

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan <u>DURR, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1977</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1977</u>			
1b Three-digit plan number (PN) ▶	<u>001</u>						
1c Effective date of plan <u>01/01/1977</u>							
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>DURR, INC.</u> <u>40600 PLYMOUTH RD.</u> <u>PLYMOUTH, MI 48170</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2b Employer Identification Number (EIN) <u>38-3040061</u></td> <td style="width: 20%;"></td> </tr> <tr> <td>2c Sponsor's telephone number <u>734-459-6800</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>333200</u></td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) <u>38-3040061</u>		2c Sponsor's telephone number <u>734-459-6800</u>		2d Business code (see instructions) <u>333200</u>	
2b Employer Identification Number (EIN) <u>38-3040061</u>							
2c Sponsor's telephone number <u>734-459-6800</u>							
2d Business code (see instructions) <u>333200</u>							

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	10/14/2013 Date	STEVEN HEINRICH Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	10/14/2013 Date	STEVEN HEINRICH Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address DURR, INC. 40600 PLYMOUTH RD. PLYMOUTH, MI 48170		3b Administrator's EIN 38-3040061 3c Administrator's telephone number 734-459-6800
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 736
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d). a Active participants..... b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6a 545 6b 6 6c 236 6d 787 6e 2 6f 789 6g 744 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2S 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4B		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning **01/01/2012** and ending **12/31/2012**

A Name of plan DURR, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 DURR, INC.	D Employer Identification Number (EIN) 38-3040061	

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

(a) Name of insurance carrier

MONUMENTAL LIFE INS CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-0419790	66218	D50484	6	01/01/2012	12/31/2012

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☒ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>DURR, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DURR, INC.</u>	D Employer Identification Number (EIN) <u>38-3040061</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 71 60	RECORDKEEPER	7694	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FKLN SMMIDCAP GRTH A - FRANKLIN TEM 94-3167260	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GS HIGH YIELD A - GOLDMAN, SACHS & 13-5108880	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GS HIGH YIELD INST - GOLDMAN, SACHS 13-5108880	0.10%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
HARTFORD SMALL CO Y - HARTFORD ADMI 41-0679409	0.15%	
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
HIGHMK GNV MDCP GR A - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.40%	
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
HTFD SM CAP GROWTH Y - HARTFORD ADM 41-0679409	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVS DEVELOP MKTS A - INVESCO CANAD 5140 YONGE STREET SUITE 900 TORONTO, ON M2N 6X7 CA	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVS DEVL P MKTS R5 - INVESCO CANADA 5140 YONGE STREET SUITE 900 TORONTO, ON M2N 6X7 CA	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LOOMIS SM CP GRTH IS - BOSTON FINAN 330 W 9TH STREET KANSAS CITY, MO 64105	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NB LG CAP VAL INST - STATE STREET B 04-0025081	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NB LG CAP VAL TR - STATE STREET BAN 04-0025081	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIM TOTAL RT INST - BOSTON FINANCIA P.O. BOX 8480 BOSTON, MA 02266	0.02%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
PIMCO TOT RETURN ADM - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.27%	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 </div> <div style="width: 20%;"> (b) Service Codes (see instructions) </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation </div> </div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
RAINIER SM/MID CAP - U.S. BANCORP F P.O. BOX 701 MILWAUKEE, WI 53201	0.35%	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 </div> <div style="width: 20%;"> (b) Service Codes (see instructions) </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation </div> </div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
ROYCE OPPORTUNITY I - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	0.20%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ROYCE OPPORTUNITY IS - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.05%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ROYCE OPPORTUNITY S - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	0.45%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ROYCE VALUE PLUS IS - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	0.05%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE VALUE PLUS SER - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.45%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RS PARTNERS A - BOSTON FINANCIAL DA P.O. BOX 8480 BOSTON, MA 02266	0.55%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP BLUE CHIP GRTH - T. ROWE PRICE	0.15%	
52-2269240		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP DIV GROWTH - T. ROWE PRICE SERV 52-2269240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP SMALL-CAP VALUE - T. ROWE PRICE 52-2269240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WFA OPPORTUNITY INV - BOSTON FINANC 330 W 9TH STREET KANSAS CITY, MO 64105	0.55%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WFA SPL MIDCP VL INV - BOSTON FINAN 330 W 9TH STREET KANSAS CITY, MO 64105	0.55%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WFA SPL MIDCP VL IS - BOSTON FINANC 330 W 9TH STREET KANSAS CITY, MO 64105	0.15%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THOMPSON IM FUNDS 918 DEMING WAY 3RD FLOOR MADISON, WI 53717	0.25%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS NO LOAD	151 DETROIT ST DENVER, CO 80206	0.35%
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS NO LOAD	151 DETROIT ST DENVER, CO 80206	0.35%
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK	TWO NORTH LASALLE STREET SUITE 500 CHICAGO, IL 60602	0.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOOMIS SAYLES 399 BOYLSTON STREET 8TH FL BOSTON, MA 02116	0.35%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DREYFUS CL I & R 144 GLENN CURTISS BLVD 8TH FLOOR UNIONDALE, NY 11556	0.35%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO 1633 BROADWAY NEW YORK, NY 10019	0.375%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
ARTISAN 875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE, WI 53202	0.38%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
PIMCO 1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
REYNOLDS 777 E WISCONSIN AVE MILWAUKEE, WI 53202	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CONESTOGA 259 N RADNOR CHESTER RD SUITE 120 RADNOR, PA 19087	0.40%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ICON FUND S CLASSES 5299 DTC BLVD SUITE 1200 GREENWOOD VILLAGE, CO 80111	0.40%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WELLS FARGO 525 MARKET ST SAN FRANCISCO, CA 94105	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
MIDAS 11 HANOVER SQUARE NEW YORK, NY 10005	0.40%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
OBERWEIS 3333 WARRENVILLE ROAD STE 500 LISLE, IL 60532	0.40%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
WINTERGREEN 333 ROUTE 46 WEST SUITE 204 MOUNTAIN LAKES, NJ 07046	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
CAMBIAR FUNDS 1 FREEDOM VALLEY DR OAKS, PA 19456	0.40%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
GUGGENHEIM INVESTOR 9601 BLACKWELL RD STE 500 ROCKVILLE, MD 20850	0.40%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
GUGGENHEIM INVESTOR 9601 BLACKWELL RD STE 500 ROCKVILLE, MD 20850	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
MATTHEWS ASIAN FDS 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
MOTLEY FOOL FUNDS 2000 DUKE STREET SUITE 175 ALEXANDRIA, VA 22314	0.40%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
MUHLINKAMP 5000 STONEWOOD DR WEXFORD, PA 15090	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRO FUNDS	7501 WISCONSIN AVE SUITE 1000 EAST BETHESDA, MD 20814	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRO FUNDS	7501 WISCONSIN AVE SUITE 1000 EAST BETHESDA, MD 20814	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRO FUNDS	7501 WISCONSIN AVE SUITE 1000 EAST BETHESDA, MD 20814	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRO FUNDS	7501 WISCONSIN AVE SUITE 1000 EAST BETHESDA, MD 20814	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRO FUNDS	7501 WISCONSIN AVE SUITE 1000 EAST BETHESDA, MD 20814	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRO FUNDS	7501 WISCONSIN AVE SUITE 1000 EAST BETHESDA, MD 20814	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRO FUNDS	7501 WISCONSIN AVE SUITE 1000 EAST BETHESDA, MD 20814	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRO FUNDS	7501 WISCONSIN AVE SUITE 1000 EAST BETHESDA, MD 20814	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRO FUNDS	7501 WISCONSIN AVE SUITE 1000 EAST BETHESDA, MD 20814	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TOUCHSTONE 303 BROADWAY STE 1100 CINCINNATI, OH 45020	0.40%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
BARON ASSET 767 5TH AVENUE 49TH FLOOR NEW YORK, NY 10153	0.40%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
HENNESSY 7250 REDWOOD BLVD STE 200 NOVATO, CA 94945	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE 745 FIFTH AVENUE SUITE 2400 NEW YORK, NY 10151	16.00	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TCW FUNDS 865 SOUTH FIGUERA ST 22ND FLOOR LOS ANGELES, CA 90017	0.40%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TOCQUEVILLE 40 W 57TH ST 19TH FL NEW YORK, NY 10019	0.40%	

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DIREXION 275 WASHINGTON STREET ATTN THOMAS NEWTON, MA 02458	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DIREXION 275 WASHINGTON STREET ATTN THOMAS NEWTON, MA 02458	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DIREXION 275 WASHINGTON STREET ATTN THOMAS NEWTON, MA 02458	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
CATALYST	630A FITZWATERTOWN RD 2ND FL WILLOW GROVE, PA 19090	12.00 + 1.00%
(a) Enter service provider name as it appears on line 2		
(b) Service Codes (see instructions)		
(c) Enter amount of indirect compensation		
(d) Enter name and EIN (address) of source of indirect compensation		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.		
(a) Enter service provider name as it appears on line 2		
(b) Service Codes (see instructions)		
(c) Enter amount of indirect compensation		
(d) Enter name and EIN (address) of source of indirect compensation		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.		

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan DURR, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 DURR, INC.	D Employer Identification Number (EIN) 38-3040061	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3507927	3585607
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	824469	816331
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	49209199	56784211
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	77214	79308

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	53618809	61265457

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	53618809	61265457
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1080440	
(B) Participants	2a(1)(B)	3419065	
(C) Others (including rollovers)	2a(1)(C)	536606	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5036111
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	415	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	40935	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		41350
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1372015	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1372015
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		5987035
c Other income.....	2c		2094
d Total income. Add all income amounts in column (b) and enter total.....	2d		12438605

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4754688	
(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)		4754688
f Corrective distributions (see instructions)	2f		588
g Certain deemed distributions of participant loans (see instructions).....	2g		24928
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	4607	
(4) Other	2i(4)	7146	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		11753
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4791957

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		7646648
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PLANTE AND MORAN

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		79308
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>DURR, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DURR, INC.</u>	D Employer Identification Number (EIN) <u>38-3040061</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dürr, Inc. 401(k) Plan

**Financial Report
December 31, 2012**

Dürr, Inc. 401(k) Plan

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Independent Auditor's Report

To the Plan Administrator
Dürr, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Dürr, Inc. 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2012 and 2011 and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and participant notes receivable and executes related transactions. The plan administrator has obtained a certification from the Trustee as of December 31, 2012 and 2011 and for the year ended December 31, 2012 that the information provided to the plan administrator by the Trustee is complete and accurate.

To the Plan Administrator
Dürr, Inc. 401(k) Plan

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2012 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

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

Plante & Moran, PLLC

Clinton Township, Michigan
September 27, 2013

Dürr, Inc. 401(k) Plan

Statement of Net Assets Available for Benefits

	December 31, 2012	December 31, 2011
Assets		
Participant-directed investments:		
Mutual funds	\$ 57,212,386	\$ 49,568,360
Life insurance policies	79,308	77,214
Self-directed brokerage account investments	<u>3,157,432</u>	<u>3,148,766</u>
Total participant-directed investments	60,449,126	52,794,340
Participant notes receivable	<u>816,331</u>	<u>824,469</u>
Net Assets Available for Benefits	<u>\$ 61,265,457</u>	<u>\$ 53,618,809</u>

Dürr, Inc. 401(k) Plan

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2012

Additions to Net Assets

Contributions:	
Employee	\$ 3,421,400
Employer	1,080,440
Rollovers	<u>536,606</u>
Total contributions	5,038,446
Investment income (loss):	
Interest and dividends	1,372,430
Net realized and unrealized gains (losses) on investments:	
Mutual funds	5,987,035
Life insurance policies	<u>(241)</u>
Net realized and unrealized gains	<u>5,986,794</u>
Total investment income	7,359,224
Interest from participant notes receivable	<u>40,935</u>
Total additions	12,438,605

Deductions from Net Assets

Benefits paid directly to participants or beneficiaries	4,780,204
Administrative expenses	<u>11,753</u>
Total deductions	<u>4,791,957</u>

Net Increase 7,646,648

Net Assets Available for Benefits

Beginning of year	<u>53,618,809</u>
End of year	<u><u>\$ 61,265,457</u></u>

Dürr, Inc. 401(k) Plan

Notes to Financial Statements December 31, 2012 and 2011

Note 1 - Plan Description

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

General - The Plan is a defined contribution plan covering substantially all full-time employees of Dürr, Inc., Dürr Systems, Inc., Dürr AIS, Inc., and Dürr Ecoclean, Inc. (collectively, the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

All employees become eligible to participate in the Plan when hired and upon attaining age 19. New employees are automatically enrolled as soon as administratively feasible. If no deferral election is made by the participant, the deferral defaults to 3 percent of eligible compensation and is increased 1 percent in each subsequent year until the deferral reaches 6 percent. Participants may elect to opt out of the automatic deferral.

Administration - The Company is the sponsor of the Plan. The compensation and benefits committee, as provided in the plan agreement, is the plan administrator and has responsibility for the administration of the Plan. Fidelity Management Trust Company (the "Trustee") functions as trustee and investment manager. Investment management fees and trustee fees are paid by the Plan in accordance with the plan document.

Contributions - Participants may defer up to 60 percent of eligible compensation subject to maximum tax-deferred limitations established by the Internal Revenue Code. Participants may also make contributions to the Plan in the form of a rollover of funds from pre-tax contributions to another qualified plan.

As of December 16, 2010, the Plan was amended to allow participants to make Roth 401(k) after-tax contributions to the Plan. The Plan will not accept rollovers of after-tax contributions.

Discretionary Company-matching contributions, if any, are determined annually based on a percentage of each participant's pre-tax contributions. Effective January 1, 2012, discretionary matching contributions were increased to 50 percent of employee contributions up to 6 percent of eligible compensation.

The Company may make discretionary profit-sharing contributions, to be determined annually by the Company. There were no discretionary profit-sharing contributions in 2012.

Note 1 - Plan Description (Continued)

Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of the Company's contributions and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participants' compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan and may change their elections or transfer between investment options at any time.

Vesting - Participants are immediately vested in their contributions and rollovers plus actual earnings thereon. Participants are also immediately vested in discretionary Company-matching contributions and discretionary profit-sharing contributions plus actual earnings thereon.

Participant Notes Receivable - Participants may borrow from their accounts subject to certain maximum and minimum amounts as prescribed in the Plan and in the Internal Revenue Code. Participant notes receivable are collateralized by the participant's account balance and bear interest at a market rate.

Payment of Benefits - Upon termination of service due to death, disability, or retirement, participants may elect to receive a lump-sum distribution or to be paid in the form of an annuity. Upon termination of service for other reasons, a participant may receive a lump-sum amount equal to the vested value of his or her account.

Hardship Withdrawals - Participants may request that all or a portion of their accounts be distributed in the case of severe financial hardship, as defined in the plan document. The Company must approve any such hardship withdrawals.

Termination - While it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of plan termination, the Trustee shall distribute all assets remaining in the Plan, after payment of any expenses properly chargeable against the Plan, to the participants in accordance with the value of the units credited to such participants as of the date of such termination.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by the Trustee; therefore, these transactions qualify as nonprohibited, party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan measures the investments in mutual funds and investments held in self-directed brokerage accounts at fair value on a recurring basis. The fair value of these investments is based primarily on Level 1 inputs as described in Note 5. The self-directed brokerage accounts consist solely of mutual funds. Life insurance policies are stated at cash surrender value as provided in the policies, which approximates fair value and are based primarily on Level 2 inputs as described in Note 5.

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

Participant Notes Receivable - Participant notes receivable are recorded at their unpaid principal balances plus any accrued interest. Participant notes receivable are written off when deemed uncollectible.

Benefit Payments - Benefits are recorded when paid.

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

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including September 27, 2013, which is the date the financial statements were available to be issued.

Dürr, Inc. 401(k) Plan

Notes to Financial Statements December 31, 2012 and 2011

Note 3 - Unaudited Information

Fidelity Management Trust Company (the "Trustee") holds the Plan's investments and participant notes receivable and executes all related transactions. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information provided by the Trustee.

Significant investments of the Plan's end of year net assets are as follows:

	2012	2011
Mutual funds - At fair value:		
AF Growth Fund America R5	\$ -	\$ 4,157,542
Fidelity Contrafund Fund	11,771,436	10,643,100
Fidelity Diversified International Fund	4,486,919	3,970,880
Fidelity Balanced Fund	3,358,741	3,037,056
Fidelity Retirement Money Market Portfolio	3,121,883	3,038,375
T. Rowe Price Blue Chip Growth Fund	4,757,962	-
PIMCO Total Return Institutional	3,428,019	2,325,907

Note 4 - Tax Status

The Plan is a prototype plan. The prototype plan has received a favorable opinion letter from the Internal Revenue Service (IRS) that the Plan, as designed, is qualified for federal income tax-exempt status. The Plan has not individually sought its own determination letter.

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax position and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The plan administrator believes the Plan is no longer subject to tax examinations for years prior to 2009.

Note 5 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2012 and 2011 and the valuation techniques used by the Plan to determine those fair values.

Level I - In general, fair values determined by Level I inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Dürr, Inc. 401(k) Plan

Notes to Financial Statements December 31, 2012 and 2011

Note 5 - Fair Value Measurements (Continued)

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2012

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity securities	\$ 35,052,805	\$ -	\$ -	\$ 35,052,805
Fixed-income securities	5,964,102	-	-	5,964,102
Balanced securities	3,633,684	-	-	3,633,684
Retirement year-based securities	9,439,912	-	-	9,439,912
Short-term securities	3,121,883	-	-	3,121,883
Self-directed account investments -				
Mutual funds:				
Equity securities	2,175,675	-	-	2,175,675
Fixed-income securities	385,432	-	-	385,432
Balanced securities	47,091	-	-	47,091
Short-term securities	549,234	-	-	549,234
Life insurance policies	-	79,308	-	79,308
Total	<u>\$ 60,369,818</u>	<u>\$ 79,308</u>	<u>\$ -</u>	<u>\$ 60,449,126</u>

Dürr, Inc. 401(k) Plan

Notes to Financial Statements December 31, 2012 and 2011

Note 5 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2011

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity securities	\$ 32,834,104	\$ -	\$ -	\$ 32,834,104
Fixed-income securities	2,888,572	-	-	2,888,572
Balanced securities	3,266,168	-	-	3,266,168
Retirement year-based securities	7,541,141	-	-	7,541,141
Short-term securities	3,038,375	-	-	3,038,375
Self-directed account investments -				
Mutual funds:				
Equity securities	2,327,403	-	-	2,327,403
Fixed-income securities	225,100	-	-	225,100
Balanced securities	36,767	-	-	36,767
Short-term securities	559,496	-	-	559,496
Life insurance policies	-	77,214	-	77,214
Total	<u>\$ 52,717,126</u>	<u>\$ 77,214</u>	<u>\$ -</u>	<u>\$ 52,794,340</u>

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the end of the reporting period. There were no significant transfers between levels of the fair value hierarchy during 2012.

Dürr, Inc. 401(k) Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 38-3040061, Plan No. 001 December 31, 2012

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Fidelity Management Trust Company	Mutual funds:		
	Fidelity Contrafund Fund	*	\$ 11,771,436
	Fidelity Investment Grade Bond	*	1,928,325
	Fidelity Balanced Fund	*	3,358,741
	Fidelity Lower Priced Stock Fund	*	1,920,330
	Fidelity Diversified International Fund	*	4,486,919
	Fidelity Freedom Income Fund	*	274,943
	Fidelity Freedom 2000 Fund	*	58,151
	Fidelity Freedom 2005 Fund	*	12,899
	Fidelity Freedom 2010 Fund	*	575,997
	Fidelity Freedom 2015 Fund	*	238,336
	Fidelity Freedom 2020 Fund	*	1,993,138
	Fidelity Freedom 2025 Fund	*	1,654,833
	Fidelity Freedom 2030 Fund	*	2,430,575
	Fidelity Freedom 2035 Fund	*	845,483
	Fidelity Freedom 2040 Fund	*	1,208,141
	Fidelity Freedom 2045 Fund	*	144,157
	Fidelity Freedom 2050 Fund	*	246,655
	Fidelity Retirement Money Market Portfolio	*	3,121,883
	Fidelity International Small - Cap	*	899,879
	ABF Large Cap Value Fund	*	1,569,059
	Loomis Small Cap Growth Fund	*	569,151
	T. Rowe Price Blue Chip Growth Fund	*	4,757,962
	T. Rowe Price Dividend Growth Fund	*	2,424,241
	T. Rowe Price Small-Cap Value Fund	*	364,442
	Wells Fargo Advantage Spec Md Cp Val Adm	*	677,167
	Invesco Developing Markets Fund	*	246,950
	HighMark Geneva Mid Cap Growth Fund	*	2,355,732
	PIMCO Total Return Institutional	*	3,428,019
	Fidelity Spartan 500 Index Inv	*	2,577,587
	Goldman Sachs High Yield Institutional	*	607,758
	Fidelity Freedom Fund 2055	*	31,547
	Royce Opportunity Fund	*	431,950
Monumental Life Insurance Company	Life insurance policies:		
	Life insurance policy	*	2,380
	Life insurance policy	*	3,050
	Life insurance policy	*	23,787
	Life insurance policy	*	7,749
	Life insurance policy	*	19,648
	Life insurance policy	*	22,694
Fidelity Management Trust Company	Self-directed brokerage account investments (see attached detail)	*	3,157,432
Participants	Participant notes receivable - Bearing interest at rates ranging from 4.25 to 10.5 percent	-	816,331
Total			<u><u>\$ 61,265,457</u></u>

* Cost information not required

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DÜRR, INC. 401(K) PLAN

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SUMMARY OF NET TRUST ASSETS
 TOTAL PLAN ASSETS AS OF 12/31/2012

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
	EXTERNAL FUND				
0075W0650	CAMBIAR AGGRESSIVE VALUE - INVESTOR	171.437	\$10.99	\$1,884.09	\$2,588.85
04314H881	ARTISAN INTL VALUE FUND	1,424.109	\$30.38	\$43,264.43	\$39,297.36
068278308	BARON SMALL CAP FD	856.497	\$26.22	\$22,457.35	\$20,612.62
207019100	CONESTOGA SMALL CAP	451.134	\$24.98	\$11,269.33	\$10,280.89
254939507	DIREXION LATIN AMERICA BULL 2X INV	2.386	\$41.15	\$98.18	\$83.57
254939515	DIREXION CHINA BULL 2X FUND INVESTOR	39.134	\$40.21	\$1,573.58	\$1,305.82
254939655	DIREXION COMMODITY BULL 1.5X INVESTOR	1.085	\$49.99	\$54.24	\$49.64
256206103	DODGE & COX INTERNATL STOCK FUND	1,488.964	\$34.64	\$51,577.71	\$48,428.75
261980668	DREYFUS INTERTNAT'L BOND FUND CL I	1,919.863	\$17.32	\$33,252.03	\$33,382.04
413838103	OAKMARK FUND	860.680	\$48.53	\$41,768.80	\$37,742.05
42588P833	HENNESSY GAS UTILITY INVESTOR CL	263.320	\$22.13	\$5,827.27	\$5,666.62
44929K507	ICON ENERGY	340.050	\$18.94	\$6,440.55	\$6,160.21
471023549	JANUS TRITON FUND	2,325.447	\$18.02	\$41,904.55	\$38,936.63
471023846	JANUS OVERSEAS	241.906	\$34.19	\$8,270.77	\$9,696.76
543495774	LOOMIS SAYLES GLOBAL BOND RETAIL	277.024	\$17.16	\$4,753.73	\$4,485.74
577130206	MATTHEWS ASIAN GROWTH & INCOME FUND	248.158	\$18.61	\$4,618.22	\$4,111.04
59562C109	MIDAS FUND	308.293	\$2.59	\$798.48	\$922.27
619815103	MOTLEY FOOL INDEPENDENCE FD	1,283.440	\$15.71	\$20,162.84	\$20,136.30
62827L203	CATALYST VALUE FUND CLASS C	182.841	\$11.02	\$2,014.91	\$2,824.38
674375407	OBERWEIS CHINA OPPORTUNITIES FUND	10.597	\$11.12	\$117.84	\$97.49
693391732	PIMCO LOW DURATION CLASS D	2,501.986	\$10.51	\$26,295.87	\$26,203.53
722008505	PIMCO INVESTMENT GRADE CORP BOND CL D	662.305	\$11.12	\$7,364.83	\$7,366.90
74318Q302	BANKS ULTRA SECTOR PRO FUND INVESTOR	1,413.745	\$18.21	\$25,744.30	\$17,655.15
74318W671	PROFUNDS: SHORT PREC METALS INVESTOR CL	1,332.523	\$6.59	\$8,781.33	\$8,654.49
74318X752	PRO FUNDS ULTRA LATIN AMERICA INVST	15.789	\$9.64	\$152.21	\$144.07
74318X885	ULTRA SHORT INTL PRO FD INVST CL	2,172.852	\$5.10	\$11,081.55	\$13,331.37
743185175	ENERGY ULTRA SECTOR PRO FD INVESTOR	128.664	\$40.14	\$5,164.57	\$6,300.26
743185282	WIRELESS COMM ULTRA SECTOR PRO FD INVSTR	12.414	\$37.64	\$467.26	\$437.82
743185696	ULTRA JAPAN PRO FUND INVESTORS SHS	3,785.631	\$8.20	\$31,042.17	\$22,145.94
743185803	ULTRA BULL PRO FUND INVESTORS SHARES	908.600	\$49.23	\$44,730.38	\$30,901.49
743185845	ULTRASHORT OTC PRO FUND INVESTOR SHS	7,986.293	\$8.22	\$65,647.33	\$72,874.25
761724103	REYNOLDS BLUE CHIP GROWTH	309.438	\$57.74	\$17,866.95	\$15,267.03
780905840	ROYCE PENNSYLVANIA MUTUAL INVST CLASS	3,136.970	\$11.50	\$36,075.16	\$36,759.60
783554751	RYDEX ENERGY INVESTOR CLASS	206.774	\$23.48	\$4,855.05	\$4,089.60
783554843	RYDEX BASIC MATERIALS INV CLASS	97.184	\$50.59	\$4,916.54	\$3,656.80
87234N351	TCW EMERGING MARKETS INCOME CL N	413.075	\$12.02	\$4,965.16	\$4,720.88
884891201	THOMPSON PLUMB BOND FUND	509.012	\$11.86	\$6,036.88	\$5,673.68
888894862	TOCQUEVILLE GOLD FUND	358.633	\$63.59	\$22,805.47	\$25,667.94
89155H819	TOUCHSTONE SANDS CAP SEL GRWTH Z	2,242.500	\$12.52	\$28,076.10	\$22,607.88
949915490	WELLS FARGO MID CAP DISCIPLINED FD-INVES	1,366.566	\$24.40	\$33,344.21	\$30,593.50
962096103	MUHLENKAMP FUND	657.405	\$52.22	\$34,329.69	\$41,552.02
97607W102	WINTERGREEN FUND	723.565	\$15.10	\$10,925.83	\$10,163.42
	FIDELITY FUND				
315910208	FIDELITY INT'L GROWTH & INCOME	1,558.128	\$33.07	\$51,527.29	\$48,114.23
315910307	FIDELITY CANADA	2,589.067	\$53.51	\$138,540.98	\$123,917.50
315910562	FIDELITY INTL SMALL CAP OPP FUND	445.956	\$11.32	\$5,048.22	\$6,986.33

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DÜRR, INC. 401(K) PLAN

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SUMMARY OF NET TRUST ASSETS
 TOTAL PLAN ASSETS AS OF 12/31/2012

CUSIP #	SECURITY DESCRIPTION	SHARE	BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
315910737	FIDELITY INTERN'TL SMALL CAP	439.333		\$20.35	\$8,940.43	\$10,044.18
315910752	FIDELITY NORDIC	232.086		\$31.90	\$7,403.54	\$9,947.40
315910778	FIDELITY CHINA REGION	706.841		\$30.66	\$21,671.75	\$20,885.59
315910836	FIDELITY NEW MARKETS INCOME	6,149.196		\$17.80	\$109,455.69	\$93,356.28
315910844	FIDELITY LATIN AMERICA	2,960.909		\$46.31	\$137,119.70	\$114,958.47
315910851	FIDELITY SOUTHEAST ASIA	105.845		\$29.89	\$3,163.71	\$4,020.65
315910869	FIDELITY EMERGING MARKETS	2,123.900		\$23.21	\$49,295.72	\$59,970.00
315911107	FIDELITY US BOND INDEX	1,664.005		\$11.89	\$19,785.02	\$18,084.74
315911503	SPARTAN EXTENDED MARKET INDEX	96.114		\$39.91	\$3,835.91	\$3,498.59
315911834	SPTN INTER TREAS BND FID ADVANTAGE CLASS	9,647.870		\$11.38	\$109,792.76	\$110,961.67
315911842	SPTN INTER TREAS BND INVESTOR CLASS	2,455.956		\$11.38	\$27,948.78	\$27,723.70
315912303	FIDELITY SMALL CAP INDEPENDENCE	772.342		\$20.10	\$15,524.07	\$14,302.08
315912600	FIDELITY SMALL CAP RETIREMENT	301.586		\$24.07	\$7,259.18	\$6,461.76
316062108	FIDELITY CAPITAL & INCOME	2,041.141		\$9.50	\$19,390.84	\$18,099.17
316066109	FIDELITY CAPITAL APPRECIATION	797.311		\$29.38	\$23,425.00	\$21,252.88
316071109	FIDELITY CONTRAFUND	507.860		\$77.57	\$39,394.70	\$35,471.66
316128107	FIDELITY UTILITIES	2,465.432		\$18.64	\$45,955.65	\$41,154.63
316128701	FIDELITY STRUCTURED MID CAP VALUE	674.974		\$17.80	\$12,014.54	\$10,870.62
316138106	FIDELITY EQUITY INCOME	122.820		\$47.06	\$5,779.91	\$6,964.26
316138205	FIDELITY REAL ESTATE INVESTMENT	2,477.578		\$32.14	\$79,629.36	\$67,176.99
31617F106	FIDELITY FIFTY	1,473.319		\$20.20	\$29,761.04	\$27,264.21
31617K105	FIDELITY GINNIE MAE	339.528		\$11.74	\$3,986.06	\$3,956.52
31617K808	FIDELITY ULTRA-SHORT BOND	1,832.004		\$8.24	\$15,095.71	\$18,134.32
316172105	FIDELITY GOVERNMENT INCOME	1,220.854		\$10.58	\$12,916.64	\$12,768.37
31618H606	FIDELITY GLOBAL COMMODITY STOCK FUND	1,608.320		\$14.81	\$23,819.22	\$25,376.69
316343201	FIDELITY PACIFIC BASIN	150.166		\$24.96	\$3,748.14	\$3,720.27
316343300	FIDELITY EUROPE	913.660		\$31.24	\$28,542.74	\$29,268.92
316345206	FIDELITY BALANCED	320.838		\$20.18	\$6,474.51	\$6,313.28
316345305	FIDELITY LOW PRICED STOCK	261.157		\$39.50	\$10,315.70	\$10,901.50
31638R303	FIDELITY STRATEGIC INCOME	2,199.507		\$11.37	\$25,008.39	\$23,542.92
316389857	FIDELITY BLUE CHIP VALUE	357.014		\$10.84	\$3,870.03	\$5,569.62
316389873	FIDELITY LEVERAGED COMPANY STOCK	6,562.066		\$32.22	\$211,429.77	\$173,640.46
316390202	FIDELITY SELECT TECHNOLOGY	58.218		\$101.31	\$5,898.07	\$4,036.72
316390301	FIDELITY SELECT HEALTH CARE	2.377		\$134.05	\$318.64	\$503.38
316390442	FIDELITY SELECT PHARMACEUTICAL	2,286.385		\$15.04	\$34,387.23	\$31,229.37
316390459	FIDELITY SELECT WIRELESS PORTFOLIOS	127.137		\$8.29	\$1,053.97	\$1,017.51
316390475	FIDELITY SELECT MEDICAL EQUIP&SYSTEM	596.619		\$27.89	\$16,639.70	\$15,885.89
316390491	FIDELITY SELECT NATURAL RESOURCES	6,356.082		\$32.25	\$204,983.64	\$182,764.41
316390509	FIDELITY SELECT UTILITIES GROWTH	497.483		\$56.65	\$28,182.41	\$24,125.53
316390558	FIDELITY SELECT CONSUMER INDUSTRIES	319.204		\$25.54	\$8,152.47	\$7,495.67
316390574	FIDELITY SELECT ENVIRONMENTAL SVCS	5,333.826		\$17.05	\$90,941.73	\$85,099.15
316390590	FIDELITY SELECT INDUSTRIAL MATERIALS	470.170		\$71.40	\$33,570.14	\$25,942.41
316390608	FIDELITY SELECT FINANCIAL SVCS	79.458		\$61.76	\$4,907.33	\$6,055.79
316390640	FIDELITY SELECT BANKING PORTFOLIO	384.924		\$19.31	\$7,432.88	\$7,882.41
316390681	FIDELITY SELECT MULTIMEDIA	540.324		\$57.35	\$30,987.58	\$30,230.07

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DURR, INC. 401(K) PLAN

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SUMMARY OF NET TRUST ASSETS
 TOTAL PLAN ASSETS AS OF 12/31/2012

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
316390731	FIDELITY SELECT RETAILING	410.561	\$62.19	\$25,532.79	\$25,680.55
316390780	FIDELITY SELECT GOLD	517.787	\$36.98	\$19,147.76	\$22,259.94
316390806	FIDELITY SELECT DEFENSE & AEROSPACE	243.781	\$87.08	\$21,228.45	\$20,406.36
316390822	FIDELITY SELECT SOFTWARE & COMPUTER	253.153	\$82.29	\$20,831.96	\$21,949.69
316390871	FIDELITY SELECT COMPUTERS	604.657	\$61.45	\$37,156.17	\$38,131.03
316390889	FIDELITY SELECT CHEMICALS	77.230	\$119.07	\$9,195.78	\$5,569.23
316448877	FIDELITY EXPORT & MULTINATIONAL	1,987.710	\$21.89	\$43,510.97	\$43,417.80
	CASH				
316067107	FIDELITY CASH RESERVES	413,676.960	\$1.00	\$413,676.96	\$413,676.96
316390814	FIDELITY SELECT MONEY MARKET	50,046.630	\$1.00	\$50,046.63	\$50,046.63
NET ASSETS :				\$3,157,431.70	

Dürr, Inc. 401(k) Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 38-3040061, Plan No. 001 December 31, 2012

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Fidelity Management Trust Company	Mutual funds:		
	Fidelity Contrafund Fund	*	\$ 11,771,436
	Fidelity Investment Grade Bond	*	1,928,325
	Fidelity Balanced Fund	*	3,358,741
	Fidelity Lower Priced Stock Fund	*	1,920,330
	Fidelity Diversified International Fund	*	4,486,919
	Fidelity Freedom Income Fund	*	274,943
	Fidelity Freedom 2000 Fund	*	58,151
	Fidelity Freedom 2005 Fund	*	12,899
	Fidelity Freedom 2010 Fund	*	575,997
	Fidelity Freedom 2015 Fund	*	238,336
	Fidelity Freedom 2020 Fund	*	1,993,138
	Fidelity Freedom 2025 Fund	*	1,654,833
	Fidelity Freedom 2030 Fund	*	2,430,575
	Fidelity Freedom 2035 Fund	*	845,483
	Fidelity Freedom 2040 Fund	*	1,208,141
	Fidelity Freedom 2045 Fund	*	144,157
	Fidelity Freedom 2050 Fund	*	246,655
	Fidelity Retirement Money Market Portfolio	*	3,121,883
	Fidelity International Small - Cap	*	899,879
	ABF Large Cap Value Fund	*	1,569,059
	Loomis Small Cap Growth Fund	*	569,151
	T. Rowe Price Blue Chip Growth Fund	*	4,757,962
	T. Rowe Price Dividend Growth Fund	*	2,424,241
	T. Rowe Price Small-Cap Value Fund	*	364,442
	Wells Fargo Advantage Spec Md Cp Val Adm	*	677,167
	Invesco Developing Markets Fund	*	246,950
	HighMark Geneva Mid Cap Growth Fund	*	2,355,732
	PIMCO Total Return Institutional	*	3,428,019
	Fidelity Spartan 500 Index Inv	*	2,577,587
	Goldman Sachs High Yield Institutional	*	607,758
	Fidelity Freedom Fund 2055	*	31,547
	Royce Opportunity Fund	*	431,950
Monumental Life Insurance Company	Life insurance policies:		
	Life insurance policy	*	2,380
	Life insurance policy	*	3,050
	Life insurance policy	*	23,787
	Life insurance policy	*	7,749
	Life insurance policy	*	19,648
	Life insurance policy	*	22,694
Fidelity Management Trust Company	Self-directed brokerage account investments (see attached detail)	*	3,157,432
Participants	Participant notes receivable - Bearing interest at rates ranging from 4.25 to 10.5 percent	-	816,331
Total			<u>\$ 61,265,457</u>

* Cost information not required

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DÜRR, INC. 401(K) PLAN

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SUMMARY OF NET TRUST ASSETS
 TOTAL PLAN ASSETS AS OF 12/31/2012

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
	EXTERNAL FUND				
0075W0650	CAMBIAR AGGRESSIVE VALUE - INVESTOR	171.437	\$10.99	\$1,884.09	\$2,588.85
04314H881	ARTISAN INTL VALUE FUND	1,424.109	\$30.38	\$43,264.43	\$39,297.36
068278308	BARON SMALL CAP FD	856.497	\$26.22	\$22,457.35	\$20,612.62
207019100	CONESTOGA SMALL CAP	451.134	\$24.98	\$11,269.33	\$10,280.89
254939507	DIREXION LATIN AMERICA BULL 2X INV	2.386	\$41.15	\$98.18	\$83.57
254939515	DIREXION CHINA BULL 2X FUND INVESTOR	39.134	\$40.21	\$1,573.58	\$1,305.82
254939655	DIREXION COMMODITY BULL 1.5X INVESTOR	1.085	\$49.99	\$54.24	\$49.64
256206103	DODGE & COX INTERNATL STOCK FUND	1,488.964	\$34.64	\$51,577.71	\$48,428.75
261980668	DREYFUS INTERTNAT'L BOND FUND CL I	1,919.863	\$17.32	\$33,252.03	\$33,382.04
413838103	OAKMARK FUND	860.680	\$48.53	\$41,768.80	\$37,742.05
42588P833	HENNESSY GAS UTILITY INVESTOR CL	263.320	\$22.13	\$5,827.27	\$5,666.62
44929K507	ICON ENERGY	340.050	\$18.94	\$6,440.55	\$6,160.21
471023549	JANUS TRITON FUND	2,325.447	\$18.02	\$41,904.55	\$38,936.63
471023846	JANUS OVERSEAS	241.906	\$34.19	\$8,270.77	\$9,696.76
543495774	LOOMIS SAYLES GLOBAL BOND RETAIL	277.024	\$17.16	\$4,753.73	\$4,485.74
577130206	MATTHEWS ASIAN GROWTH & INCOME FUND	248.158	\$18.61	\$4,618.22	\$4,111.04
59562C109	MIDAS FUND	308.293	\$2.59	\$798.48	\$922.27
619815103	MOTLEY FOOL INDEPENDENCE FD	1,283.440	\$15.71	\$20,162.84	\$20,136.30
62827L203	CATALYST VALUE FUND CLASS C	182.841	\$11.02	\$2,014.91	\$2,824.38
674375407	OBERWEIS CHINA OPPORTUNITIES FUND	10.597	\$11.12	\$117.84	\$97.49
693391732	PIMCO LOW DURATION CLASS D	2,501.986	\$10.51	\$26,295.87	\$26,203.53
722008505	PIMCO INVESTMENT GRADE CORP BOND CL D	662.305	\$11.12	\$7,364.83	\$7,366.90
74318Q302	BANKS ULTRA SECTOR PRO FUND INVESTOR	1,413.745	\$18.21	\$25,744.30	\$17,655.15
74318W671	PROFUNDS: SHORT PREC METALS INVESTOR CL	1,332.523	\$6.59	\$8,781.33	\$8,654.49
74318X752	PRO FUNDS ULTRA LATIN AMERICA INVST	15.789	\$9.64	\$152.21	\$144.07
74318X885	ULTRA SHORT INTL PRO FD INVST CL	2,172.852	\$5.10	\$11,081.55	\$13,331.37
743185175	ENERGY ULTRA SECTOR PRO FD INVESTOR	128.664	\$40.14	\$5,164.57	\$6,300.26
743185282	WIRELESS COMM ULTRA SECTOR PRO FD INVSTR	12.414	\$37.64	\$467.26	\$437.82
743185696	ULTRA JAPAN PRO FUND INVESTORS SHS	3,785.631	\$8.20	\$31,042.17	\$22,145.94
743185803	ULTRA BULL PRO FUND INVESTORS SHARES	908.600	\$49.23	\$44,730.38	\$30,901.49
743185845	ULTRASHORT OTC PRO FUND INVESTOR SHS	7,986.293	\$8.22	\$65,647.33	\$72,874.25
761724103	REYNOLDS BLUE CHIP GROWTH	309.438	\$57.74	\$17,866.95	\$15,267.03
780905840	ROYCE PENNSYLVANIA MUTUAL INVST CLASS	3,136.970	\$11.50	\$36,075.16	\$36,759.60
783554751	RYDEX ENERGY INVESTOR CLASS	206.774	\$23.48	\$4,855.05	\$4,089.60
783554843	RYDEX BASIC MATERIALS INV CLASS	97.184	\$50.59	\$4,916.54	\$3,656.80
87234N351	TCW EMERGING MARKETS INCOME CL N	413.075	\$12.02	\$4,965.16	\$4,720.88
884891201	THOMPSON PLUMB BOND FUND	509.012	\$11.86	\$6,036.88	\$5,673.68
888894862	TOCQUEVILLE GOLD FUND	358.633	\$63.59	\$22,805.47	\$25,667.94
89155H819	TOUCHSTONE SANDS CAP SEL GRWTH Z	2,242.500	\$12.52	\$28,076.10	\$22,607.88
949915490	WELLS FARGO MID CAP DISCIPLINED FD-INVES	1,366.566	\$24.40	\$33,344.21	\$30,593.50
962096103	MUHLENKAMP FUND	657.405	\$52.22	\$34,329.69	\$41,552.02
97607W102	WINTERGREEN FUND	723.565	\$15.10	\$10,925.83	\$10,163.42
	FIDELITY FUND				
315910208	FIDELITY INT'L GROWTH & INCOME	1,558.128	\$33.07	\$51,527.29	\$48,114.23
315910307	FIDELITY CANADA	2,589.067	\$53.51	\$138,540.98	\$123,917.50
315910562	FIDELITY INTL SMALL CAP OPP FUND	445.956	\$11.32	\$5,048.22	\$6,986.33

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DÜRR, INC. 401(K) PLAN

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SUMMARY OF NET TRUST ASSETS
 TOTAL PLAN ASSETS AS OF 12/31/2012

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
315910737	FIDELITY INTERN'TL SMALL CAP	439.333	\$20.35	\$8,940.43	\$10,044.18
315910752	FIDELITY NORDIC	232.086	\$31.90	\$7,403.54	\$9,947.40
315910778	FIDELITY CHINA REGION	706.841	\$30.66	\$21,671.75	\$20,885.59
315910836	FIDELITY NEW MARKETS INCOME	6,149.196	\$17.80	\$109,455.69	\$93,356.28
315910844	FIDELITY LATIN AMERICA	2,960.909	\$46.31	\$137,119.70	\$114,958.47
315910851	FIDELITY SOUTHEAST ASIA	105.845	\$29.89	\$3,163.71	\$4,020.65
315910869	FIDELITY EMERGING MARKETS	2,123.900	\$23.21	\$49,295.72	\$59,970.00
315911107	FIDELITY US BOND INDEX	1,664.005	\$11.89	\$19,785.02	\$18,084.74
315911503	SPARTAN EXTENDED MARKET INDEX	96.114	\$39.91	\$3,835.91	\$3,498.59
315911834	SPTN INTER TREAS BND FID ADVANTAGE CLASS	9,647.870	\$11.38	\$109,792.76	\$110,961.67
315911842	SPTN INTER TREAS BND INVESTOR CLASS	2,455.956	\$11.38	\$27,948.78	\$27,723.70
315912303	FIDELITY SMALL CAP INDEPENDENCE	772.342	\$20.10	\$15,524.07	\$14,302.08
315912600	FIDELITY SMALL CAP RETIREMENT	301.586	\$24.07	\$7,259.18	\$6,461.76
316062108	FIDELITY CAPITAL & INCOME	2,041.141	\$9.50	\$19,390.84	\$18,099.17
316066109	FIDELITY CAPITAL APPRECIATION	797.311	\$29.38	\$23,425.00	\$21,252.88
316071109	FIDELITY CONTRAFUND	507.860	\$77.57	\$39,394.70	\$35,471.66
316128107	FIDELITY UTILITIES	2,465.432	\$18.64	\$45,955.65	\$41,154.63
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SUMMARY OF NET TRUST ASSETS
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	CASH					
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NET ASSETS :					\$3,157,431.70	