

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                            |                                                                                                                                                                                                                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                            |                                                                                                                                                                                                                                                                                                                                            |  |
| For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u> |                                                                                            |                                                                                                                                                                                                                                                                                                                                            |  |
| <b>A</b>                                                                                                 | This return/report is for:                                                                 | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |  |
| <b>B</b>                                                                                                 | This return/report is:                                                                     | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |  |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                            |  |
| <b>D</b>                                                                                                 | Check box if filing under:                                                                 | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |  |

|                |                                                                                                                                                                                                                                                                                                                                             |           |                                                           |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |           |                                                           |
| <b>1a</b>      | Name of plan<br><u>DORN COLOR, INC. 401(K) SAVINGS AND PROFIT SHARING PLAN</u>                                                                                                                                                                                                                                                              | <b>1b</b> | Three-digit plan number (PN) ▶ <u>001</u>                 |
|                |                                                                                                                                                                                                                                                                                                                                             | <b>1c</b> | Effective date of plan<br><u>07/01/1982</u>               |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>DORN COLOR, INC.</u><br><br><u>11555 BEREA ROAD</u><br><u>CLEVELAND, OH 44102</u> | <b>2b</b> | Employer Identification Number (EIN)<br><u>34-1011769</u> |
|                |                                                                                                                                                                                                                                                                                                                                             | <b>2c</b> | Plan Sponsor's telephone number<br><u>216-634-2257</u>    |
|                |                                                                                                                                                                                                                                                                                                                                             | <b>2d</b> | Business code (see instructions)<br><u>323100</u>         |

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

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

|                                                                                                 |                                                   |            |                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | 09/01/2017 | THOMAS ZIEGLER AND MARY MCFADDEN                             |
|                                                                                                 | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | 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) |                                                   |            | Preparer's telephone number                                  |
|                                                                                                 |                                                   |            |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 122                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 96<br><b>6a(2)</b> 104<br><b>6b</b> 0<br><b>6c</b> 12<br><b>6d</b> 116<br><b>6e</b> 0<br><b>6f</b> 116<br><b>6g</b> 88<br><b>6h</b> 5                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2R 2S 2T 3D<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                            |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>0</b> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2016</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

|                                                                                          |                                                                    |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>DORN COLOR, INC. 401(K) SAVINGS AND PROFIT SHARING PLAN</b>  | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
|                                                                                          |                                                                    |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>DORN COLOR, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>34-1011769</b> |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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

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

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

|                                                                                                                   |                                                      |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                      |
| <b>MATRIX FINANCIAL SOLUTIONS</b>                                                                                 | <b>700 17TH STREET, STE 300<br/>DENVER, CO 80202</b> |

**20-1591048**

|                                                                                                                   |                                                         |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                         |
| <b>AMERICAN FUNDS</b>                                                                                             | <b>3500 WISEMAN BOULEVARD<br/>SAN ANTONIO, TX 78251</b> |

**95-1411037**

|                                                                                                                   |                                                          |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                          |
| <b>OPPENHEIMER</b>                                                                                                | <b>TWO WORLD FINANCIAL CENTER<br/>NEW YORK, NY 10281</b> |

|                                                                                                                   |                                                |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                |
| <b>VANGUARD</b>                                                                                                   | <b>100 VANGUARD BLVD<br/>MALVERN, PA 19355</b> |

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

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

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

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

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

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

ASSURANCE INVESTMENT MANAGEMENT,LLC

1931 GEORGETOWN RD STE, 211  
HUDSON, OH 44236

| (b)<br>Service<br>Code(s) | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|---------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 27 50                     | "NONE"                                                                                                        | 11007                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                   |                                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                 |

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

CPI QUALIFIED PLAN CONSULTANTS, INC

1809 24TH STREET  
P.O. BOX 1167  
GREAT BEND, KS 67530

48-1205033

| (b)<br>Service<br>Code(s) | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|---------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 12 15 37 50<br>60 62 64   | "NONE"                                                                                                        | 2473                                                                            | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                              | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                        | 4256                                                                                                                                                                                              | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                      |

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

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

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

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CPI QUALIFIED PLAN CONSULTANTS, INC                                 | 12 15 37 50 60 62 64                                                                                                                                               | 2446                                      |
| (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. |                                           |
| AMERICAN FUNDS<br>3500 WISEMAN BOULEVARD<br>SAN ANTONIO, TX 78251   | SUBSIDY TO OFFSET CUSTODIAL AND TRADING EXPENSES                                                                                                                   |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

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

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Internal Revenue Service</small><br><small>Department of Labor</small><br><small>Employee Benefits Security Administration</small><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u> |                                                                    |            |
| <b>A</b> Name of plan<br><u>DORN COLOR, INC. 401(K) SAVINGS AND PROFIT SHARING PLAN</u>                  | <b>B</b> Three-digit plan number (PN) ►                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>DORN COLOR, INC.</u>                 | <b>D</b> Employer Identification Number (EIN)<br><u>34-1011769</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | 6035                  | 6417            |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 486                   | 313             |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 284666                | 333366          |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 92612                 | 74727           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 1518344               | 1699951         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   | 327248                | 336456          |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 2229391               | 2451230         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 | 0 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 2229391 | 2451230 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 30279      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 135759     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 166038    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 3659       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | -1060      |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 2599      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 2065       |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 52435      |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 54500     |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 340574     |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 347279     |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -6705     |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 69026     |
| c Other income.....                                                                            | 2c     |            | 8220      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 293678    |

**Expenses**

|                                                                                      |       |       |       |
|--------------------------------------------------------------------------------------|-------|-------|-------|
| e Benefit payment and payments to provide benefits:                                  |       |       |       |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 54155 |       |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2) |       |       |
| (3) Other .....                                                                      | 2e(3) |       |       |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                         | 2e(4) |       | 54155 |
| f Corrective distributions (see instructions) .....                                  | 2f    |       | 1314  |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |       |       |
| h Interest expense.....                                                              | 2h    |       |       |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) |       |       |
| (2) Contract administrator fees.....                                                 | 2i(2) | 1708  |       |
| (3) Investment advisory and management fees.....                                     | 2i(3) | 14662 |       |
| (4) Other .....                                                                      | 2i(4) |       |       |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |       | 16370 |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |       | 71839 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 221839 |
| l Transfers of assets:                                   |       |  |        |
| (1) To this plan.....                                    | 2l(1) |  |        |
| (2) From this plan.....                                  | 2l(2) |  |        |

**Part III Accountant's Opinion**

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

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

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

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

☒ Yes ☐ No

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

(1) Name: MALONEY NOVOTNY LLC

(2) EIN: 34-0677006

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
| <b>c</b> 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.) .....                                          | <b>4c</b> |     | X  |        |
| <b>d</b> 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.) .....                               | <b>4d</b> |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 350000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |        |
| <b>g</b> 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? .....                                                    | <b>4g</b> |     | X  |        |
| <b>h</b> 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? .....                                          | <b>4h</b> |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |        |
| <b>j</b> 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.) ..... | <b>4j</b> |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |        |
| <b>n</b> 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. ....                                      | <b>4n</b> |     |    |        |
| <b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only:<br>Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....                           | <b>4o</b> |     |    |        |

**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  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year ..... (See instructions.)

## Part V Trust Information

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|                                                                                          |                                                                    |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>DORN COLOR, INC. 401(K) SAVINGS AND PROFIT SHARING PLAN</u>  | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>DORN COLOR, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1011769</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>75-3182674</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |          |

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

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016  
v. 160205

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | 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:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</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 .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)<br><b>a</b> Enter the percentage of plan assets held as:<br>Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%<br><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more<br><b>c</b> What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____ |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                             |                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? If "No," skip b .....                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>20b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: .....                                                        | <input type="checkbox"/> Design-based safe harbor <input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A |
| <b>21a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: .....                                                                            | <input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A                                                         |
| <b>21b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>22a</b> If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter   /   /   and the serial number   .      |                                                                                                                                                                                   |
| <b>22b</b> If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter   /   /   .                                     |                                                                                                                                                                                   |

**DORN COLOR, INC. 401(k)  
SAVINGS AND PROFIT SHARING PLAN  
FINANCIAL REPORT  
DECEMBER 31, 2016 and 2015**

DORN COLOR, INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

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## Independent Auditors' Report

Dorn Color, Inc. 401(k) Savings  
and Profit Sharing Plan  
Cleveland, Ohio

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Dorn Color, Inc. 401(k) Savings and Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, 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.

### **Auditors' Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by MG Trust Company, LLC, 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 plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Custodian as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the plan administrator 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.

**Report on Supplementary Information**

The supplemental schedule of assets (held at end of year) as of December 31, 2016 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

A handwritten signature in cursive script that reads "Maloney + Novotny LLC".

Cleveland, Ohio  
August 25, 2017

DORN COLOR, INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2016 and 2015

|                                         | <u>2016</u>               | <u>2015</u>               |
|-----------------------------------------|---------------------------|---------------------------|
| <u>ASSETS</u>                           |                           |                           |
| CASH                                    | \$ 6,417                  | \$ 6,035                  |
| INVESTMENTS, AT FAIR VALUE              |                           |                           |
| Money market funds                      | 333,366                   | 284,666                   |
| Registered investment companies         | 1,699,951                 | 1,518,344                 |
| Participant-directed brokerage accounts | <u>336,456</u>            | <u>327,248</u>            |
| TOTAL INVESTMENTS                       | 2,369,773                 | 2,130,258                 |
| RECEIVABLES                             |                           |                           |
| Due from broker                         | 313                       | 486                       |
| Notes receivable from participants      | <u>74,727</u>             | <u>92,612</u>             |
| TOTAL RECEIVABLES                       | <u>75,040</u>             | <u>93,098</u>             |
| NET ASSETS AVAILABLE FOR BENEFITS       | <u><u>\$2,451,230</u></u> | <u><u>\$2,229,391</u></u> |

The accompanying notes are an integral part of these financial statements.

DORN COLOR, INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2016

ADDITIONS

Investment income:

|                                               |               |
|-----------------------------------------------|---------------|
| Interest and dividends                        | \$ 55,284     |
| Net appreciation in fair value of investments | <u>61,247</u> |
| Total investment income                       | 116,531       |

Interest income on notes receivable from participants 3,659

Commission credits 7,450

Contributions:

|                     |                |
|---------------------|----------------|
| Participants        | 135,759        |
| Employer            | <u>30,279</u>  |
| Total contributions | <u>166,038</u> |

Total additions 293,678

DEDUCTIONS

|                                             |               |
|---------------------------------------------|---------------|
| Distributions paid directly to participants | 54,155        |
| Corrective contributions                    | 1,314         |
| Administrative expenses                     | <u>16,370</u> |

Total deductions 71,839

NET INCREASE IN NET ASSETS 221,839

NET ASSETS AVAILABLE FOR BENEFITS – BEGINNING OF YEAR 2,229,391

NET ASSETS AVAILABLE FOR BENEFITS – END OF YEAR \$2,451,230

The accompanying notes are an integral part of these financial statements.

# DORN COLOR, INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS

### **Note 1. Summary of Significant Accounting Policies**

**Basis of Accounting** – The financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

**Investment Valuation and Income Recognition** – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Dorn Color, Inc. 401(k) Savings and Profit Sharing Plan's (the "Plan") management determines the Plan's valuation policies utilizing information provided by the MG Trust Company, LLC (the "Custodian"). See Note 4 for discussion of fair value measurements.

**Purchases and sales of investment 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 or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**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 affect the reported amounts of net assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Notes Receivable From Participants** – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. 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 31, 2016. 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 the benefit payment is recorded.

**Payment of Benefits** – Benefits are recorded when paid.

**Administrative Expenses** – Fees related to distributions and loans are charged directly to participant accounts and are included in administrative expenses. Commission credit payments are made from excess revenue generated by the Plan through fund revenue or fees that are made available to the Plan. The Company monitors the payments received by the Plan service providers to ensure that they are used properly for qualifying plan administrative and operating expenses.

**Subsequent Events** – The Plan has evaluated subsequent events and transactions for potential recognition and presentation through August 25, 2017, the date the financial statements were available to be issued.

DORN COLOR, INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 2. Description of Plan**

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

**General:**

The Plan is a defined contribution plan covering all eligible employees of Dorn Color, Inc. (the "Employer"), established as of July 1, 1982. Employees are generally eligible to participate in the Plan upon completion of six months of service and attainment of age 20½. Entry dates for new participants are January 1 and July 1. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

**Administration:**

The Plan is administered by the Employer which is responsible for controlling and managing the operations and administration of the Plan.

**Contributions:**

Participants may make pre-tax or Roth after-tax contributions of an amount they elect not less than 1% and up to 85% of their compensation, as defined by the Plan, subject to certain Internal Revenue Service ("IRS") limitations. The Plan employs an automatic deferral format in which new employees are automatically enrolled when they become eligible. Unless otherwise directed by the participant, 2% of eligible compensation is withheld and invested in the Plan's qualified default investment alternative.

The Employer makes matching contributions equal to 50% of each participant's salary reduction up to 2%, and 25% of the next 2%. The Plan also provides that the Employer may make discretionary matching and additional contributions to all active participants, however no such discretionary contributions were made in 2016.

**Participant Accounts:**

The Plan maintains an individual account for each participant. Each participant's account is credited with the participant's contribution and all Employer contributions, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting:**

Participants are at all times vested in their elective and voluntary contributions and earnings thereon. Participants become vested in matching contributions 25% each year after one year of service until fully vested after four years. Participants become vested in additional Employer contributions 20% each year starting with the second year of service until fully vested after six years.

**Notes Receivable From Participants:**

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account. Principal and interest are paid ratably through payroll deductions.

DORN COLOR, INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 2. Description of Plan (Continued)**

Payment of Benefits:

On termination of service due to death, disability, retirement or resignation, a participant may elect to either receive a lump-sum amount equal to the value of his or her account, or annual installments over a specified term. In the case of a severe financial hardship, the plan administrator, in its sole discretion, may direct distribution of all or a portion of the participant's elective and/or voluntary contributions, subject to certain restrictions. Additionally, the Plan has provisions for active participants to make withdrawals from their account, subject to limitations and restrictions.

Forfeited Accounts:

Forfeited balances of terminated participants' nonvested accounts are used to reduce Employer contributions.

Administrative Expenses:

All administrative expenses of the Plan are paid by the Plan or the Employer at the Employer's discretion.

**Note 3. Unaudited Information**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodian has certified to the completeness and accuracy of the investments held by MG Trust Company, LLC, the Custodian of the Plan, as reflected on the statements of net assets available for benefits at December 31, 2016 and 2015, the supplemental schedule at December 31, 2016, the related investment activity reflected in the statement of changes in net assets available for benefits for the year then ended and investment related information in the accompanying notes to the financial statements. This information is unaudited by independent accountants.

|                                        | <u>2016</u>        | <u>2015</u>        |
|----------------------------------------|--------------------|--------------------|
| Money market funds                     | \$ 333,366         | \$ 284,666         |
| Registered investment companies        | 1,699,951          | 1,518,344          |
| Participant-directed brokerage account | <u>64,308</u>      | <u>65,370</u>      |
|                                        | <u>\$2,097,625</u> | <u>\$1,868,380</u> |

Changes in net assets not audited include the following:

|                                               | <u>2016</u>       |
|-----------------------------------------------|-------------------|
| Net appreciation in fair value of investments | \$ 51,751         |
| Interest and dividends                        | <u>52,244</u>     |
|                                               | <u>\$ 103,995</u> |

DORN COLOR, INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 4. Fair Value Measurements**

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

Level 1 – Quoted market prices in active markets for identical assets and liabilities

Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data

Level 3 – Unobservable inputs in which little or no market data exists

The following is a description of the valuation methodologies used for assets of the Plan measured at fair value at December 31, 2016 and 2015:

- Registered investment companies, exchange traded funds ("ETFs") and real estate investment trusts ("REITs"): Valued at the closing market prices in active markets for identical investments and are classified as Level 1.
- Money market funds: Consist of a short-term investment fund that maintains daily liquidity and has a constant value of \$1.00 and are classified as Level 1.
- Common stocks: Valued at the closing price reported in the active market in which the individual securities are traded and are classified as Level 1.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. There have been no changes in the methodologies used from 2015 to 2016. Furthermore, while the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level the Plan's assets at fair value as of December 31, 2016:

|                                          | Assets at Fair Value as of December 31, 2016 |             |             |                    |
|------------------------------------------|----------------------------------------------|-------------|-------------|--------------------|
|                                          | Level 1                                      | Level 2     | Level 3     | Total              |
| Money market funds                       | \$ 333,366                                   |             |             | \$ 333,366         |
| Registered investment companies          | 1,699,951                                    |             |             | 1,699,951          |
| Participant-directed brokerage accounts: |                                              |             |             |                    |
| Money market fund                        | 336,456                                      |             |             | 336,456            |
|                                          | <u>\$2,369,773</u>                           | <u>\$ -</u> | <u>\$ -</u> | <u>\$2,369,773</u> |

DORN COLOR, INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 4. Fair Value Measurements (Continued)**

The following table sets forth by level the Plan's assets at fair value as of December 31, 2015:

|                                          | Assets at Fair Value as of December 31, 2015 |             |             |                    |
|------------------------------------------|----------------------------------------------|-------------|-------------|--------------------|
|                                          | Level 1                                      | Level 2     | Level 3     | Total              |
| Money market funds                       | \$ 284,666                                   |             |             | \$ 284,666         |
| Registered investment companies          | 1,518,344                                    |             |             | 1,518,344          |
| Participant-directed brokerage accounts: |                                              |             |             |                    |
| Money market fund                        | 214,641                                      |             |             | 214,641            |
| Common stock                             | 71,807                                       |             |             | 71,807             |
| ETFs                                     | 29,516                                       |             |             | 29,516             |
| REITs                                    | 11,284                                       |             |             | 11,284             |
|                                          | <u>\$2,130,258</u>                           | <u>\$ -</u> | <u>\$ -</u> | <u>\$2,130,258</u> |

**Note 5. Income Tax Status**

The IRS has previously ruled in a determination letter, dated March 31, 2014, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2016, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements.

**Note 6. Plan Termination**

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

**Note 7. Party-in-Interest Transactions**

CPI Qualified Plan Consultants ("CPI") charges the Plan for investment advisory and recordkeeping services. CPI is an affiliate of CUNA Mutual Retirement Solutions, the third party administrator, and, therefore, these transactions qualify as party-in-interest transactions. Administrative expenses paid by the Plan to CPI were \$2,473 in 2016.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 8. Risks and Uncertainties**

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

## SUPPLEMENTAL SCHEDULE

DORN COLOR, INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

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

EMPLOYER NO. 34-1011769

PLAN NO. 001

December 31, 2016

| (a) | (b) <u>Identity of Party</u> | (c) <u>Description of Investment</u>         | (e) <u>Current Value</u> |
|-----|------------------------------|----------------------------------------------|--------------------------|
|     |                              | <u>Money Market Funds</u>                    |                          |
|     | American Funds               | American Funds Money Market Fund             | \$ 332,344               |
|     | Vanguard                     | Vanguard Federal Money Market Fund           | 1,022                    |
|     |                              |                                              | <u>333,366</u>           |
|     |                              | <u>Registered Investment Companies</u>       |                          |
|     | Alliance Bernstein           | Alliance/Bern Discovery Value Fd - R         | 8,272                    |
|     | AllianzGI                    | Allianzgi NFJ Dividend Value Fd - R          | 138,159                  |
|     | American Funds               | AM FDS AMCAP Fund - R2                       | 2,524                    |
|     | American Funds               | AM FDS American Balanced Fd - R2             | 18,541                   |
|     | American Funds               | AM FDS American Mutual Fd - R2               | 3,065                    |
|     | American Funds               | AM FDS Cap World Growth/Income - R2          | 38,304                   |
|     | American Funds               | AM FDS Capital Income Builder - R2           | 117,088                  |
|     | American Funds               | AM FDS Capital World Bond Fd - R2            | 110,229                  |
|     | American Funds               | AM FDS Europacific Growth - R2               | 15,302                   |
|     | American Funds               | AM FDS Fundamental Investors - R2            | 56,661                   |
|     | American Funds               | AM FDS Growth Fd of America - R2             | 33,110                   |
|     | American Funds               | AM FDS High-Income Trust - R2                | 24,057                   |
|     | American Funds               | AM FDS Income Fd of America - R2             | 2,180                    |
|     | American Funds               | AM FDS Investment Co of America - R2         | 20,769                   |
|     | American Funds               | AM FDS New Economy Fd - R2                   | 25,866                   |
|     | American Funds               | AM FDS New Perspective Fd - R2               | 26,071                   |
|     | American Funds               | AM FDS New World Fd - R2                     | 12,371                   |
|     | American Funds               | AM FDS Smallcap World Fd - R2                | 51,173                   |
|     | American Funds               | AM FDS U.S. Govt. Securities Fd - R2         | 5,625                    |
|     | American Funds               | AM FDS Wash Mutual Investors - R2            | 21,391                   |
|     | American Funds               | AM FDS Short-term Bond Amer - R2             | 51,874                   |
|     | Vanguard                     | Developed Markets Index Fund Investor Shares | 2,443                    |
|     | Franklin Templeton           | Franklin Dyna Tech Fund; R                   | 7,306                    |
|     | Harbor International         | Harbor International Fd                      | 88,080                   |
|     | Invesco                      | Invesco Growth Allocation - R                | 41,999                   |
|     | Invesco                      | Invesco Intl Growth Fund - R                 | 9,401                    |
|     | Invesco                      | Invesco Mid Cap Growth Fund                  | 51,723                   |

DORN COLOR, INC. 401(k) SAVINGS AND PROFIT SHARING PLAN

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

EMPLOYER NO. 34-1011769

PLAN NO. 001

December 31, 2016

| (a) | (b) <u>Identity of Party</u> | (c) <u>Description of Investment</u>           | (e) <u>Current Value</u>  |
|-----|------------------------------|------------------------------------------------|---------------------------|
|     | Invesco                      | Invesco Real Estate Fund - R                   | 47,995                    |
|     | Invesco                      | Invesco Small Cap Growth Fd - R                | 51,097                    |
|     | John Hancock                 | J Hancock Large Cap Equity - A                 | 95,480                    |
|     | Oppenheimer                  | Oppenheimer Small Cap Value - N                | 95,396                    |
|     | PIMCO                        | PIMCO Cmdty Real Ret Strat - A                 | 26,557                    |
|     | Rydex                        | Rydex URSA Fund                                | 21,964                    |
|     | Templeton                    | Templeton Developing Mkts - R                  | 18,126                    |
|     | Thornburg                    | Thornburg Investment Income Builder - R3       | 37,624                    |
|     | Vanguard                     | Vanguard 500 Index Fund - Inv                  | 28,928                    |
|     | Vanguard                     | Vanguard Infltn-Protect Secs Fd                | 1,280                     |
|     | Vanguard                     | Vanguard Int-Trm Treasury - Inv                | 51,444                    |
|     | Vanguard                     | Vanguard Long-Term Bond Index                  | 73,785                    |
|     | Vanguard                     | Vanguard Mid-Cap Growth Index Fd - Inv         | 2,999                     |
|     | Vanguard                     | Vanguard Mid-Cap Value Index - Inv             | 13,855                    |
|     | Vanguard                     | Vanguard Small-Cap Growth Index Fd             | 17,493                    |
|     | Vanguard                     | Vanguard Small-Cap Value Index                 | 17,987                    |
|     | Victory                      | Victory Small Co Opportunity - R               | 28,658                    |
|     | Victory                      | Victory Special Value Fd - R                   | 85,699                    |
|     |                              |                                                | <u>1,699,951</u>          |
|     |                              | <u>Participant-Directed Brokerage Accounts</u> |                           |
|     | Charles Schwab               | Participant-directed brokerage accounts        | 272,148                   |
|     | TD Ameritrade                | Participant-directed brokerage accounts        | <u>64,308</u>             |
|     |                              |                                                | 336,456                   |
|     |                              | <u>Participant Loans</u>                       |                           |
| *   | Participant loans            | Interest rates range from 4.25% - 4.50%        | <u>74,727</u>             |
|     |                              |                                                | <u><u>\$2,444,500</u></u> |

\* Represents party-in-interest

| (a) (b) & (c) Identity and Description                                | (d) Cost | (e) Value |
|-----------------------------------------------------------------------|----------|-----------|
| <b>Schedule H, Line 4i - Schedule of Assets (Held at End of Year)</b> |          |           |
| None                                                                  |          |           |
|                                                                       | 0        | 0         |

| (a) & (b) Identity and Description                                                     | (c) Cost     | (d) Proceeds  |
|----------------------------------------------------------------------------------------|--------------|---------------|
| <b>Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)</b> |              |               |
| Axcelis Technologies                                                                   | Common Stock | 2,073 1,914   |
| Agnico Eagle Mines                                                                     | Common Stock | 11,074 11,435 |
| Alps Alerian Mlp ETF                                                                   | Mutual Fund  | 2,587 2,925   |
| American Tower Corp REIT                                                               |              | 4,247 4,171   |
| Activision Blizzard                                                                    | Common Stock | 9,361 9,829   |
| Broadcom Ltd                                                                           | Common Stock | 4,106 3,779   |
| Axis Capital Hldg                                                                      | Common Stock | 6,113 5,998   |
| Acuity Brands Inc                                                                      | Common Stock | 5,880 5,755   |
| Alibaba Group Hldg                                                                     | Common Stock | 4,325 4,170   |
| Bank of America Corp                                                                   | Common Stock | 4,165 4,982   |
| Black Knight Financing                                                                 | Common Stock | 4,267 3,898   |
| United States Brent Oil ETF                                                            | Mutual Fund  | 6,019 5,297   |
| Buckeye Partners LP                                                                    | Partnership  | 12,084 10,916 |
| Boardwalk Pipeline LP                                                                  | Partnership  | 6,918 9,235   |
| Baxalta Incorporated                                                                   | Common Stock | 11,239 13,606 |
| Proshares Ultrshrt MSCI Brzl                                                           | Mutual Fund  | 2,545 2,213   |
| Cross Country Healthcare                                                               | Common Stock | 710 545       |
| Cadence Design Sys                                                                     | Common Stock | 4,011 4,868   |
| Celgene Corp                                                                           | Common Stock | 7,723 7,547   |
| Direxion Dly CSI 300 Chn A Br                                                          | Mutual Fund  | 997 979       |
| Charter Communication                                                                  | Common Stock | 4,269 2,496   |
| Chuys Holdings Inc                                                                     | Common Stock | 4,118 3,345   |
| C N A Financial Corp                                                                   | Common Stock | 4,169 4,489   |
| Centene Corp                                                                           | Common Stock | 4,271 3,949   |
| Cooper Companies                                                                       | Common Stock | 19,260 18,733 |
| Canadian Pac Railway                                                                   | Common Stock | 4,200 3,741   |
| Credit Suisse Group                                                                    | Common Stock | 4,220 3,706   |
| CTrip Com Intl Ltd                                                                     | Common Stock | 2,026 1,976   |
| Commvault Systems                                                                      | Common Stock | 4,407 4,457   |
| CVS Health Corp                                                                        | Common Stock | 5,090 5,134   |
| Chevron Corporation                                                                    | Common Stock | 6,017 7,342   |
| Concho Resources Inc                                                                   | Common Stock | 4,052 4,144   |
| Powershares DB Oil ETF                                                                 | Mutual Fund  | 8,286 7,480   |
| Dupont Fabros Tech REIT                                                                |              | 6,530 7,760   |
| Duluth Holdings Inc                                                                    | Common Stock | 4,243 3,757   |

| (a) & (b) Identity and Description |              | (c) Cost | (d) Proceeds |
|------------------------------------|--------------|----------|--------------|
| Dominion Midstream LP              | Partnership  | 5,910    | 5,943        |
| Diplomat Pharmacy                  | Common Stock | 4,014    | 3,642        |
| Darden Restaurants                 | Common Stock | 6,008    | 5,710        |
| DTE Energy Company                 | Common Stock | 4,091    | 4,724        |
| Drxn Dlg Gld Mns Inx Br 3X         | Mutual Fund  | 2,042    | 1,061        |
| Proshares Short MSCI Eafe ETF      | Mutual Fund  | 8,519    | 8,092        |
| EP Energy Corp                     | Common Stock | 2,092    | 2,212        |
| Equinix Inc REIT                   |              | 4,961    | 4,131        |
| Edwards Lifesciences               | Common Stock | 5,579    | 6,633        |
| IS MSCI Hong Kong ETF              | Mutual Fund  | 5,230    | 4,920        |
| Proshares Ultrashort MSCI Japa     | Mutual Fund  | 2,999    | 2,483        |
| IS MSCI Brazil Capped ETF          | Mutual Fund  | 4,132    | 4,185        |
| Examworks Group Inc                | Common Stock | 4,238    | 3,810        |
| Exelon Corporation                 | Common Stock | 4,098    | 4,913        |
| Exelixis Inc                       | Common Stock | 6,331    | 5,028        |
| Express Inc                        | Common Stock | 1,049    | 1,108        |
| Fedex Corporation                  | Common Stock | 4,031    | 4,515        |
| F5 Networks Inc                    | Common Stock | 4,188    | 5,095        |
| Five Below                         | Common Stock | 4,426    | 4,789        |
| Foot Locker Inc                    | Common Stock | 3,967    | 4,011        |
| Finisar Corp                       | Common Stock | 4,394    | 4,111        |
| Vaneck Vectors Gold Miners ETF     | Mutual Fund  | 832      | 765          |
| Greif Inc                          | Common Stock | 2,835    | 3,449        |
| Golar Lng Limited                  | Common Stock | 3,094    | 3,011        |
| Hancock Holding Co                 | Common Stock | 4,164    | 5,293        |
| Hi-Crush Partners LP               | Partnership  | 5,204    | 4,513        |
| Helix Energy Solution              | Common Stock | 4,155    | 5,151        |
| Hewlett Packard Ente               | Common Stock | 4,268    | 4,634        |
| Inphi Corporation                  | Common Stock | 3,991    | 4,825        |
| IS Russel 2000 Value ETF           | Mutual Fund  | 1,937    | 2,105        |
| IS Russell 2000 Growth ETF         | Mutual Fund  | 11,129   | 11,944       |
| Kellogg Company                    | Common Stock | 5,115    | 5,326        |
| Kona Grill Inc                     | Common Stock | 4,090    | 3,274        |
| Lennox International               | Common Stock | 4,011    | 3,713        |
| Line Corporation                   | Common Stock | 5,247    | 4,594        |
| Snyders-Lance Inc                  | Common Stock | 5,725    | 5,036        |
| Lululemon Athletica                | Common Stock | 3,637    | 3,826        |
| Microsoft Corp                     | Common Stock | 5,006    | 5,047        |
| M G I C Investment                 | Common Stock | 4,147    | 4,834        |
| Maxlinear Inc                      | Common Stock | 5,129    | 5,014        |
| Mylan Nv                           | Common Stock | 4,211    | 3,713        |
| Nextera Energy Inc                 | Common Stock | 3,940    | 3,946        |
| Neophotonics Corp                  | Common Stock | 1,995    | 2,331        |
| National Storage Aff REIT          |              | 4,857    | 4,963        |

| (a) & (b) Identity and Description |              | (c) Cost | (d) Proceeds |
|------------------------------------|--------------|----------|--------------|
| Nippon Telegraph & Telephone       | Common Stock | 3,463    | 3,390        |
| Nu Skin Enterprises                | Common Stock | 4,439    | 6,298        |
| Nuvasive Inc                       | Common Stock | 6,421    | 6,228        |
| Oclaro Inc                         | Common Stock | 4,392    | 4,161        |
| Paychex Inc                        | Common Stock | 4,430    | 4,610        |
| PS Aerospace & Defense ETF         | Mutual Fund  | 8,962    | 9,530        |
| PRA Health Sciences                | Common Stock | 5,041    | 5,238        |
| Perrigo Co Plc                     | Common Stock | 8,205    | 6,986        |
| Royal Dutch Shell                  | Common Stock | 5,986    | 5,908        |
| Transocean Partners                | Common Stock | 1,245    | 1,702        |
| Raytheon Company                   | Common Stock | 2,378    | 2,815        |
| ProShares Short Russell 2000       | Mutual Fund  | 5,988    | 5,903        |
| Royal Bank of Canada               | Common Stock | 3,048    | 3,175        |
| Guggenheim S&P 500 Equal Wei       | Mutual Fund  | 8,555    | 9,229        |
| Companhia De Saneam                | Common Stock | 4,451    | 4,648        |
| Charles Schwab Corp                | Common Stock | 4,173    | 4,998        |
| ProShares Short Financials ETF     | Mutual Fund  | 4,603    | 4,431        |
| Shell Midstream Ptnr LP            | Partnership  | 5,163    | 4,826        |
| Shire Plc                          | Common Stock | 13,736   | 12,212       |
| J M Smucker Co                     | Common Stock | 4,465    | 4,252        |
| Skywest Inc                        | Common Stock | 6,486    | 8,077        |
| Semtech Corp                       | Common Stock | 2,335    | 2,365        |
| Sanchez Energy Corp                | Common Stock | 5,234    | 4,328        |
| Synovus Financial Co               | Common Stock | 4,202    | 4,199        |
| IS Phlx Semiconductor ETF          | Mutual Fund  | 5,128    | 5,042        |
| Store Capital Corp                 | Common Stock | 7,317    | 7,352        |
| Constellation Brand                | Common Stock | 3,980    | 3,731        |
| Swift Transportation               | Common Stock | 2,690    | 2,558        |
| Smith & Wesson Hldg                | Common Stock | 4,549    | 4,790        |
| Stryker Corp                       | Common Stock | 5,224    | 4,931        |
| A T & T Inc                        | Common Stock | 5,101    | 6,032        |
| Teleflex Incorporated              | Common Stock | 4,361    | 3,553        |
| TJX Companies Inc                  | Common Stock | 3,067    | 2,857        |
| IS 20 Pls Year Treasury Bd         | Mutual Fund  | 32,428   | 32,141       |
| Trinity Industries                 | Common Stock | 4,198    | 3,818        |
| Tyson Foods Inc                    | Common Stock | 4,081    | 5,069        |
| Tubemogul Inc                      | Common Stock | 2,066    | 1,616        |
| Twitter Inc                        | Common Stock | 4,286    | 4,477        |
| Unitedhealth Group Inc             | Common Stock | 4,628    | 5,021        |
| Visa Inc                           | Common Stock | 4,455    | 4,201        |
| Vanda Pharmaceutical               | Common Stock | 4,438    | 4,284        |
| BRCL Bk Ipth S&P 500 Vix           | Mutual Fund  | 48,476   | 46,265       |
| Western Alliance Bnc               | Common Stock | 4,214    | 4,127        |
| WebMD Health Corp                  | Common Stock | 4,068    | 4,399        |

| (a) & (b) Identity and Description |              | (c) Cost | (d) Proceeds |
|------------------------------------|--------------|----------|--------------|
| Waste Connections                  | Common Stock | 4,410    | 4,738        |
| Wingstop Inc                       | Common Stock | 4,049    | 3,645        |
| SPDR S&P Biotech ETF               | Mutual Fund  | 10,519   | 11,425       |
| SPDR S&P Pil & Gas Equip & Ser     | Mutual Fund  | 6,941    | 6,581        |
| Xactly Corporation                 | Common Stock | 4,555    | 5,322        |
| Yum Brands Inc                     | Common Stock | 8,404    | 8,547        |
| Zimmer Biomet Holdings             | Common Stock | 3,042    | 2,507        |
| Agnico Eagle Mines                 | Common Stock | 3,008    | 3,095        |
| Advanced Micro Device              | Common Stock | 3,008    | 3,937        |
| Alps Alerian Mlp ETF               | Mutual Fund  | 716      | 802          |
| American Tower Corp REIT           |              | 1,152    | 1,124        |
| Activision Blizzard                | Common Stock | 2,569    | 2,681        |
| Broadcom Ltd                       | Common Stock | 1,075    | 982          |
| Axis Capital Hldg                  | Common Stock | 1,656    | 1,617        |
| Acuity Brands Inc                  | Common Stock | 1,480    | 1,435        |
| Alibaba Group Hldg                 | Common Stock | 1,211    | 1,160        |
| Banki of America Corp              | Common Stock | 1,144    | 1,361        |
| Black Knight Financing             | Common Stock | 1,188    | 1,075        |
| Bristol-Myers Squibb               | Common Stock | 1,142    | 910          |
| United States Brent Oil ETF        | Mutual Fund  | 1,658    | 1,449        |
| Buckeye Partners LP                | Partnership  | 3,324    | 2,988        |
| Boardwalk Pipeline LP              | Partnership  | 1,913    | 2,545        |
| Baxalta Incorporated               | Common Stock | 3,069    | 3,722        |
| Proshares Ultrshrt MSCI Brzl       | Mutual Fund  | 658      | 565          |
| Cadence Design System              | Common Stock | 1,101    | 1,328        |
| Celgene Corp                       | Common Stock | 2,091    | 2,036        |
| Direxion Dly CSI 300 Chn           | Mutual Fund  | 241      | 229          |
| Chuys Holdings Inc                 | Common Stock | 1,133    | 914          |
| C N A Financial Corp               | Common Stock | 1,127    | 1,207        |
| Centene Corp                       | Common Stock | 1,165    | 1,067        |
| Cooper Companies                   | Common Stock | 5,271    | 5,120        |
| Canadian Pac Railway               | Common Stock | 1,054    | 932          |
| Credit Suisse Group                | Common Stock | 1,169    | 1,020        |
| Commvault Systems                  | Common Stock | 1,210    | 1,217        |
| CVS Health Corp                    | Common Stock | 1,348    | 1,353        |
| Chevron Corporation                | Common Stock | 1,614    | 1,961        |
| Concho Resources Inc               | Common Stock | 1,122    | 1,139        |
| Powershares DB Oil ETF             | Mutual Fund  | 2,290    | 2,057        |
| Dupont Fabros Tech REIT            |              | 1,806    | 2,139        |
| Duluth Holdings Inc                | Common Stock | 1,155    | 1,016        |
| Dominion Midstream LP              | Partnership  | 1,637    | 1,637        |
| Diplomat Pharmacy                  | Common Stock | 1,093    | 985          |
| Darden Restaurants                 | Common Stock | 1,636    | 1,548        |
| DTE Energy Company                 | Common Stock | 1,067    | 1,225        |

| (a) & (b) Identity and Description |              | (c) Cost | (d) Proceeds |
|------------------------------------|--------------|----------|--------------|
| Proshares Short MSCI Eafe ETF      | Mutual Fund  | 2,346    | 2,218        |
| Equinix Inc REIT                   |              | 1,244    | 1,029        |
| Edwards Lifesciences               | Common Stock | 1,497    | 1,771        |
| IS MSCI Hong Kong ETF              | Mutual Fund  | 1,432    | 1,340        |
| Proshares Ultrashort MSCI Japa     | Mutual Fund  | 551      | 451          |
| IS MSCI Brazil Capped ETF          | Mutual Fund  | 1,127    | 1,134        |
| Examworks Group Inc                | Common Stock | 1,160    | 1,035        |
| Exelon Corporation                 | Common Stock | 1,126    | 1,342        |
| Fedex Corporation                  | Common Stock | 1,012    | 1,125        |
| F5 Networks Inc                    | Common Stock | 1,172    | 1,418        |
| Five Below                         | Common Stock | 1,223    | 1,316        |
| Foot Locker Inc                    | Common Stock | 1,074    | 1,079        |
| Finisar Corp                       | Common Stock | 1,208    | 1,123        |
| Vaneck Vectors Gold Miners ETF     | Mutual Fund  | 1,220    | 1,126        |
| Greif Inc                          | Common Stock | 777      | 935          |
| G III Apparel Group                | Common Stock | 1,120    | 940          |
| Golar Lng Limited                  | Common Stock | 1,179    | 1,141        |
| Hancock Holding Co                 | Common Stock | 1,155    | 1,459        |
| Hi-Crush Partners LP               | Partnership  | 1,427    | 1,231        |
| Helix Energy Solutions             | Common Stock | 1,149    | 1,417        |
| Hewlett Packard Ente               | Common Stock | 1,176    | 1,269        |
| Intel Corp                         | Common Stock | 1,128    | 1,096        |
| Inphi Corporation                  | Common Stock | 1,085    | 1,304        |
| IShares Russell 2000 Value         | Mutual Fund  | 542      | 581          |
| IS Russell 2000 Growth ETF         | Mutual Fund  | 4,283    | 4,591        |
| Kellogg Company                    | Common Stock | 1,373    | 1,422        |
| Lennox International               | Common Stock | 1,127    | 1,036        |
| Line Corporation                   | Common Stock | 1,415    | 1,232        |
| Snyders-Lance Inc                  | Common Stock | 1,588    | 1,390        |
| Lululemon Athletica                | Common Stock | 995      | 1,040        |
| Microsoft Corp                     | Common Stock | 1,383    | 1,387        |
| M G I C Investment                 | Common Stock | 1,151    | 1,339        |
| Maxlinear Inc                      | Common Stock | 1,412    | 1,373        |
| Mylan Nv                           | Common Stock | 1,132    | 992          |
| Nextera Energy Inc                 | Common Stock | 1,047    | 1,041        |
| Neophotonics Corp                  | Common Stock | 1,105    | 1,286        |
| National Storage REIT              |              | 1,334    | 1,352        |
| Nippon telegraph & Telephone       | Common Stock | 940      | 913          |
| Nu Skin Enterprises                | Common Stock | 1,190    | 1,680        |
| Nuvasive Inc                       | Common Stock | 1,719    | 1,657        |
| Oclaro Inc                         | Common Stock | 1,212    | 1,141        |
| Paychex Inc                        | Common Stock | 1,181    | 1,222        |
| PDC Energy Inc                     | Common Stock | 1,830    | 1,722        |
| PS Aerospace & Defense ETF         | Mutual Fund  | 2,455    | 2,603        |

| (a) & (b) Identity and Description |              | (c) Cost | (d) Proceeds |
|------------------------------------|--------------|----------|--------------|
| PRA Health Sciences                | Common Stock | 1,355    | 1,400        |
| Perrigo Co Plc                     | Common Stock | 2,202    | 1,868        |
| Powershares QQQ Trust              | Mutual Fund  | 1,866    | 1,860        |
| Royal Dutch Shell                  | Common Stock | 1,640    | 1,612        |
| Transocean Partners                | Common Stock | 347      | 465          |
| Raytheon Company                   | Common Stock | 630      | 737          |
| Proshares Short Russell 2000       | Mutual Fund  | 1,605    | 1,575        |
| Royal Bank of Canada               | Common Stock | 1,146    | 1,188        |
| Guggenheim S&P 500 equal Wei       | Mutual Fund  | 2,346    | 2,531        |
| Companhia De Saneam                | Common Stock | 1,225    | 1,271        |
| Charles Schwab Corp                | Common Stock | 1,145    | 1,364        |
| Proshares Short Financials ETF     | Mutual Fund  | 1,278    | 1,216        |
| Shell Midstream Ptnr LP            | Partnership  | 1,406    | 1,307        |
| Shire Plc                          | Common Stock | 3,721    | 3,307        |
| J M Smucker Co                     | Common Stock | 1,194    | 1,130        |
| Skywest Inc                        | Common Stock | 1,790    | 2,221        |
| Sanchez EnergyCorp                 | Common Stock | 1,439    | 1,183        |
| Synovus Financial Co               | Common Stock | 1,144    | 1,136        |
| IS PHLX Semiconductor ETF          | Mutual Fund  | 1,422    | 1,391        |
| Store Capital Corp                 | Common Stock | 2,011    | 2,013        |
| Constellation Brand                | Common Stock | 1,036    | 964          |
| Supernus Pharmacy                  | Common Stock | 1,104    | 1,180        |
| Smith & Wesson Hldg                | Common Stock | 1,232    | 1,290        |
| Stryker Corp                       | Common Stock | 1,428    | 1,341        |
| A T & T Inc                        | Common Stock | 1,417    | 1,668        |
| Teleflex Incorporated              | Common Stock | 1,225    | 991          |
| TJX Companies Inc                  | Common Stock | 1,164    | 1,078        |
| IS 20 Plus Year Treasury Bond      | Mutual Fund  | 2,114    | 2,086        |
| Trinity Industries                 | Common Stock | 1,166    | 1,054        |
| Tyson Foods Inc                    | Common Stock | 1,131    | 1,397        |
| Tubemogul Inc                      | Common Stock | 565      | 432          |
| Twitter Inc                        | Common Stock | 1,192    | 1,234        |
| Unitedhealth Group Inc             | Common Stock | 1,161    | 1,252        |
| Visa Inc                           | Common Stock | 1,241    | 1,163        |
| Vanda Pharmaceutical               | Common Stock | 1,218    | 1,171        |
| BRCL Bk Ipth S&P 500 Vix Sh        | Mutual Fund  | 3,277    | 3,103        |
| Western Alliance Bnc               | Common Stock | 1,162    | 1,131        |
| WebMD Health Corp                  | Common Stock | 1,099    | 1,181        |
| Waste Connections                  | Common Stock | 1,213    | 1,296        |
| Wingstop Inc                       | Common Stock | 1,106    | 988          |
| SPDR S&P Biotech ETF               | Mutual Fund  | 2,873    | 3,106        |
| SPDR S&P Oil & Gas Equip & Ser     | Mutual Fund  | 1,915    | 1,805        |
| Xactly Corporation                 | Common Stock | 1,251    | 1,465        |
| Yum Brands Inc                     | Common Stock | 1,734    | 1,194        |

| (a) & (b) Identity and Description |              | (c) Cost | (d) Proceeds |
|------------------------------------|--------------|----------|--------------|
| Zimmer Biomet Holdings             | Common Stock | 1,144    | 937          |
| Zeltiq Aesthetics                  | Common Stock | 1,096    | 1,040        |
| First Trust ISE Cloud Computin     | Mutual Fund  | 3,880    | 3,984        |
| First Trust Ise Cloud Computin     | Mutual Fund  | 1,074    | 1,095        |
| 1                                  | Common Stock | 545      | 1,109        |