
*	Principal Global Investors	Mid Cap S&P 400 Index R5 Fund	**	234,711
*	Principal Global Investors	Small Cap S&P 600 Index R5 Fund	**	284,661
	Delaware Management Company	Delaware Small Cap Value A Fund	**	1,714,038
	Invesco	Invesco American Value A Fund	**	40,736
	Janus	Janus Triton S Fund	**	733,836
	MFS Investment Management	MFS International New Discovery R3 Fund	**	783,678
	OppenheimerFunds, Inc.	Oppenheimer Developing Markets A Fund	**	73,200
	Columbia Management Advisors	Columbia Seligman Comm and Info A Fund	**	506,289
	Air Inds Group	Common Stock	**	4,576
	Anglo Amern Platinum Ltd	Common Stock	**	737
	Anglo Amern Plc	Common Stock	**	3,379
	Anglogold Ashanti Ltd	Common Stock	**	348
	Anthem Res Inc	Common Stock	**	14
	Asa Bermuda Ltd	Common Stock	**	4,550

LITHOGRAPHIX, INC. 401(k) INVESTMENT SAVINGS PLAN
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SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Atlas Pipeline Partners L P	Common Stock	**	16,356
	Bank of America Corp	Common Stock	**	12,523
	Barrick Gold Corp	Common Stock	**	3,010
	Berkshire Hathaway Inc Del	Common Stock	**	15,015
	Botswana Metals Ltd	Common Stock	**	29
	Chicago Brdg & Iron Co N V	Common Stock	**	168
	Denison Mines Corp	Common Stock	**	378
	Ditem Expl Inc	Common Stock	**	3
	Energy Fuels Inc	Common Stock	**	49
	Facebook Inc	Common Stock	**	23,406
	Frontier Communications Corp	Common Stock	**	4,669
	Goldcorp Inc New	Common Stock	**	24,872
	GoPro Inc.	Common Stock	**	216,402
	Hecla Mng Co	Common Stock	**	1,004
	IGI Laboratories Inc	Common Stock	**	5,940
	Ishares Gold Tr	Common Stock	**	8,386
	Ishares Inc	Common Stock	**	2,886
	Ishares Tr	Common Stock	**	3,181
	Jsc Mmc Norilsk Nickel	Common Stock	**	943
	Laramide Res Ltd	Common Stock	**	364
	Lockheed Martin Corp	Common Stock	**	5,777
	Market Vectors Etf Tr	Common Stock	**	36,760
	Market Vectors Etf Tr	Common Stock	**	17,948
	Mega Uranium Ltd	Common Stock	**	181
	Newcrest Mng Ltd	Common Stock	**	3,788
	North Amern Palladium Ltd	Common Stock	**	95
	Oxford Lane Cap Corp	Common Stock	**	68,097
	Pan Amern Silver Corp	Common Stock	**	3,395
	Pdn Paladin	Common Stock	**	697
	Pilot Gold Inc	Common Stock	**	2,046
	Pinetree Cap Ltd	Common Stock	**	1,216
	Quest Rare Minerals Ltd	Common Stock	**	99
	Randgold & Expl Ltd	Common Stock	**	445
	Select Sector Spdr Tr	Common Stock	**	9,066
	Sierra Wireless Inc	Common Stock	**	8,862
	Silver Std Res Inc	Common Stock	**	1,301
	Tanzanian Rty Expl Corp	Common Stock	**	454

LITHOGRAPHIX, INC. 401(k) INVESTMENT SAVINGS PLAN
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SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Trevena Inc.	Common Stock	**	5,980
	Twitter Inc	Common Stock	**	14,348
	U3O8 Corp	Common Stock	**	11
	Virginia Energy Res Inc New	Common Stock	**	2
	Willdan Group Inc.	Common Stock	**	5,018
	Yahoo Inc.	Common Stock	**	10,102
	Yamana Gold Inc	Common Stock	**	66,027
	Advisors Ser Tr	Chase Growth Fund Class N	**	17,842
	Federated Investors, Inc.	Chase Growth Fund Class N	**	315,123
	Fidelity Invt Tr	Chase Growth Fund Class N	**	4,905
	Lord Abbett Invt Tr	Chase Growth Fund Class N	**	19,277
	Vanguard Intl Equity Index Fds	Chase Growth Fund Class N	**	4,679
	Vanguard Index Fds	Chase Growth Fund Class N	**	10,412
	Pershing LLC	Cash Account	**	67
*	Principal Life Insurance Company	Fixed Income Guaranteed Option	**	1,187,100
				23,545,990
*	Notes receivable from participants	(4.25% - 9.25%)		805,194
				$ 24,351,184

* Denotes Party-in-Interest
** Cost information is not applicable for participant directed investments

LITHOGRAPHIX, INC. 401(k) INVESTMENT SAVINGS PLAN
DECEMBER 31, 2014

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SCHEDULE H, LINE 4A
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments are Included	Total that Constitutes Non-exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	
$ 58,687 **	✓	$ -	$ 58,687 **	$ -	$ -

* Voluntary Fiduciary Correction Program

** Contributions were deposited to the Plan in the amounts of $43,822 and $14,865 on November 20, 2014 and December 30, 2014, respectively

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

LITHOGRAPHIX, INC. 401(K) INVESTMENT SAVINGS

EIN 95 1781015
PLAN NUMBER 001
PLAN YEAR 01/01/2014 TO 12/31/2014

(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
	AIR INDS GROUP	Corporate Stock - Common AIR INDS GROUP INC COM NEW	$ 0.00	$ 4,576.20
	ANGLO AMERN PLATINUM LTD	Corporate Stock - Common ANGLO AMERN PLATINUMLTD ADR ISIN#US03486	$ 0.00	$ 737.10
	ANGLO AMERN PLC	Corporate Stock - Common ANGLO AMERN PLC ADR NEW	$ 0.00	$ 3,378.96
	ANGLOGOLD ASHANTI LTD	Corporate Stock - Common ANGLOGOLD ASHANTI LTD SPONORED ADR ISIN#	$ 0.00	$ 348.00
	ANTHEM RES INC	Corporate Stock - Common ANTHEM RES INC COM ISIN#CA03674T1057	$ 0.00	$ 13.78
	ASA BERMUDA LTD	Corporate Stock - Common ASA GOLD & PRECIOUS METALS LTD SHS ISIN#	$ 0.00	$ 4,549.50
	ATLAS PIPELINE PARTNERS L P	Corporate Stock - Common ATLAS PIPELINE L P UNIT LP PARTNERSHIP I	$ 0.00	$ 16,356.00
	BlackRock	Registered Investment Company BlackRock Equity Dividend A Fd	$ 0.00	$ 1,421,250.31
	BANK AMER CORP	Corporate Stock - Common BANK AMER CORP COM	$ 0.00	$ 12,523.00
	BARRICK GOLD CORP	Corporate Stock - Common BARRICK GOLD CORP COM ISIN#CA0679011084	$ 0.00	$ 3,010.00
	BERKSHIRE HATHAWAY INC DEL	Corporate Stock - Common BERKSHIRE HATHAWAY INC DEL CL B NEW	$ 0.00	$ 15,015.00
	BOTSWANA METALS LTD	Corporate Stock - Common BOTSWANA METALS LTD SHS ISIN#AU000000BML	$ 0.00	$ 28.63
	Columbia Funds	Registered Investment Company Col Selig Comm and Info A Fd	$ 0.00	$ 506,289.47
	PERSHING LLC.	Interest Bearing Cash CASH ACCOUNT	$ 0.00	$ 66.76
	ADVISORS SER TR	Registered Investment Company CHASE GROWTH FUND CLASS N	$ 0.00	$ 17,840.03

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

LITHOGRAPHIX, INC. 401(K) INVESTMENT SAVINGS

EIN 95 1781015
PLAN NUMBER 001
PLAN YEAR 01/01/2014 TO 12/31/2014

(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
	CHICAGO BRDG & IRON CO N V	Corporate Stock - Common CHICAGO BRIDGE & IRON CO N V ISIN#US1672	$ 0.00	$ 167.92
	Delaware Investments	Registered Investment Company Delaware Small Cap Value A Fd	$ 0.00	$ 1,714,037.87
	DENISON MINES CORP	Corporate Stock - Common DENISON MINES CORP COM ISIN#CA2483561072	$ 0.00	$ 377.58
	DITEM EXPL INC	Corporate Stock - Common DITEM EXPL INC COM	$ 0.00	$ 3.20
	ENERGY FUELS INC	Corporate Stock - Common ENERGY FUELS INC COM NEW ISIN#CA29267170	$ 0.00	$ 49.32
	FACEBOOK INC	Corporate Stock - Common FACEBOOK INC CL A	$ 0.00	$ 23,406.00
	FEDERATED INVESTORS, INC.	Registered Investment Company FEDERATED CAPITAL RESERVES	$ 0.00	$ 315,122.72
	FIDELITY INVT TR	Registered Investment Company FIDELITY CANADA FUND	$ 0.00	$ 4,905.48
	FRONTIER COMMUNICATIONS CORP	Corporate Stock - Common FRONTIER COMMUNICATIONS CORP COM	$ 0.00	$ 4,669.00
	GOLDCORP INC NEW	Corporate Stock - Common GOLDCORP INC NEW COM ISIN#CA3809564097	$ 0.00	$ 24,872.36
	GOPRO INC	Corporate Stock - Common GOPRO INC CL A	$ 0.00	$ 216,402.06
	HECLA MNG CO	Corporate Stock - Common HECLA MINING COMPANY	$ 0.00	$ 1,004.40
	Invesco Funds Group, Inc.	Registered Investment Company Invesco Am Value A Fund	$ 0.00	$ 40,736.42
	IGI LABORATORIES INC	Corporate Stock - Common IGI LABORATORIES INCCOM	$ 0.00	$ 5,940.00
	ISHARES GOLD TR	Corporate Stock - Common ISHARES GOLD TR ISHARES	$ 0.00	$ 8,385.52

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

LITHOGRAPHIX, INC. 401(K) INVESTMENT SAVINGS

EIN 95 1781015
PLAN NUMBER 001
PLAN YEAR 01/01/2014 TO 12/31/2014

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	ISHARES INC	Corporate Stock - Common ISHARES INC MSCI CDAETF	$ 0.00	$ 2,886.00
	ISHARES TR	Corporate Stock - Common ISHARES TR LATIN AMER 40 ETF	$ 0.00	$ 3,181.00
	Janus International Holding, LLC	Registered Investment Company Janus Triton S Fund	$ 0.00	$ 733,835.86
	JSC MMC NORILSK NICKEL	Corporate Stock - Common JSC MMC NORILSK NICKEL SPONSORED ADRISIN	$ 0.00	$ 942.69
	Loomis Sayles	Registered Investment Company Loomis Sayles Core Pls Bd A Fd	$ 0.00	$ 2,611,232.58
	LARAMIDE RES LTD	Corporate Stock - Common LARAMIDE RESOURCES LTD	$ 0.00	$ 364.02
	LOCKHEED MARTIN CORP	Corporate Stock - Common LOCKHEED MARTIN CORPCOM	$ 0.00	$ 5,777.10
	LORD ABBETT INVT TR	Registered Investment Company LORD ABBETT TOTAL RETURN FUND CLASS A	$ 0.00	$ 19,276.50
	MARKET VECTORS ETF TR	Corporate Stock - Common MARKET VECTORS ETF TR GOLD MINERS ETF FD	$ 0.00	$ 36,760.00
	MARKET VECTORS ETF TR	Corporate Stock - Common MARKET VECTORS ETF TR JR GOLD MINERS ETF	$ 0.00	$ 17,947.50
	MEGA URANIUM LTD	Corporate Stock - Common MEGA URANIUM LTD COMISIN#CA58516W1041	$ 0.00	$ 181.33
	MFS Investment Management	Registered Investment Company MFS Intl New Discovery R3 Fd	$ 0.00	$ 783,677.55
	NEWCREST MNG LTD	Corporate Stock - Common NEWCREST MINING LTD ADR	$ 0.00	$ 3,787.60
	NORTH AMERN PALLADIUM LTD	Corporate Stock - Common NORTH AMERICAN PALLADIUM LTD ISIN#CA6569	$ 0.00	$ 94.68
	Oakmark	Registered Investment Company Oakmark Int'l II Fund	$ 0.00	$ 1,151,681.83

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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LITHOGRAPHIX, INC. 401(K) INVESTMENT SAVINGS

EIN 95 1781015
PLAN NUMBER 001
PLAN YEAR 01/01/2014 TO 12/31/2014

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	Oakmark	Registered Investment Company Oakmark II Fund	$ 0.00	$ 407,017.36
	Oppenheimer	Registered Investment Company Oppen Developing Mkts A Fund	$ 0.00	$ 73,199.68
	OXFORD LANE CAP CORP	Corporate Stock - Common OXFORD LANE CAP CORPCOM	$ 0.00	$ 68,097.25
*	Principal Life Insurance Company	Insurance Company General Prin Fixed Inc Guar Option	$ 0.00	$ 1,187,100.32
*	Principal Funds Inc	Registered Investment Company Prin LargeCap Growth I R5 Fund	$ 0.00	$ 2,839,862.74
*	Principal Funds Inc	Registered Investment Company Prin LgCap S&P 500 Idx R5 Fund	$ 0.00	$ 2,403,632.47
*	Principal Funds Inc	Registered Investment Company Prin MidCap S&P 400 Idx R5 Fd	$ 0.00	$ 234,711.11
*	Principal Funds Inc	Registered Investment Company Prin SmCap S&P 600 Idx R5 Fund	$ 0.00	$ 284,661.29
	Prudential Investment Mgmt Svc	Registered Investment Company Prudential Glob Real Est A Fd	$ 0.00	$ 335,455.30
	Prudential Investment Mgmt Svc	Registered Investment Company Prudential High-Yield A Fund	$ 0.00	$ 689,309.79
	Prudential Investment Mgmt Svc	Registered Investment Company Prudential Jenn MdCp Gr A Fund	$ 0.00	$ 1,817,378.65
	PDN PALADIN	Corporate Stock - Common PALADIN ENERGY LTD SHS ISIN#AU000000PDN8	$ 0.00	$ 696.61
	PAN AMERN SILVER CORP	Corporate Stock - Common PAN AMERN SILVER CORP COM FORMERLY PAN A	$ 0.00	$ 3,394.80
	PILOT GOLD INC	Corporate Stock - Common PILOT GOLD INC COM ISIN#CA72154R1038	$ 0.00	$ 2,045.74
	PIMCO Funds	Registered Investment Company PIMCO Frgn Bd (Unhdg) A Fund	$ 0.00	$ 57,380.58

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

LITHOGRAPHIX, INC. 401(K) INVESTMENT SAVINGS

EIN 95 1781015
PLAN NUMBER 001
PLAN YEAR 01/01/2014 TO 12/31/2014

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	PINETREE CAP LTD	Corporate Stock - Common PINETREE CAPITAL LTDCOM ISIN#CA723330106	$ 0.00	$ 1,215.74
	QUEST RARE MINERALS LTD	Corporate Stock - Common QUEST RARE MINERALS LTD COM ISIN#CA74836	$ 0.00	$ 99.00
	RANDGOLD & EXPL LTD	Corporate Stock - Common RANDGOLD & EXPL ADR	$ 0.00	$ 445.31
	SELECT SECTOR SPDR TR	Corporate Stock - Common SELECT SECTOR SPDR TR UTILS	$ 0.00	$ 9,066.24
	SIERRA WIRELESS INC	Corporate Stock - Common SIERRA WIRELESS INC COM	$ 0.00	$ 8,861.93
	SILVER STD RES INC	Corporate Stock - Common SILVER STD RES INC COM ISIN#CA82823L1067	$ 0.00	$ 1,301.31
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Ret Bal Adv Fund	$ 0.00	$ 71,281.89
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2005 Adv Fd	$ 0.00	$ 6,286.04
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2010 Adv Fd	$ 0.00	$ 23,752.06
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2015 Adv Fd	$ 0.00	$ 295,806.70
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2020 Adv Fd	$ 0.00	$ 318,104.68
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2025 Adv Fd	$ 0.00	$ 1,061,460.19
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2030 Adv Fd	$ 0.00	$ 260,603.53
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2035 Adv Fd	$ 0.00	$ 305,098.75
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2040 Adv Fd	$ 0.00	$ 109,468.97

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LITHOGRAPHIX, INC. 401(K) INVESTMENT SAVINGS

EIN 95 1781015
PLAN NUMBER 001
PLAN YEAR 01/01/2014 TO 12/31/2014

(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
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2045 Adv Fd	$ 0.00	$ 96,267.78
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2050 Adv Fd	$ 0.00	$ 713,933.89
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2055 Adv Fd	$ 0.00	$ 4,269.58
	TANZANIAN RTY EXPL CORP	Corporate Stock - Common TANZANIAN RTY EXPL COM	$ 0.00	$ 454.09
	TREVENA INC	Corporate Stock - Common TREVENA INC COM	$ 0.00	$ 5,980.00
	TWITTER INC	Corporate Stock - Common TWITTER INC COM	$ 0.00	$ 14,348.00
	U308 CORP	Corporate Stock - Common U308 CORP COM ISIN#CA9034151071	$ 0.00	$ 11.02
	VANGUARD INTL EQUITY INDEX FDS	Registered Investment Company VANGUARD FTSE ALL WORLD FUND	$ 0.00	$ 4,678.67
	VANGUARD INDEX FDS	Registered Investment Company VANGUARD INDEX TRUST TOTAL STOCK MARKET	$ 0.00	$ 10,411.53
	VIRGINIA ENERGY RES INC NEW	Corporate Stock - Common VIRGINIA ENERGY RES INC NEW COM ISIN#CA9	$ 0.00	$ 1.55
	WILLDAN GROUP INC	Corporate Stock - Common WILLDAN GROUP INC COM	$ 0.00	$ 5,018.28
	YAHOO INC	Corporate Stock - Common YAHOO INC COM	$ 0.00	$ 10,102.00
	YAMANA GOLD INC	Corporate Stock - Common YAMANA GOLD INC COM ISIN#CA98462Y1007	$ 0.00	$ 66,028.50
	Participant Loans	Range of Interest Rates Rates Range From 4.25% To 7.10%	$ 0.00	$ 805,194.00

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