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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>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><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</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 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</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>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
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| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>PERFECT PLASTIC PRINTING CORPORATION 401(K) PROFIT SHARING PLAN</u>                                                                                                                                                                                                                                                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>05/31/1989</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>003</u>                                                       | <b>1c</b> Effective date of plan<br><u>05/31/1989</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                      | <u>003</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>05/31/1989</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>PERFECT PLASTIC PRINTING CORPORATION</u><br><br><u>311 KAUTZ ROAD</u><br><u>ST CHARLES, IL 60174-5304</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>36-2555809</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>630-584-1600</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>323100</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>36-2555809</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>630-584-1600</u> | <b>2d</b> Business code (see instructions)<br><u>323100</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>36-2555809</u>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>630-584-1600</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. | 09/30/2022 | LINN JOHNSON                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/30/2022 | LINN JOHNSON                                                 |
|                  | 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                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 318                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <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><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><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><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 277<br><b>6a(2)</b> 307<br><b>6b</b> 0<br><b>6c</b> 36<br><b>6d</b> 343<br><b>6e</b> 0<br><b>6f</b> 343<br><b>6g</b> 339<br><b>6h</b> 14                                                                                                                                                                                                                                                                                                                     |
| <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>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 \_\_\_\_\_

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|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |  |                                                |
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| <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>2021</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |  | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2021 or fiscal plan year beginning **01/01/2021** and ending **12/31/2021**

|                                                                                                              |                                                                    |            |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>PERFECT PLASTIC PRINTING CORPORATION 401(K) PROFIT SHARING PLAN</b>              | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>003</b> |
|                                                                                                              |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>PERFECT PLASTIC PRINTING CORPORATION</b> | <b>D</b> Employer Identification Number (EIN)<br><b>36-2555809</b> |            |

|               |                                                        |
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| <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<br><br><b>PRINCIPAL LIFE INSURANCE COMPANY</b><br><br><b>42-0127290</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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| <b>(b)</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)

MMA SECURITIES LLC

22-3570392

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<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-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 99                  | INVESTMENT ADVISORY                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 20619                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<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-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 37 50 64            | CONTRACT ADMINISTRATOR                                                                            | 54196                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<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-. | (h)<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"/>                                     |

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<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-. | (h)<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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<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-. | (h)<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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<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-. | (h)<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 |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MMA SECURITIES LLC                                      | 27 99                                   | 20619                                     |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRINCIPAL LIFE INSURANCE COMPANY<br><br>42-0127290                  | INVESTMENT ADVISORY (PLAN)                                                                                                                                         |

| (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. |
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|                                                                     |                                                                                                                                                                    |

**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 D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan 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<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                                     |                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| <b>A</b> Name of plan<br><u>PERFECT PLASTIC PRINTING CORPORATION 401(K) PROFIT SHARING PLAN</u>                     | <b>B</b> Three-digit plan number (PN) <u>003</u>                   |  |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>PERFECT PLASTIC PRINTING CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>36-2555809</u> |  |

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

|                                                                                              |                               |                                                                                                                    |
|----------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYBR 2010 CIT Z</u>          |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u> |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>26-6447574-001</u>                                                        | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYBR 2015 CIT Z</u>          |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u> |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>26-6447574-002</u>                                                        | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1748260</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYBR 2020 CIT Z</u>          |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u> |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>26-6447574-003</u>                                                        | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>811917</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYBR 2025 CIT Z</u>          |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u> |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>26-6447574-004</u>                                                        | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2752093</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYBR 2030 CIT Z</u>          |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u> |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>26-6447574-005</u>                                                        | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2360544</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYBR 2035 CIT Z</u>          |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u> |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>26-6447574-006</u>                                                        | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1054157</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYBR 2040 CIT Z</u>          |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u> |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>26-6447574-007</u>                                                        | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>614315</u>  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2045 CIT Z

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 26-6447574-008 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 515002 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2050 CIT Z

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 26-6447574-009 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 317618 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2055 CIT Z

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 26-6447574-010 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 131096 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR INC CIT Z

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 26-6447574-011 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26517 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND (25)

**b** Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 04-3159710-202 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4041851 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2060 CIT Z

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 26-6447574-012 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 183692 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2065 CIT Z

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 26-6447574-013 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97695 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><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> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                              |                                                                    |            |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>     |                                                                    |            |
| <b>A</b> Name of plan<br><u>PERFECT PLASTIC PRINTING CORPORATION 401(K) PROFIT SHARING PLAN</u>              | <b>B</b> Three-digit plan number (PN) ►                            | <u>003</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>PERFECT PLASTIC PRINTING CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>36-2555809</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>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 840833                | 1373342         |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 248264                | 241136          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 12965877              | 14654758        |
| <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>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 3325622               | 4445378         |
| <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>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                   |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 17380596 20714614 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                   |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             |                   |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0               |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 17380596 20714614 |

**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.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1373605   |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 1155979   |
|          | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> | 179981    |
| (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>    | 2709565   |
| <b>b</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> | 11498     |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 11498     |
| (2)      | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> | 44521     |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 44521     |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> |           |
|          | <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> | 0         |
| (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)  |            | 1197369   |
| (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) |            | 689042    |
| c Other income.....                                                                            | 2c     |            | 10        |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 4652005   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 1263790    |           |
| (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)  |            | 1263790   |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            |           |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 54197      |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  |            |           |
| (4) Other.....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 54197     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 1317987   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 3334018   |
| 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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **DHJJ LTD**

(2) EIN: **36-3029663**

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.).....

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

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</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.) ..... |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <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? .....                                                                                                                                                                                                                                                         | X   |    | 2000000 |
| <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? .....                                                                                                                                                                          |     | X  |         |
| <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.) .....                                                                                                                                                   | X   |    |         |
| <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>                                                                                                                                                                                                                                                                                                        |     |    |         |

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

**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** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<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</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                       |                                                             |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>PERFECT PLASTIC PRINTING CORPORATION 401(K) PROFIT SHARING PLAN              | <b>B</b> Three-digit plan number (PN) ▶ 003                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>PERFECT PLASTIC PRINTING CORPORATION | <b>D</b> Employer Identification Number (EIN)<br>36-2555809 |

|               |                      |
|---------------|----------------------|
| <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> | 0 |
| <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): 42-0127290 |          |   |
| 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. <b>Date:</b> 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) 2021  
v. 201209

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_



**CERTIFIED PUBLIC ACCOUNTANTS  
AND BUSINESS ADVISORS**

Financial Statements and  
Independent Auditor's Report

# **Perfect Plastic Printing Corporation 401 (k) Profit Sharing Plan**

**December 31, 2021 and 2020**

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## INDEPENDENT AUDITOR'S REPORT

To the Trustees and Plan Administrator  
**Perfect Plastic Printing Corporation**  
**401(k) Profit Sharing Plan**  
St. Charles, Illinois

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Perfect Plastic Printing Corporation 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income and Securities Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the 2021 financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

### Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section—

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion on the 2021 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Perfect Plastic Printing Corporation 401(k) Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the 2021 Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Perfect Plastic Printing Corporation 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the 2021 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than the one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism through the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Perfect Plastic Printing Corporation 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.



- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Perfect Plastic Printing Corporation 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures related to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Other Matters**

#### *2021 Supplemental Schedule Required by ERISA*

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021 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 Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rule and Regulations for Reporting and Disclosure under ERISA.

In our opinion-

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



## **Auditor's Report on the 2020 Financial Statements**

We were engaged to audit the 2020 financial statements of Perfect Plastic Printing Corporation 401(k) Profit Sharing Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated September 21, 2021, we indicated that (a) because of the significance of the information we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations and Disclosure under ERISA.

DHJJ LTD.

St. Charles, Illinois  
September 9, 2022



Perfect Plastic Printing Corporation

401(k) Profit Sharing Plan

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2021 and 2020

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| <b>ASSETS</b>                            | <b>2021</b>                 | <b>2020</b>                 |
|------------------------------------------|-----------------------------|-----------------------------|
|                                          | <u>          </u>           | <u>          </u>           |
| Investments at fair value                | \$ 19,100,136               | \$ 16,291,499               |
| Receivables:                             |                             |                             |
| Employer contributions                   | 1,373,342                   | 840,833                     |
| Notes receivable from participants       | <u>241,136</u>              | <u>248,264</u>              |
|                                          | <u>1,614,478</u>            | <u>1,089,097</u>            |
| <b>TOTAL ASSETS</b>                      | 20,714,614                  | 17,380,596                  |
| <b>LIABILITIES</b>                       | <u>-</u>                    | <u>-</u>                    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 20,714,614</u></u> | <u><u>\$ 17,380,596</u></u> |

See accompanying notes.

Perfect Plastic Printing Corporation

401(k) Profit Sharing Plan

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

Year ended December 31, 2021

**ADDITIONS:**

|                                                         |                  |
|---------------------------------------------------------|------------------|
| Contributions:                                          |                  |
| Employer                                                | \$ 1,373,605     |
| Participants                                            | 1,155,979        |
| Rollovers                                               | <u>179,981</u>   |
|                                                         | 2,709,565        |
| Participant-directed investment income:                 |                  |
| Net investment gain - registered investment companies   | 689,042          |
| Net investment gain - collective investment trust funds | 1,197,369        |
| Dividends of registered investment companies            | <u>44,521</u>    |
| Notes receivable from participants - interest           | 11,498           |
| Other income                                            | <u>10</u>        |
|                                                         | <u>1,942,440</u> |
| <b>TOTAL ADDITIONS</b>                                  | 4,652,005        |

**DEDUCTIONS:**

|                               |                  |
|-------------------------------|------------------|
| Benefits paid to participants | 1,259,578        |
| Deemed distributed loans      | 4,212            |
| Administrative expenses       | <u>54,197</u>    |
| <b>TOTAL DEDUCTIONS</b>       | <u>1,317,987</u> |
| <b>NET INCREASE</b>           | 3,334,018        |

**NET ASSETS AVAILABLE FOR BENEFITS:**

|                    |                             |
|--------------------|-----------------------------|
| Beginning of year  | <u>17,380,596</u>           |
| <b>END OF YEAR</b> | <u><u>\$ 20,714,614</u></u> |

See accompanying notes.

Perfect Plastic Printing Corporation  
401(k) Profit Sharing Plan  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2021 and 2020

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**NOTE A--DESCRIPTION OF PLAN**

The following brief description of the Perfect Plastic Printing Corporation 401(k) Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan is sponsored by Perfect Plastic Printing Corporation (the "Company") for employees that meet specific age and service eligibility requirements as defined in the Plan document. The Plan, designated as a defined contribution plan, was originally established on May 31, 1989, and was most recently amended on March 22, 2021 (See Note I). Subsequent to year end, the Plan was restated effective July 1, 2022 (See Note I). The Plan provides for contributions to be made under salary deferral agreements pursuant to Section 401(k) of the Internal Revenue Code (the "Code"). Employees of the Company are eligible to enter the Plan on the first day of the month coinciding with, or next following, the date the employee has met the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income and Security Act of 1974 ("ERISA"). The Plan Trustee is responsible for oversight of the Plan and the Plan Administrator determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan Trustee.

**Contributions**

Eligible participants may elect to contribute pre-tax and/or after-tax Roth compensation, as defined in the Plan, to the Plan by means of a salary deferral agreement up to the maximum amount as permitted by law. All contributions are participant-directed into various investment options offered by the Plan. At the end of the Plan year, the Company may make a discretionary profit-sharing contribution to the Plan in accordance with Plan provisions, and a discretionary matching contribution. All contributions are subject to certain limitations as provided in the Code and as described in the Plan. Salary deferral contributions are funded proximate to the withholding date. Discretionary Company contributions are funded annually after the close of the Plan year and within statutory time frames. Participants may also contribute amounts representing distributions from other qualified plans. Additional contributions, designated as "catch up" contributions, may be deferred by those participants who have attained the age of fifty, before the end of the Plan year, which are subject to a maximum limit as provided in the Code.

The discretionary matching contribution of the Company is based upon a uniform percentage of each participant's elective salary deferral and total compensation. The uniform percentage for the discretionary matching contribution is to be determined each year by the Company. This contribution is allocated to those participants who are actively employed on the last day of the Plan year and have completed 1,000 or more hours of service in the Plan year.

**Participant Accounts**

Each participant's account is credited or charged, as applicable, with the participant's contribution and allocations of (a) the Company's discretionary contributions, if any, (b) the Plan's net earnings or losses, and (c) the Plan's administrative expenses. Allocations are based on participant earnings or account balances or compensation, as defined in the Plan agreement or specific participant transactions, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Perfect Plastic Printing Corporation  
401(k) Profit Sharing Plan  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2021 and 2020

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**NOTE A--DESCRIPTION OF PLAN-continued**

**Vesting**

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's discretionary contributions plus actual earnings thereon is based on years of credited service. A participant is 100% vested after six years of credited service, in accordance with the following vesting schedule:

| <u>Vesting Service</u> | <u>Percentage Vested</u> |
|------------------------|--------------------------|
| Less than 2            | 0%                       |
| 2                      | 20%                      |
| 3                      | 40%                      |
| 4                      | 60%                      |
| 5                      | 80%                      |
| 6 or more              | 100%                     |

Participants who attain the normal retirement age of 65, or who terminate employment due to death or disability, are 100% vested in their account balances.

**Investment Options**

Upon enrollment in the Plan, a participant may direct employee and employer contributions in a variety of investment choices as more fully described in the Plan's literature. Participants may change their investment options at any time. During any period in which there is not participant direction on file with the Custodian as to the investment of a participant's account, 100% of the participant's account will be invested in the investment option designated from time to time by the Trustees as the default investment. At December 31, 2021 and 2020, the Plan offered various investment options, which include registered investment companies, collective trust funds, and a stable value collective trust fund.

**Payment of Benefits**

Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or in installments for certain distributions as defined in the Plan.

Upon termination of service for other reasons, mandatory distributions greater than \$1,000 but less than \$5,000 may be paid in a direct rollover to an individual retirement plan designated by the Plan Administrator. These distributions will be made if a participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or does not elect to receive the distribution directly. If a participant has a vested account balance greater than \$5,000, written consent is required to receive all or a portion of their account, however, they are not required to take a distribution from the Plan until required distribution rules apply. All distributions will be made as soon as administratively feasible.

Perfect Plastic Printing Corporation  
401(k) Profit Sharing Plan  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2021 and 2020

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**NOTE A--DESCRIPTION OF PLAN-continued**

**Payment of Benefits-continued**

Participants may also elect to receive hardship withdrawals prior to termination of employment from the vested portion of their account, subject to Plan provisions. Effective April 15, 2020, the Coronavirus Aid, Relief and Economic Security Act ("CARES Act") amendment allowed for Coronavirus-related distributions to be made before December 31, 2020, for impacted participants as defined by the amendment (See Note I).

**Forfeitures**

During the Plan years ended December 31, 2021 and 2020, forfeited non-vested accounts totaled \$47,921 and \$19,511, respectively. Forfeited accounts can be used to reinstate previously forfeited balances. Remaining amounts may then be used to reduce the employer's match or non-elective contributions, as applicable, or be used to pay any administrative expenses. For the Plan year ended December 31, 2021, forfeitures of \$20,019 were used to pay Plan expenses and forfeitures of \$13,576 were used to reduce employer contributions.

**Notes Receivable from Participants**

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000, or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates, as determined upon initiation of the loan. The interest rates on loans outstanding at December 31, 2021 and 2020 range from 3.75% to 6.25% and 3.50% to 6.50%, respectively. Loan terms may not exceed 5 years unless the loan is obtained for the purchase of a participant's residence, in which case the loan term is at the discretion of the Plan Administrator. Principal and interest are typically paid ratably through periodic payroll deductions.

Effective April 15, 2020 the CARES Act amendment to the Plan allowed for qualifying participants to obtain loans for double the normal limits. The CARES Act also allowed for qualifying participants with existing loans to defer payments upon request (See Note I).

**NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The financial statements of the Plan are prepared under the accrual method of accounting.

**Investment Valuation and Income Recognition**

Investment contracts held by a defined-contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. The Plan does not hold any fully benefit-responsive contracts at December 31, 2021 and 2020. The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator and Plan Trustees determine the Plan's valuation policies utilizing information provided by investment advisors and Custodians. See Note C for discussion of fair value measurements.

Perfect Plastic Printing Corporation  
401(k) Profit Sharing Plan  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2021 and 2020

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**NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-continued**

**Investment Valuation and Income Recognition-continued**

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Investment income and charges for withdrawals and administrative expenses are recorded daily to a participant's account. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation will include the Plan's gains and losses on investments bought and sold as well as held during the year.

**Notes Receivable from Participants**

Notes receivable from participants are 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, 2021 and 2020. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

**Accounting Estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

**Expenses**

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. The Plan permits the payment of Plan expenses to be made from the Plan's assets. If expenses are paid using the Plan's assets, then the expenses will generally be allocated among the accounts of all participants.

**Payment of Benefits**

Benefits are recorded when paid.

**Date of Management's Review**

Subsequent events were evaluated through September 9, 2022, which is the date the financial statements were available to be issued.

Perfect Plastic Printing Corporation  
401(k) Profit Sharing Plan  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2021 and 2020

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**NOTE C--FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under *FASB ASC 820* are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

Level 3: Inputs that are unobservable inputs for the asset or liability.

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

Should an investment be re-characterized from one level to another level, Plan management would state the basis for the change. Under such circumstances the Plan would report the transfers in and transfers out at the beginning of the Plan quarter when change occurs.

Gains and losses (realized and unrealized) are reported as net appreciation (depreciation) in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

Following is a description of the valuation methodologies used for Plan assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

The fair value of registered investment companies ("mutual funds") are valued at the daily closing price as reported by each mutual fund, which are open-ended mutual funds registered with the U.S. Securities and Exchange Commission. Each fund is required to publish their daily net asset value ("NAV") and transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Perfect Plastic Printing Corporation  
401(k) Profit Sharing Plan  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2021 and 2020

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**NOTE C--FAIR VALUE MEASUREMENTS-continued**

The Putnam Stable Value Fund is a collective investment trust and is stated at fair value as of the close of each business day. The stable value fund is composed primarily of fully benefit-responsive investment contracts that are valued at the net asset value ("NAV") of units of the collective trust and is priced daily by the Custodian. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Daily unit values are determined by dividing the Stable Value Funds net assets by the number of participating units outstanding on the valuation date. All income and expenses shall be deemed to be accrued, received or paid at an equal rate from day to day. Contributions and redemptions to the Stable Value Fund may be made daily at the current net asset value and are considered as made immediately after the daily valuation. The fund declares and records dividends daily and pays them monthly. Dividends are reinvested in the Stable Value Fund and the units issued are adjusted accordingly. The contracts' rate of return is typically reset on a quarterly basis.

The Target Retirement Funds (collective investment trust funds) are valued at the net asset value ("NAV") of units of the applicable fund. The NAV, as provided by the Custodian, is used as a practical expedient to estimate fair value, using the market approach. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the assets, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities' liquidations will be carried out in an orderly business manner. These funds represent investment in actively managed collective investment trust funds that invest primarily in a variety of mutual funds, Principal Life separate accounts and collective trust funds. The investments are valued at the fair value per unit multiplied by the number of units held as of the measurement date.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

Perfect Plastic Printing Corporation  
401(k) Profit Sharing Plan  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2021 and 2020

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**NOTE C--FAIR VALUE MEASUREMENTS-continued**

|                                               | Quoted prices<br>in active<br>markets for<br>identical assets<br>(Level 1) | Significant<br>other<br>observable<br>inputs<br>(Level 2) | Significant<br>unobservable<br>inputs<br>(Level 3) | Total                |
|-----------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|----------------------|
| <u>December 31, 2021</u>                      |                                                                            |                                                           |                                                    |                      |
| Registered investment companies               | \$ 4,445,378                                                               | \$ -                                                      | \$ -                                               | \$ 4,445,378         |
| Total assets in the fair value hierarchy      | 4,445,378                                                                  | -                                                         | -                                                  | 4,445,378            |
| Investments measured at<br>net asset value ** | -                                                                          | -                                                         | -                                                  | 14,654,758           |
| Total assets at fair value                    | <u>\$ 4,445,378</u>                                                        | <u>\$ -</u>                                               | <u>\$ -</u>                                        | <u>\$ 19,100,136</u> |
| <br>                                          |                                                                            |                                                           |                                                    |                      |
|                                               | Quoted prices<br>in active<br>markets for<br>identical assets<br>(Level 1) | Significant<br>other<br>observable<br>inputs<br>(Level 2) | Significant<br>unobservable<br>inputs<br>(Level 3) | Total                |
| <u>December 31, 2020</u>                      |                                                                            |                                                           |                                                    |                      |
| Registered investment companies               | \$ 3,325,622                                                               | \$ -                                                      | \$ -                                               | \$ 3,325,622         |
| Total assets in the fair value hierarchy      | 3,325,622                                                                  | -                                                         | -                                                  | 3,325,622            |
| Investments measured at<br>net asset value ** | -                                                                          | -                                                         | -                                                  | 12,965,877           |
| Total assets at fair value                    | <u>\$ 3,325,622</u>                                                        | <u>\$ -</u>                                               | <u>\$ -</u>                                        | <u>\$ 16,291,499</u> |

\*\* In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

**Fair Value of Investments in Entities that Use NAV Per Share Practical Expedient**

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2021 and 2020, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

Perfect Plastic Printing Corporation  
401(k) Profit Sharing Plan  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2021 and 2020

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**NOTE C--FAIR VALUE MEASUREMENTS-continued**

**Fair Value of Investments in Entities that Use NAV Per Share Practical Expedient-continued**

| December 31, 2021                 | Fair Value   | Unfunded<br>Commitments | Redemption<br>Frequency (if<br>currently<br>eligible) | Redemption<br>Notice<br>Period |
|-----------------------------------|--------------|-------------------------|-------------------------------------------------------|--------------------------------|
| Putnam Stable Value Fund          | \$ 4,041,851 | N/A                     | Daily                                                 | N/A*                           |
| Collective investment trust funds | 10,612,907   | N/A                     | Daily                                                 | N/A**                          |

  

| December 31, 2020                 | Fair Value   | Unfunded<br>Commitments | Redemption<br>Frequency (if<br>currently<br>eligible) | Redemption<br>Notice<br>Period |
|-----------------------------------|--------------|-------------------------|-------------------------------------------------------|--------------------------------|
| Putnam Stable Value Fund          | \$ 4,439,378 | N/A                     | Daily                                                 | N/A*                           |
| Collective investment trust funds | 8,526,499    | N/A                     | Daily                                                 | N/A**                          |

\* Terms indicate redemption period could be up to twelve months if withdrawal requests are deemed, by the Custodian, to be a Plan directed withdrawal.

\*\* Redemptions occur as soon as administratively feasible.

**NOTE D--INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in the fair value of investments, interest and dividends for the year ended December 31, 2021, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Custodian. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to such information certified by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the Plan Custodian, as of December 31, 2021 and 2020 and for the year ended December 31, 2021.

Except for comparing such information as certified by the Custodian to information included in the Plan's financial statements and supplemental schedule, the Plan's independent auditors did not perform any auditing procedures on the certified information.

Perfect Plastic Printing Corporation  
401(k) Profit Sharing Plan  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2021 and 2020

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**NOTE D--INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)**

The following represents information certified by the Custodian as of December 31, 2021 and 2020 and for the year ended December 31, 2021:

|                                                         | 2021         | 2020         |
|---------------------------------------------------------|--------------|--------------|
| Registered investment companies                         | \$ 4,445,378 | \$ 3,325,622 |
| Collective investment trust funds, at fair value        | 14,654,758   | 12,965,877   |
| Notes receivable from participants                      | 241,136      | 248,264      |
| Net investment gain - registered investment companies   | 689,042      |              |
| Net investment gain - collective investment trust funds | 1,197,369    |              |
| Dividends of registered investment companies            | 44,521       |              |
| Interest income on notes receivable from participants   | 11,498       |              |
| Other income                                            | 10           |              |

**NOTE E--TAX STATUS**

On August 8, 2014, the Internal Revenue Service ("IRS") stated that the prototype adopted by the Plan, as then designed, qualifies under the Internal Revenue Code ("the Code") section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, the Plan administrator and the Plan's tax counsel believe that the Plan was designed and was being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability, if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by the IRS.

The Plan is subject to routine audits by taxing jurisdictions. However, there are currently no audits for any tax periods in progress. The Plan Administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2018.

**NOTE F--RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS**

Certain Plan investments are shares of collective investment trust funds managed by the Custodian and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for these investment management services are included in administrative expenses on the accompanying statement of changes in net assets.

Certain employees of the Company provide administrative services for the Plan and the Company is not reimbursed for their services. A third party administrator also performs administrative and recordkeeping services for the Plan and receives fees paid by the Company for these services.

The Custodian provides certain administrative services to the Plan pursuant to a service agreement between the Plan and the Custodian. The Custodian receives revenue from the Plan for performance of these services. This revenue is also used to offset certain amounts owed to the financial advisors, authorized representatives and other third party administrators for the services they provide the Plan.

Perfect Plastic Printing Corporation  
401(k) Profit Sharing Plan  
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**NOTE G--PLAN TERMINATION**

Although the Company has not expressed any intent to terminate the Plan, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, all participants' account balances would become fully vested in their employer contributions.

**NOTE H--RISKS AND UNCERTAINTIES**

The Plan's assets are invested directly and indirectly in various investment securities which are purchased or managed by the Custodian. The investments are exposed to various risks such as interest rate, market, and credit risks. The Plan's assets are subject to the changes in value of these underlying investments, including the potential for bankruptcy of one or more of the companies in which they are invested.

The Plan also invests in securities which may have contractual cash flows such as asset backed securities, collateralized mortgage obligations, commercial mortgage backed securities or subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, changes in value, delinquencies or defaults. Shifts in the market's perception of the issuers and changes in interest rates may affect these investments adversely.

Due to the level of risk associated with certain of these investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

The participants who have borrowed from the Plan are all employees of the Company in the Chicago area, and their ability to repay the loans could be affected by the economic conditions in the industry in general, the economic conditions in the Chicago metropolitan area or the economic situation of the Company itself.

**NOTE I--PLAN AMENDMENTS**

Effective July 1, 2022, subsequent to the date of the financial statements, the Plan was amended and restated to comply with the IRS requirements for employers to restate pre-approved Plan documents every six years.

Effective March 22, 2021, the Plan was amended to redefine compensation.

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security Act ("CARES Act") was signed into law. Effective April 15, 2020, the Plan was amended to include the optional relief items as permitted under the CARES Act. This amendment allows for COVID-19 withdrawals and Coronavirus-related loans for impacted participants, as defined by the amendment (See Note A). In addition, the CARES Act amendment temporarily waives the requirement for required minimum distributions.

## **SUPPLEMENTARY INFORMATION**

Perfect Plastic Printing Corporation  
401(K) Profit Sharing Plan  
**SCHEDULE H, LINE 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
December 31, 2021

EIN: 36-2555809  
Plan # 003

| ( a )<br>Party in<br>Interest | ( b )<br>Identity of issue, borrower,<br>lessor, or similar party | ( c )<br>Description of investment including<br>maturity date, rate of interest, collateral,<br>par, or maturity value | ( d )<br>Cost | ( e )<br>Current<br>Value |
|-------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------|
|                               | Investment collective trust funds:                                |                                                                                                                        |               |                           |
|                               | PUTNAM                                                            | PUTNAM STABLE VALUE FUND 25                                                                                            | **            | \$ 4,041,851              |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID INC CIT                                                                                      | **            | 26,517                    |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2015 CIT                                                                                     | **            | 1,748,260                 |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2020 CIT                                                                                     | **            | 811,917                   |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2025 CIT                                                                                     | **            | 2,752,093                 |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2030 CIT                                                                                     | **            | 2,360,544                 |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2035 CIT                                                                                     | **            | 1,054,157                 |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2040 CIT                                                                                     | **            | 614,315                   |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2045 CIT                                                                                     | **            | 515,002                   |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2050 CIT                                                                                     | **            | 317,618                   |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2055 CIT                                                                                     | **            | 131,096                   |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2060 CIT                                                                                     | **            | 183,692                   |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2065 CIT                                                                                     | **            | 97,696                    |
|                               | Registered Investment Companies:                                  |                                                                                                                        |               |                           |
|                               | AMERICAN CENTURY INVESTMENT MANAGEMENT                            | AMERICAN CENTURY MID CAP VALUE R6                                                                                      | **            | 26,944                    |
|                               | AMERICAN FUNDS                                                    | AMERICAN BALANCED FUND CLASS R-6                                                                                       | **            | 201,686                   |
|                               | AMERICAN FUNDS                                                    | AMERICAN EUROPACIFIC GROWTH FUND CLASS R                                                                               | **            | 266,849                   |
|                               | FIDELITY MANAGEMENT AND RESEARCH                                  | FIDELITY 500 INDEX FUND                                                                                                | **            | 201,305                   |
|                               | GOLDMAN SACHS ASSET MANAGEMENT                                    | GOLDMAN SACHS INTL EQ INS R6                                                                                           | **            | 142,364                   |
|                               | JANUS HENDERSON                                                   | JANUS HENDERSON VENTURE N FUND                                                                                         | **            | 36,594                    |
|                               | JP MORGAN                                                         | JP MORGAN EQUITY INCOME FUND CLASS R6                                                                                  | **            | 59,967                    |
|                               | MAINSTAY                                                          | MAINSTAY WINSLOW LARGE CAP GROWTH FUND CLASS R6                                                                        | **            | 835,562                   |
|                               | METROPOLITAN WEST                                                 | METROPOLITAN WEST TOTAL RETURN BOND PLAN                                                                               | **            | 19,103                    |
|                               | PIMCO                                                             | PIMCO INCOME INSTITUTIONAL FUND                                                                                        | **            | 28,133                    |
|                               | PIONEER MUTUAL FUNDS                                              | PIONEER SELECT MID CAP GROWTH K FUND                                                                                   | **            | 30,826                    |
|                               | VANGUARD FUNDS                                                    | VANGUARD GROWTH INDEX-ADMIRAL FUND                                                                                     | **            | 1,338,741                 |
|                               | VANGUARD FUNDS                                                    | VANGUARD FTSE ALL-WORLD EX-US ETF                                                                                      | **            | 48,298                    |
|                               | VANGUARD FUNDS                                                    | VANGUARD LIFE STRATEGY GROWTH FUND                                                                                     | **            | 287,095                   |
|                               | VANGUARD FUNDS                                                    | VANGUARD LIFE STRATEGY MODERATE GROWTH FUND                                                                            | **            | 21,956                    |
|                               | VANGUARD FUNDS                                                    | VANGUARD MID CAP INDEX ADMIRAL FUND                                                                                    | **            | 259,988                   |
|                               | VANGUARD FUNDS                                                    | VANGUARD SMALL CAP INDEX-ADMIRAL FUND                                                                                  | **            | 255,657                   |
|                               | VANGUARD FUNDS                                                    | VANGUARD VALUE INDEX-ADMIRAL FUND                                                                                      | **            | 352,743                   |
|                               | VANGUARD FUNDS                                                    | VANGUARD LIFE STRATEGY INCOME INV FUND                                                                                 | **            | 9,404                     |
|                               | VANGUARD FUNDS                                                    | VANGUARD LIFE STRATEGY CONSERVATIVE GROWTH INV FUND                                                                    | **            | 10,496                    |
|                               | VANGUARD FUNDS                                                    | VANGUARD FTSE SOCIAL INDEX ADMIRAL FUND                                                                                | **            | 9,300                     |
|                               | VANGUARD FUNDS                                                    | VANGUARD SMALL CAP VALUE INDEX-ADMIRAL FUND                                                                            | **            | 2,367                     |
|                               | Other:                                                            |                                                                                                                        |               |                           |
| *                             | Notes receivable from participants                                | 3.75% - 6.25%                                                                                                          | -0-           | 241,136                   |
|                               |                                                                   |                                                                                                                        |               | <u>\$ 19,341,272</u>      |

\* Party in interest.

\*\* Cost information not required for participant directed plans.



**CERTIFIED PUBLIC ACCOUNTANTS  
AND BUSINESS ADVISORS**

Financial Statements and  
Independent Auditor's Report

# **Perfect Plastic Printing Corporation 401 (k) Profit Sharing Plan**

**December 31, 2021 and 2020**

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## INDEPENDENT AUDITOR'S REPORT

To the Trustees and Plan Administrator  
**Perfect Plastic Printing Corporation**  
**401(k) Profit Sharing Plan**  
St. Charles, Illinois

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Perfect Plastic Printing Corporation 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income and Securities Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the 2021 financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

### Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section—

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion on the 2021 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Perfect Plastic Printing Corporation 401(k) Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the 2021 Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Perfect Plastic Printing Corporation 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the 2021 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than the one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism through the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Perfect Plastic Printing Corporation 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.



- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Perfect Plastic Printing Corporation 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures related to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Other Matters**

#### *2021 Supplemental Schedule Required by ERISA*

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021 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 Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rule and Regulations for Reporting and Disclosure under ERISA.

In our opinion-

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



## Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Perfect Plastic Printing Corporation 401(k) Profit Sharing Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated September 21, 2021, we indicated that (a) because of the significance of the information we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations and Disclosure under ERISA.

DHJJ LTD.

St. Charles, Illinois  
September 9, 2022



Perfect Plastic Printing Corporation

401(k) Profit Sharing Plan

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2021 and 2020

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| <b>ASSETS</b>                            | <b>2021</b>                 | <b>2020</b>                 |
|------------------------------------------|-----------------------------|-----------------------------|
|                                          | <u>          </u>           | <u>          </u>           |
| Investments at fair value                | \$ 19,100,136               | \$ 16,291,499               |
| Receivables:                             |                             |                             |
| Employer contributions                   | 1,373,342                   | 840,833                     |
| Notes receivable from participants       | <u>241,136</u>              | <u>248,264</u>              |
|                                          | <u>1,614,478</u>            | <u>1,089,097</u>            |
| <b>TOTAL ASSETS</b>                      | 20,714,614                  | 17,380,596                  |
| <b>LIABILITIES</b>                       | <u>-</u>                    | <u>-</u>                    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 20,714,614</u></u> | <u><u>\$ 17,380,596</u></u> |

See accompanying notes.

Perfect Plastic Printing Corporation

401(k) Profit Sharing Plan

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

Year ended December 31, 2021

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**ADDITIONS:**

Contributions:

|              |                |
|--------------|----------------|
| Employer     | \$ 1,373,605   |
| Participants | 1,155,979      |
| Rollovers    | <u>179,981</u> |
|              | 2,709,565      |

Participant-directed investment income:

|                                                         |               |
|---------------------------------------------------------|---------------|
| Net investment gain - registered investment companies   | 689,042       |
| Net investment gain - collective investment trust funds | 1,197,369     |
| Dividends of registered investment companies            | <u>44,521</u> |

|                                               |           |
|-----------------------------------------------|-----------|
| Notes receivable from participants - interest | 11,498    |
| Other income                                  | <u>10</u> |

1,942,440

**TOTAL ADDITIONS** 4,652,005

**DEDUCTIONS:**

|                               |               |
|-------------------------------|---------------|
| Benefits paid to participants | 1,259,578     |
| Deemed distributed loans      | 4,212         |
| Administrative expenses       | <u>54,197</u> |

**TOTAL DEDUCTIONS** 1,317,987

**NET INCREASE** 3,334,018

**NET ASSETS AVAILABLE FOR BENEFITS:**

|                   |                   |
|-------------------|-------------------|
| Beginning of year | <u>17,380,596</u> |
|-------------------|-------------------|

**END OF YEAR** \$ 20,714,614

See accompanying notes.

Perfect Plastic Printing Corporation  
401(k) Profit Sharing Plan  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2021 and 2020

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**NOTE A--DESCRIPTION OF PLAN**

The following brief description of the Perfect Plastic Printing Corporation 401(k) Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan is sponsored by Perfect Plastic Printing Corporation (the "Company") for employees that meet specific age and service eligibility requirements as defined in the Plan document. The Plan, designated as a defined contribution plan, was originally established on May 31, 1989, and was most recently amended on March 22, 2021 (See Note I). Subsequent to year end, the Plan was restated effective July 1, 2022 (See Note I). The Plan provides for contributions to be made under salary deferral agreements pursuant to Section 401(k) of the Internal Revenue Code (the "Code"). Employees of the Company are eligible to enter the Plan on the first day of the month coinciding with, or next following, the date the employee has met the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income and Security Act of 1974 ("ERISA"). The Plan Trustee is responsible for oversight of the Plan and the Plan Administrator determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan Trustee.

**Contributions**

Eligible participants may elect to contribute pre-tax and/or after-tax Roth compensation, as defined in the Plan, to the Plan by means of a salary deferral agreement up to the maximum amount as permitted by law. All contributions are participant-directed into various investment options offered by the Plan. At the end of the Plan year, the Company may make a discretionary profit-sharing contribution to the Plan in accordance with Plan provisions, and a discretionary matching contribution. All contributions are subject to certain limitations as provided in the Code and as described in the Plan. Salary deferral contributions are funded proximate to the withholding date. Discretionary Company contributions are funded annually after the close of the Plan year and within statutory time frames. Participants may also contribute amounts representing distributions from other qualified plans. Additional contributions, designated as "catch up" contributions, may be deferred by those participants who have attained the age of fifty, before the end of the Plan year, which are subject to a maximum limit as provided in the Code.

The discretionary matching contribution of the Company is based upon a uniform percentage of each participant's elective salary deferral and total compensation. The uniform percentage for the discretionary matching contribution is to be determined each year by the Company. This contribution is allocated to those participants who are actively employed on the last day of the Plan year and have completed 1,000 or more hours of service in the Plan year.

**Participant Accounts**

Each participant's account is credited or charged, as applicable, with the participant's contribution and allocations of (a) the Company's discretionary contributions, if any, (b) the Plan's net earnings or losses, and (c) the Plan's administrative expenses. Allocations are based on participant earnings or account balances or compensation, as defined in the Plan agreement or specific participant transactions, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Perfect Plastic Printing Corporation  
401(k) Profit Sharing Plan  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2021 and 2020

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**NOTE A--DESCRIPTION OF PLAN-continued**

**Vesting**

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's discretionary contributions plus actual earnings thereon is based on years of credited service. A participant is 100% vested after six years of credited service, in accordance with the following vesting schedule:

| <u>Vesting Service</u> | <u>Percentage Vested</u> |
|------------------------|--------------------------|
| Less than 2            | 0%                       |
| 2                      | 20%                      |
| 3                      | 40%                      |
| 4                      | 60%                      |
| 5                      | 80%                      |
| 6 or more              | 100%                     |

Participants who attain the normal retirement age of 65, or who terminate employment due to death or disability, are 100% vested in their account balances.

**Investment Options**

Upon enrollment in the Plan, a participant may direct employee and employer contributions in a variety of investment choices as more fully described in the Plan's literature. Participants may change their investment options at any time. During any period in which there is not participant direction on file with the Custodian as to the investment of a participant's account, 100% of the participant's account will be invested in the investment option designated from time to time by the Trustees as the default investment. At December 31, 2021 and 2020, the Plan offered various investment options, which include registered investment companies, collective trust funds, and a stable value collective trust fund.

**Payment of Benefits**

Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or in installments for certain distributions as defined in the Plan.

Upon termination of service for other reasons, mandatory distributions greater than \$1,000 but less than \$5,000 may be paid in a direct rollover to an individual retirement plan designated by the Plan Administrator. These distributions will be made if a participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or does not elect to receive the distribution directly. If a participant has a vested account balance greater than \$5,000, written consent is required to receive all or a portion of their account, however, they are not required to take a distribution from the Plan until required distribution rules apply. All distributions will be made as soon as administratively feasible.

Perfect Plastic Printing Corporation  
401(k) Profit Sharing Plan  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2021 and 2020

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**NOTE A--DESCRIPTION OF PLAN-continued**

**Payment of Benefits-continued**

Participants may also elect to receive hardship withdrawals prior to termination of employment from the vested portion of their account, subject to Plan provisions. Effective April 15, 2020, the Coronavirus Aid, Relief and Economic Security Act ("CARES Act") amendment allowed for Coronavirus-related distributions to be made before December 31, 2020, for impacted participants as defined by the amendment (See Note I).

**Forfeitures**

During the Plan years ended December 31, 2021 and 2020, forfeited non-vested accounts totaled \$47,921 and \$19,511, respectively. Forfeited accounts can be used to reinstate previously forfeited balances. Remaining amounts may then be used to reduce the employer's match or non-elective contributions, as applicable, or be used to pay any administrative expenses. For the Plan year ended December 31, 2021, forfeitures of \$20,019 were used to pay Plan expenses and forfeitures of \$13,576 were used to reduce employer contributions.

**Notes Receivable from Participants**

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000, or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates, as determined upon initiation of the loan. The interest rates on loans outstanding at December 31, 2021 and 2020 range from 3.75% to 6.25% and 3.50% to 6.50%, respectively. Loan terms may not exceed 5 years unless the loan is obtained for the purchase of a participant's residence, in which case the loan term is at the discretion of the Plan Administrator. Principal and interest are typically paid ratably through periodic payroll deductions.

Effective April 15, 2020 the CARES Act amendment to the Plan allowed for qualifying participants to obtain loans for double the normal limits. The CARES Act also allowed for qualifying participants with existing loans to defer payments upon request (See Note I).

**NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The financial statements of the Plan are prepared under the accrual method of accounting.

**Investment Valuation and Income Recognition**

Investment contracts held by a defined-contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. The Plan does not hold any fully benefit-responsive contracts at December 31, 2021 and 2020. The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator and Plan Trustees determine the Plan's valuation policies utilizing information provided by investment advisors and Custodians. See Note C for discussion of fair value measurements.

Perfect Plastic Printing Corporation  
401(k) Profit Sharing Plan  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2021 and 2020

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**NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-continued**

**Investment Valuation and Income Recognition-continued**

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Investment income and charges for withdrawals and administrative expenses are recorded daily to a participant's account. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation will include the Plan's gains and losses on investments bought and sold as well as held during the year.

**Notes Receivable from Participants**

Notes receivable from participants are 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, 2021 and 2020. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

**Accounting Estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

**Expenses**

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. The Plan permits the payment of Plan expenses to be made from the Plan's assets. If expenses are paid using the Plan's assets, then the expenses will generally be allocated among the accounts of all participants.

**Payment of Benefits**

Benefits are recorded when paid.

**Date of Management's Review**

Subsequent events were evaluated through September 9, 2022, which is the date the financial statements were available to be issued.

Perfect Plastic Printing Corporation  
401(k) Profit Sharing Plan  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2021 and 2020

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**NOTE C--FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under *FASB ASC 820* are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

Level 3: Inputs that are unobservable inputs for the asset or liability.

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

Should an investment be re-characterized from one level to another level, Plan management would state the basis for the change. Under such circumstances the Plan would report the transfers in and transfers out at the beginning of the Plan quarter when change occurs.

Gains and losses (realized and unrealized) are reported as net appreciation (depreciation) in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

Following is a description of the valuation methodologies used for Plan assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

The fair value of registered investment companies ("mutual funds") are valued at the daily closing price as reported by each mutual fund, which are open-ended mutual funds registered with the U.S. Securities and Exchange Commission. Each fund is required to publish their daily net asset value ("NAV") and transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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**NOTE C--FAIR VALUE MEASUREMENTS-continued**

The Putnam Stable Value Fund is a collective investment trust and is stated at fair value as of the close of each business day. The stable value fund is composed primarily of fully benefit-responsive investment contracts that are valued at the net asset value ("NAV") of units of the collective trust and is priced daily by the Custodian. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Daily unit values are determined by dividing the Stable Value Funds net assets by the number of participating units outstanding on the valuation date. All income and expenses shall be deemed to be accrued, received or paid at an equal rate from day to day. Contributions and redemptions to the Stable Value Fund may be made daily at the current net asset value and are considered as made immediately after the daily valuation. The fund declares and records dividends daily and pays them monthly. Dividends are reinvested in the Stable Value Fund and the units issued are adjusted accordingly. The contracts' rate of return is typically reset on a quarterly basis.

The Target Retirement Funds (collective investment trust funds) are valued at the net asset value ("NAV") of units of the applicable fund. The NAV, as provided by the Custodian, is used as a practical expedient to estimate fair value, using the market approach. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the assets, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities' liquidations will be carried out in an orderly business manner. These funds represent investment in actively managed collective investment trust funds that invest primarily in a variety of mutual funds, Principal Life separate accounts and collective trust funds. The investments are valued at the fair value per unit multiplied by the number of units held as of the measurement date.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

Perfect Plastic Printing Corporation  
401(k) Profit Sharing Plan  
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December 31, 2021 and 2020

**NOTE C--FAIR VALUE MEASUREMENTS-continued**

|                                               | Quoted prices<br>in active<br>markets for<br>identical assets<br>(Level 1) | Significant<br>other<br>observable<br>inputs<br>(Level 2) | Significant<br>unobservable<br>inputs<br>(Level 3) | Total                |
|-----------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|----------------------|
| <u>December 31, 2021</u>                      |                                                                            |                                                           |                                                    |                      |
| Registered investment companies               | \$ 4,445,378                                                               | \$ -                                                      | \$ -                                               | \$ 4,445,378         |
| Total assets in the fair value hierarchy      | 4,445,378                                                                  | -                                                         | -                                                  | 4,445,378            |
| Investments measured at<br>net asset value ** | -                                                                          | -                                                         | -                                                  | 14,654,758           |
| Total assets at fair value                    | <u>\$ 4,445,378</u>                                                        | <u>\$ -</u>                                               | <u>\$ -</u>                                        | <u>\$ 19,100,136</u> |
| <br>                                          |                                                                            |                                                           |                                                    |                      |
|                                               | Quoted prices<br>in active<br>markets for<br>identical assets<br>(Level 1) | Significant<br>other<br>observable<br>inputs<br>(Level 2) | Significant<br>unobservable<br>inputs<br>(Level 3) | Total                |
| <u>December 31, 2020</u>                      |                                                                            |                                                           |                                                    |                      |
| Registered investment companies               | \$ 3,325,622                                                               | \$ -                                                      | \$ -                                               | \$ 3,325,622         |
| Total assets in the fair value hierarchy      | 3,325,622                                                                  | -                                                         | -                                                  | 3,325,622            |
| Investments measured at<br>net asset value ** | -                                                                          | -                                                         | -                                                  | 12,965,877           |
| Total assets at fair value                    | <u>\$ 3,325,622</u>                                                        | <u>\$ -</u>                                               | <u>\$ -</u>                                        | <u>\$ 16,291,499</u> |

\*\* In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

**Fair Value of Investments in Entities that Use NAV Per Share Practical Expedient**

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2021 and 2020, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

Perfect Plastic Printing Corporation  
401(k) Profit Sharing Plan  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2021 and 2020

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**NOTE C--FAIR VALUE MEASUREMENTS-continued**

**Fair Value of Investments in Entities that Use NAV Per Share Practical Expedient-continued**

| December 31, 2021                 | Fair Value   | Unfunded<br>Commitments | Redemption<br>Frequency (if<br>currently<br>eligible) | Redemption<br>Notice<br>Period |
|-----------------------------------|--------------|-------------------------|-------------------------------------------------------|--------------------------------|
| Putnam Stable Value Fund          | \$ 4,041,851 | N/A                     | Daily                                                 | N/A*                           |
| Collective investment trust funds | 10,612,907   | N/A                     | Daily                                                 | N/A**                          |

  

| December 31, 2020                 | Fair Value   | Unfunded<br>Commitments | Redemption<br>Frequency (if<br>currently<br>eligible) | Redemption<br>Notice<br>Period |
|-----------------------------------|--------------|-------------------------|-------------------------------------------------------|--------------------------------|
| Putnam Stable Value Fund          | \$ 4,439,378 | N/A                     | Daily                                                 | N/A*                           |
| Collective investment trust funds | 8,526,499    | N/A                     | Daily                                                 | N/A**                          |

\* Terms indicate redemption period could be up to twelve months if withdrawal requests are deemed, by the Custodian, to be a Plan directed withdrawal.

\*\* Redemptions occur as soon as administratively feasible.

**NOTE D--INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in the fair value of investments, interest and dividends for the year ended December 31, 2021, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Custodian. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to such information certified by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the Plan Custodian, as of December 31, 2021 and 2020 and for the year ended December 31, 2021.

Except for comparing such information as certified by the Custodian to information included in the Plan's financial statements and supplemental schedule, the Plan's independent auditors did not perform any auditing procedures on the certified information.

Perfect Plastic Printing Corporation  
401(k) Profit Sharing Plan  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2021 and 2020

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**NOTE D--INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)**

The following represents information certified by the Custodian as of December 31, 2021 and 2020 and for the year ended December 31, 2021:

|                                                         | 2021         | 2020         |
|---------------------------------------------------------|--------------|--------------|
| Registered investment companies                         | \$ 4,445,378 | \$ 3,325,622 |
| Collective investment trust funds, at fair value        | 14,654,758   | 12,965,877   |
| Notes receivable from participants                      | 241,136      | 248,264      |
| Net investment gain - registered investment companies   | 689,042      |              |
| Net investment gain - collective investment trust funds | 1,197,369    |              |
| Dividends of registered investment companies            | 44,521       |              |
| Interest income on notes receivable from participants   | 11,498       |              |
| Other income                                            | 10           |              |

**NOTE E--TAX STATUS**

On August 8, 2014, the Internal Revenue Service ("IRS") stated that the prototype adopted by the Plan, as then designed, qualifies under the Internal Revenue Code ("the Code") section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, the Plan administrator and the Plan's tax counsel believe that the Plan was designed and was being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability, if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by the IRS.

The Plan is subject to routine audits by taxing jurisdictions. However, there are currently no audits for any tax periods in progress. The Plan Administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2018.

**NOTE F--RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS**

Certain Plan investments are shares of collective investment trust funds managed by the Custodian and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for these investment management services are included in administrative expenses on the accompanying statement of changes in net assets.

Certain employees of the Company provide administrative services for the Plan and the Company is not reimbursed for their services. A third party administrator also performs administrative and recordkeeping services for the Plan and receives fees paid by the Company for these services.

The Custodian provides certain administrative services to the Plan pursuant to a service agreement between the Plan and the Custodian. The Custodian receives revenue from the Plan for performance of these services. This revenue is also used to offset certain amounts owed to the financial advisors, authorized representatives and other third party administrators for the services they provide the Plan.

Perfect Plastic Printing Corporation  
401(k) Profit Sharing Plan  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2021 and 2020

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**NOTE G--PLAN TERMINATION**

Although the Company has not expressed any intent to terminate the Plan, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, all participants' account balances would become fully vested in their employer contributions.

**NOTE H--RISKS AND UNCERTAINTIES**

The Plan's assets are invested directly and indirectly in various investment securities which are purchased or managed by the Custodian. The investments are exposed to various risks such as interest rate, market, and credit risks. The Plan's assets are subject to the changes in value of these underlying investments, including the potential for bankruptcy of one or more of the companies in which they are invested.

The Plan also invests in securities which may have contractual cash flows such as asset backed securities, collateralized mortgage obligations, commercial mortgage backed securities or subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, changes in value, delinquencies or defaults. Shifts in the market's perception of the issuers and changes in interest rates may affect these investments adversely.

Due to the level of risk associated with certain of these investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

The participants who have borrowed from the Plan are all employees of the Company in the Chicago area, and their ability to repay the loans could be affected by the economic conditions in the industry in general, the economic conditions in the Chicago metropolitan area or the economic situation of the Company itself.

**NOTE I--PLAN AMENDMENTS**

Effective July 1, 2022, subsequent to the date of the financial statements, the Plan was amended and restated to comply with the IRS requirements for employers to restate pre-approved Plan documents every six years.

Effective March 22, 2021, the Plan was amended to redefine compensation.

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security Act ("CARES Act") was signed into law. Effective April 15, 2020, the Plan was amended to include the optional relief items as permitted under the CARES Act. This amendment allows for COVID-19 withdrawals and Coronavirus-related loans for impacted participants, as defined by the amendment (See Note A). In addition, the CARES Act amendment temporarily waives the requirement for required minimum distributions.

## **SUPPLEMENTARY INFORMATION**

Perfect Plastic Printing Corporation  
401(K) Profit Sharing Plan  
**SCHEDULE H, LINE 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
December 31, 2021

EIN: 36-2555809  
Plan # 003

| ( a )<br>Party in<br>Interest | ( b )<br>Identity of issue, borrower,<br>lessor, or similar party | ( c )<br>Description of investment including<br>maturity date, rate of interest, collateral,<br>par, or maturity value | ( d )<br>Cost | ( e )<br>Current<br>Value |
|-------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------|
|                               | Investment collective trust funds:                                |                                                                                                                        |               |                           |
|                               | PUTNAM                                                            | PUTNAM STABLE VALUE FUND 25                                                                                            | **            | \$ 4,041,851              |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID INC CIT                                                                                      | **            | 26,517                    |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2015 CIT                                                                                     | **            | 1,748,260                 |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2020 CIT                                                                                     | **            | 811,917                   |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2025 CIT                                                                                     | **            | 2,752,093                 |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2030 CIT                                                                                     | **            | 2,360,544                 |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2035 CIT                                                                                     | **            | 1,054,157                 |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2040 CIT                                                                                     | **            | 614,315                   |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2045 CIT                                                                                     | **            | 515,002                   |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2050 CIT                                                                                     | **            | 317,618                   |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2055 CIT                                                                                     | **            | 131,096                   |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2060 CIT                                                                                     | **            | 183,692                   |
| *                             | PRINCIPAL GLOBAL INVESTORS TRUST CO                               | PRINCIPAL LIFETIME HYBRID 2065 CIT                                                                                     | **            | 97,696                    |
|                               | Registered Investment Companies:                                  |                                                                                                                        |               |                           |
|                               | AMERICAN CENTURY INVESTMENT MANAGEMENT                            | AMERICAN CENTURY MID CAP VALUE R6                                                                                      | **            | 26,944                    |
|                               | AMERICAN FUNDS                                                    | AMERICAN BALANCED FUND CLASS R-6                                                                                       | **            | 201,686                   |
|                               | AMERICAN FUNDS                                                    | AMERICAN EUROPACIFIC GROWTH FUND CLASS R                                                                               | **            | 266,849                   |
|                               | FIDELITY MANAGEMENT AND RESEARCH                                  | FIDELITY 500 INDEX FUND                                                                                                | **            | 201,305                   |
|                               | GOLDMAN SACHS ASSET MANAGEMENT                                    | GOLDMAN SACHS INTL EQ INS R6                                                                                           | **            | 142,364                   |
|                               | JANUS HENDERSON                                                   | JANUS HENDERSON VENTURE N FUND                                                                                         | **            | 36,594                    |
|                               | JP MORGAN                                                         | JP MORGAN EQUITY INCOME FUND CLASS R6                                                                                  | **            | 59,967                    |
|                               | MAINSTAY                                                          | MAINSTAY WINSLOW LARGE CAP GROWTH FUND CLASS R6                                                                        | **            | 835,562                   |
|                               | METROPOLITAN WEST                                                 | METROPOLITAN WEST TOTAL RETURN BOND PLAN                                                                               | **            | 19,103                    |
|                               | PIMCO                                                             | PIMCO INCOME INSTITUTIONAL FUND                                                                                        | **            | 28,133                    |
|                               | PIONEER MUTUAL FUNDS                                              | PIONEER SELECT MID CAP GROWTH K FUND                                                                                   | **            | 30,826                    |
|                               | VANGUARD FUNDS                                                    | VANGUARD GROWTH INDEX-ADMIRAL FUND                                                                                     | **            | 1,338,741                 |
|                               | VANGUARD FUNDS                                                    | VANGUARD FTSE ALL-WORLD EX-US ETF                                                                                      | **            | 48,298                    |
|                               | VANGUARD FUNDS                                                    | VANGUARD LIFE STRATEGY GROWTH FUND                                                                                     | **            | 287,095                   |
|                               | VANGUARD FUNDS                                                    | VANGUARD LIFE STRATEGY MODERATE GROWTH FUND                                                                            | **            | 21,956                    |
|                               | VANGUARD FUNDS                                                    | VANGUARD MID CAP INDEX ADMIRAL FUND                                                                                    | **            | 259,988                   |
|                               | VANGUARD FUNDS                                                    | VANGUARD SMALL CAP INDEX-ADMIRAL FUND                                                                                  | **            | 255,657                   |
|                               | VANGUARD FUNDS                                                    | VANGUARD VALUE INDEX-ADMIRAL FUND                                                                                      | **            | 352,743                   |
|                               | VANGUARD FUNDS                                                    | VANGUARD LIFE STRATEGY INCOME INV FUND                                                                                 | **            | 9,404                     |
|                               | VANGUARD FUNDS                                                    | VANGUARD LIFE STRATEGY CONSERVATIVE GROWTH INV FUND                                                                    | **            | 10,496                    |
|                               | VANGUARD FUNDS                                                    | VANGUARD FTSE SOCIAL INDEX ADMIRAL FUND                                                                                | **            | 9,300                     |
|                               | VANGUARD FUNDS                                                    | VANGUARD SMALL CAP VALUE INDEX-ADMIRAL FUND                                                                            | **            | 2,367                     |
|                               | Other:                                                            |                                                                                                                        |               |                           |
| *                             | Notes receivable from participants                                | 3.75% - 6.25%                                                                                                          | -0-           | 241,136                   |
|                               |                                                                   |                                                                                                                        |               | <u>\$ 19,341,272</u>      |

\* Party in interest.

\*\* Cost information not required for participant directed plans.