

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:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input checked="" type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ACCUFORM MANUFACTURING, INC. 401(K) PROFIT SHARING 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>03/01/1983</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>03/01/1983</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>03/01/1983</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ACCUFORM MANUFACTURING, INC.</u> <u>16228 FLIGHT PATH DRIVE</u> <u>BROOKSVILLE, FL 34604</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>59-1684457</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>352-799-5434</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>323100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>59-1684457</u>	2c Sponsor's telephone number <u>352-799-5434</u>	2d Business code (see instructions) <u>323100</u>	
2b Employer Identification Number (EIN) <u>59-1684457</u>					
2c Sponsor's telephone number <u>352-799-5434</u>					
2d Business code (see instructions) <u>323100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	10/21/2013 Date	CURT CORNELL Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address ACCUFORM MANUFACTURING, INC. 16228 FLIGHT PATH DRIVE BROOKSVILLE, FL 34604		3b Administrator's EIN 59-1684457
		3c Administrator's telephone number 352-799-5434
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		5 248
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.....	6a	259
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	11
d Subtotal. Add lines 6a , 6b , and 6c	6d	270
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	270
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	165
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	10
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 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:		
9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2012 <hr/> 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>ACCUFORM MANUFACTURING, INC. 401(K) PROFIT SHARING 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>ACCUFORM MANUFACTURING, INC.</u>	D Employer Identification Number (EIN) <u>59-1684457</u>	

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

HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>06-0974148</u>	<u>88072</u>	<u>814582</u>	<u>0</u>	<u>01/01/2012</u>	<u>01/30/2012</u>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

b Balance at the end of the previous year	7b	545555
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c Additions: (1) Contributions deposited during the year	7c(1)	4284	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	1318	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)	2403	

▶ **ROLLOVER, LOAN PAYMENT**

(6) Total additions	7c(6)	8005
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d Total of balance and additions (add lines 7b and 7c(6))	7d	553560
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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)	553560	

▶ **LOAN W/D**

(5) Total deductions	7e(5)	553560
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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 ACCUFORM MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ACCUFORM MANUFACTURING, INC.	D Employer Identification Number (EIN) 59-1684457

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
FID.INV.INST.OPS.CO.

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)

DJP WEALTH MANAGEMENT INC

1188 S. BROAD STREET
BROOKSVILLE, FL 34601

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 61	ADVISOR	8108	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 25 60	RECORDKEEPER	2516	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEE NOTE 2	61	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.	
OPPHMR GLOBAL OPPS Y - OPPENHEIMERF 13-2953455	\$5M+=0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEE NOTE 2	61	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.	
PUTN US GOV INC Y - PUTNAM RETAIL M 04-1223767	\$0-<\$1M=1.00% \$1M-<\$2M=0.75% \$2M+=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.	
ALLNZ RCM TECHN INST - BOSTON FINAN 330 W. 9TH STREET KANSAS CITY, MO 66160	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="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>		
BLK RK EMERGING MKT I - BNY MELLON I P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%	
<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>		
BLK RK EQUITY DIV I - BNY MELLON INV P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%	
<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>		
BLK RK HI YLD BD INST - BNY MELLON I P.O. BOX 9793 PROVIDENCE, RI 02940	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 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.	
CALAMOS INTL GRTH I - US BANCORP FU 39-0281260	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.	
DREY MID CAP INDEX - DREYFUS TRANSF 13-2614959	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.	
DREY OPP SMALL CAP - DREYFUS TRANSF 13-2614959	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 INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p>		
INVS ENERGY Y - INVESCO CANADA LTD. P.O. BOX 4739 HOUSTON, TX 77210-4739	0.25%	
<p>(a) Enter service provider name as it appears on line 2</p> <p>(b) Service Codes (see instructions)</p> <p>(c) Enter amount of indirect compensation</p>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p>		
INVS S&P 500 INDEX Y - INVESCO INVE 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%	
<p>(a) Enter service provider name as it appears on line 2</p> <p>(b) Service Codes (see instructions)</p> <p>(c) Enter amount of indirect compensation</p>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p>		
MGRS REAL ESTATE SEC - BNY MELLON I P.O. BOX 9793 PROVIDENCE, RI 02940	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 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>		
OPPHMR GLOBAL OPPS Y - OFI GLOBAL A TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%	
<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>		
OPPHMR GOLD SPLMIN Y - OFI GLOBAL A TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%	
<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>		
PRU TOT RETURN BD Z - PRUDENTIAL MU	0.25%	
22-3703799		

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
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>PRU/J NAT RESRCS Z - PRUDENTIAL MUT</p> <p>22-3703799</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.25%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>PUTN US GOV INC Y - PUTNAM INVESTOR</p> <p>04-2539562</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.25%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>TEMPLETON FOREIGN AD - FRANKLIN TEM</p> <p>94-3167260</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.25%</p>		

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.	
TMPL GLOBAL BOND ADV - FRANKLIN TEM 94-3167260	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.	
WFA GROWTH INV - BOSTON FINANCIAL D P.O. BOX 8480 BOSTON, MA 02266	0.30%	

(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:

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

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
ACCUFORM MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN)	001
--	-----

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
 ACCUFORM MANUFACTURING, INC.

D	Employer Identification Number (EIN)
	59-1684457

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 401

b Name of sponsor of entity listed in (a): THE HARTFORD

c EIN-PN 06-0974148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2012</div> 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 ACCUFORM MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ACCUFORM MANUFACTURING, INC.		D Employer Identification Number (EIN) 59-1684457

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
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)	0	310018
	(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)	134891	119828
	(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)	1387022	2085434
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	545555	0
	(15) Other	1c(15)		

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	2067468	2515280

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	2067468	2515280
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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)	106609	
(B) Participants	2a(1)(B)	255083	
(C) Others (including rollovers)	2a(1)(C)	8692	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		370384
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	20	
(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)	5804	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5824
(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)	50997	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		50997
(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)		1318
(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)		100819
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		529342

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	70780	
(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)		70780
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	125	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	10625	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10750
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		81530

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		447812
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: GREGORY, SHARER & STUART, PA

(2) EIN: 59-1850025

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	
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>ACCUFORM MANUFACTURING, INC. 401(K) PROFIT SHARING 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>ACCUFORM MANUFACTURING, INC.</u>	D Employer Identification Number (EIN) <u>59-1684457</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<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> <u>06-0974148</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)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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

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

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

Accuform Manufacturing, Inc.
401(k) Profit Sharing Plan
EIN 59-1684457 PN 001

Financial Statements
And Supplemental Schedule

December 31, 2012 And 2011

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Independent Auditor's Report

To the Plan Administrator
Accuform Manufacturing, Inc. 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Accuform Manufacturing, Inc. 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, 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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified or provided by Fidelity Management Trust Company, the current trustee of the Plan, and Harford Life Insurance Company, the former custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the plan administrator that the current trustee holds and former custodian held the Plan's assets and executes/executed transactions. The plan administrator has obtained a certification from the current trustee as of and for the period from January 15, 2012 to December 31, 2012, and the former custodian for the period from January 1, 2012 to January 15, 2012 and as of and for the year ended December 31, 2011, that the information provided to the plan administrator by the current trustees and former custodian is complete and accurate.

Disclaimer of Opinion

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

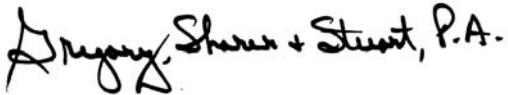
Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2012, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes 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 the 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 or provided by the current trustee and former custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Gregory, Sharer & Stuart, P.A.

A handwritten signature in black ink that reads "Gregory, Sharer & Stuart, P.A." in a cursive, stylized script.

St. Petersburg, Florida
October 9, 2013

Accuform Manufacturing, Inc. 401(K) Profit Sharing Plan

EIN 59-1684457 PN 001

Statements Of Net Assets Available For Benefits

	December 31,	
	<u>2012</u>	<u>2011</u>
Assets		
Investments, At Fair Value		
Shares of registered investment companies	\$ 2,085,434	\$ 1,387,022
Interest-bearing cash	310,018	-
Fixed income account	-	539,689
Total Investments, At Fair Value	<u>2,395,452</u>	<u>1,926,711</u>
Notes Receivable From Participants	<u>119,828</u>	<u>134,891</u>
Net Assets Reflecting Investments at Fair Value	2,515,280	2,061,602
Adjustment From Fair Value To Contract Value For Fully Benefit-Responsive Investment Contracts	<u>-</u>	<u>5,866</u>
Net Assets Available For Benefits	<u><u>\$ 2,515,280</u></u>	<u><u>\$ 2,067,468</u></u>

Accuform Manufacturing, Inc. 401(K) Profit Sharing Plan

EIN 59-1684457 PN 001

Statements Of Changes In Net Assets Available For Benefits

	Year Ended December 31,	
	<u>2012</u>	<u>2011</u>
Changes In Net Assets Attributed To:		
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments in shares of registered investment companies	\$ 100,819	\$ (106,752)
Dividends	50,997	23,662
Interest on interest-bearing cash	20	-
Interest on fixed income account	1,318	14,752
Total Investment Income (Loss)	<u>153,154</u>	<u>(68,338)</u>
Interest On Notes Receivable From Participants	5,804	6,645
Contributions		
Sponsor	106,609	101,759
Participants	255,083	226,677
Rollovers	8,692	13,478
Total Contributions	<u>370,384</u>	<u>341,914</u>
Benefits Paid To Participants	(70,780)	(200,457)
Administrative Expenses	<u>(10,750)</u>	<u>(5,263)</u>
Net Change	447,812	74,501
Net Assets Available For Benefits At Beginning Of Year	<u>2,067,468</u>	<u>1,992,967</u>
Net Assets Available For Benefits At End Of Year	<u><u>\$ 2,515,280</u></u>	<u><u>\$ 2,067,468</u></u>

Accuform Manufacturing, Inc. 401(k) Profit Sharing Plan

EIN 59-1684457 PN 001

Notes To Financial Statements

December 31, 2012 And 2011

Note A - Description Of Plan

The following description of Accuform Manufacturing, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all fulltime employees of Accuform Manufacturing, Inc. (the Sponsor) who have reached age 21 (age 18 prior to January 15, 2012) and have completed six months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Trustee, Custodian, And Recordkeeper

Effective January 15, 2012, the Sponsor moved the Plan to Fidelity Workplace Services LLC for recordkeeping and fund management services and Fidelity Management Trust Company (Fidelity) became the trustee. On January 31, 2012, all Plan assets plus any associated income was invested at Fidelity based on participant elections made prior to the transfer or, if no election was made, each participant's account balance was transferred to a date-specific Fidelity Advisor Freedom Fund assigned to his/her birth year and expected year of retirement at age 65. Subsequent to this transfer, participants had the option to make changes to their investments online and were provided with several investment options in shares of registered investment companies.

Prior to January 15, 2012, Hartford Life Insurance Company (The Hartford) was the custodian of the Plan and The Hartford was recordkeeper of the Plan.

Contributions

Each year, participants may contribute from 2% to 100% of their pretax annual compensation, as defined by the Plan, up to statutory annual limits. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Sponsor may make discretionary matching contributions in an amount equal to a percentage of the participant's eligible contributions. For 2012 and 2011, the Sponsor matched each participant's deferral in an amount equal to 100% of the first 2% of the participant's deferred contribution. Discretionary matching contributions are calculated each payroll period.

The Plan also allows the Sponsor to make discretionary profit sharing contributions. The Sponsor did not make any discretionary profit sharing contributions for the years ended December 31, 2012 and 2011.

Participant Accounts

Each participant's account is credited with the participant's salary reduction contributions, catch-up contributions, and an allocation of the Sponsor contributions, if any, and plan earnings. Allocations of earnings are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Vesting is based on years of service. Participants are immediately vested in their salary reduction contributions, catch-up contributions, employee rollovers, and actual earnings thereon. Participants are also fully vested upon retirement, death, total and permanent disability, and termination of the Plan. The following schedule describes the Plan's Sponsor contributions vesting provision:

Years of Service	Vested Percentage
One year	0%
Two years	20%
Three years	40%
Four years	60%
Five years	80%
Six years	100%

Forfeited Accounts

Forfeitures of nonvested Sponsor contributions may be used to reduce plan expenses and then may be used to reduce future matching contributions. Ending forfeitures amounted to \$13,567 and \$5,822 at December 31, 2012 and 2011, respectively. The Sponsor match was reduced by forfeitures of \$185 during 2012. The Sponsor did not use available forfeitures to reduce the Sponsor match during 2011.

Accuform Manufacturing, Inc. 401(k) Profit Sharing Plan

EIN 59-1684457 PN 001

Notes To Financial Statements

December 31, 2012 And 2011

Forfeitures of non vested Sponsor contributions are non participant- directed and included in the Fidelity money market trust retirement money market investment and fixed income investment in 2012 and 2011, respectively. Information about the net assets and the significant components of the changes in net assets relating to the non participant-directed investments are as follows:

	2012	2011
Net assets as of December 31		
Fixed income account	\$ -	\$ 5,822
Fidelity money market trust retirement money market	13,567	-
	<u>\$ 13,567</u>	<u>\$ 5,822</u>
Changes in net assets for the year ended December 31		
Interest income	\$ 14	\$ 115
Current year forfeitures	7,916	2,645
Forfeiture used to reduce Sponsor contributions	(185)	-
	<u>\$ 7,745</u>	<u>\$ 2,760</u>

Notes Receivable From Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loans are secured by the balance in the participant's account and must be repaid within five years, unless used for the purchase of a primary residence, and bear interest at rates ranging from 4.25% to 6% as of December 31, 2012 and 2011.

Payment Of Benefits

Upon termination of service, a participant may receive a partial or lump sum payment. The participant may elect distributions in the form of rollovers (to qualified plans) or payments directly to the participant. In the event the participant does not provide an election, an account balance that is \$5,000 or less and exceeding \$1,000 will be distributed to an Individual Retirement Account (IRA) or to an annuity. If the account balance is greater than \$5,000, it will remain in the Plan until an election is provided. If the account balance is less than \$1,000, the amount will be distributed in a lump sum.

Administrative Expenses

Some plan administrative expenses are paid by the Sponsor.

Note B - Significant Accounting Policies

Basis Of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting, except for benefit payments which are recorded when paid.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts, as contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

The statements of net assets available for benefits present the fair value of the investment contracts, as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statements of changes in net assets available for benefits are prepared on a contract value basis.

Investment Valuation And Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments in shares of registered investment companies includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Fully Benefit-Responsive Contract

The investment in the fixed income account is considered fully benefit-responsive. Fully benefit-responsive contracts guarantee that a) the crediting rate provided under the contract will not fall below zero and b) participant initiated withdrawals from the fund will be covered at contract value.

Accuform Manufacturing, Inc. 401(k) Profit Sharing Plan

EIN 59-1684457 PN 001

Notes To Financial Statements

December 31, 2012 And 2011

The Hartford, at its discretion, declares the interest rate and credits the interest to the account quarterly. The declared interest rate will never be less than the minimum interest rate of 3% as specified in the contract. The fixed income account was credited with a rate of interest of 3% for the period of January 1, 2012 through January 15, 2012 and for the year ended December 31, 2011. Payment of non benefit-related amounts may be restricted by The Hartford for a period of up to one year.

Certain events limited the ability of the Plan to transact at contract value. Such events include: 1) amendments to the plan documents (including complete or partial termination), 2) bankruptcy of the Sponsor or other Sponsor events that cause a significant withdrawal from the Plan, or 3) the failure of the Plan to qualify for exemption from federal income taxes or any prohibited transaction under ERISA. At January 15, 2012, the Plan transferred the assets in the fixed account from The Hartford at fair value to Fidelity.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

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 certain amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Subsequent Events

The plan administrator has evaluated all events subsequent to December 31, 2012 and through October 9, 2013, which is the date these financial statements were available to be issued. The plan administrator determined that there are no subsequent events that require recognition or disclosure in these financial statements.

Note C - Investments

The following presents investments that represent 5% or more of the Plan's net assets at December 31:

2012

Fidelity Advisor Freedom 2020 I	\$ 458,000
Fidelity Advisor Freedom 2030 I	159,120
Fidelity Advisor Freedom 2040 I	183,949
Fidelity Advisor Freedom 2015 I	150,730
Fidelity Advisor Freedom 2025 I	362,057
Fidelity Advisor Freedom 2035 I	129,867
Fidelity Money Market Trust Retirement Money Market	

2011

Fixed Income Account at fair value (contract value \$545,555)	\$ 539,689
Franklin Templeton Growth Allc R	368,741
Franklin Templeton Mod Alloc R	295,402

Information Prepared And Certified By The Trustee And Custodian

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. The plan administrator has obtained a certification from the current trustee and former custodian regarding the completeness and accuracy of the information provided to the plan administrator by the current trustee as December 31, 2012 and for the period from January 15, 2012 through December 31, 2012, and by the former custodian for the period from January 1, 2012 through January 15, 2012 and as of and for the year ended December 31, 2011.

Accuform Manufacturing, Inc. 401(k) Profit Sharing Plan

EIN 59-1684457 PN 001

Notes To Financial Statements

December 31, 2012 And 2011

As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosures under ERISA, the Sponsor instructed the Plan's independent auditor not to perform any auditing procedures with respect to the following:

	2012	2011
At December 31:		
Shares of registered investment companies	\$2,085,434	\$1,387,022
Interest-bearing cash	310,018	-
Fixed Income Account, at fair value (contract value \$545,555 for 2011)	-	539,689
Notes receivable from participants	119,828	134,891
For the year ended December 31:		
Net appreciation (depreciation) in fair value of investments in:		
Shares of registered investment companies	\$ 100,819	\$ (106,752)
Dividends	50,997	23,662
Interest on interest-bearing cash	20	-
Interest income on fixed income account	1,318	14,752
Interest on notes receivable from participants	5,804	6,645

No auditing procedures were performed with respect to investment assets, notes receivable from participants, transactions, income, reportable transactions, and the schedule of investments, except for comparing such information with the related information included in the accompanying financial statements and supplemental schedule.

Note D - Fair Value Measurements

Accounting standards provide a framework for fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described below:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include indirect observable inputs including prices for similar assets and market corroborated inputs. If the asset or liability has a specific (contractual) term, the Level input must be observable for substantially the full term of the asset or liability.
- Level 3 - Unobservable inputs that reflect the Plan's own assumptions about the assumptions market participants would use to price an asset based on the best available information available in the circumstances

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

Following is a description of the valuation methodologies used for assets measured at fair value.

- Shares of Registered Investment Companies - Valued based on the reported net asset value of each fund, which is based on the quoted market price or fair value of each fund's underlying investments.
- Interest-bearing cash - Valued based on reported net asset value of money market funds.
- Fixed Income Account - Valued based on the market value of the underlying investments.

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 Sponsor 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.

Accuform Manufacturing, Inc. 401(k) Profit Sharing Plan

EIN 59-1684457 PN 001

Notes To Financial Statements**December 31, 2012 And 2011**

The following table presents the Plan's fair value hierarchy as of December 31:

	Total	Level 1	Level 2	Level 3
<i>2012</i>				
Shares of registered investment companies				
Large cap funds	\$ 133,089	\$ 133,089	\$ -	\$ -
Mid-cap funds	19,917	19,917	-	-
Small-cap funds	12,145	12,145	-	-
Foreign funds	37,774	37,774	-	-
Bond funds	160,404	160,404	-	-
Blended funds	1,660,373	1,660,373	-	-
Other funds	61,732	61,732	-	-
Interest-bearing cash				
Money market funds	310,018	310,018	-	\$ -
	<u>\$ 2,395,452</u>	<u>\$ 2,395,452</u>	<u>\$ -</u>	<u>\$ -</u>
<i>2011</i>				
Shares of registered investment companies				
Large cap funds	\$ 594,255	\$ 594,255	\$ -	\$ -
Mid-cap funds	344,970	344,970	-	-
Small-cap funds	18,154	18,154	-	-
Foreign funds	172,180	172,180	-	-
Bond funds	117,229	117,229	-	-
Technology funds	31,241	31,241	-	-
Natural resource funds	73,259	73,259	-	-
Other funds	35,734	35,734	-	-
Fixed Income Account	539,689	-	539,689	-
	<u>\$ 1,926,711</u>	<u>\$ 1,387,022</u>	<u>\$ 539,689</u>	<u>\$ -</u>

Note E - Tax Status

According to Internal Revenue Service (IRS) Announcement 2001-77, sponsors that adopt approved nonstandardized prototype plans and meet certain additional guidelines can rely on the prototype plan's determination letter rather than file for a new letter. The Sponsor has elected to rely on the prototype plan determination letter, dated March 31, 2008, in which the IRS stated that the Plan, as then designed was in compliance with the applicable requirements of the Internal Revenue Code (IRC).

The plan document has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

The plan administrator evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the accompanying financial statements. The Plan is no longer subject to examination by taxing authorities for years prior to 2009.

Note F - Related Party Transactions

Fees paid during 2012 and 2011 by the Plan and the Sponsor to the Plan's custodians and other service providers were based on customary rates for those services. While these transactions qualify as party-in-interest activity, they are expressly exempted from the prohibited transaction rules (ERISA, Title I, Section 408(b)).

Note G - Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA.

Note H - Risks And Uncertainties

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

Supplemental Schedule

Accuform Manufacturing, Inc. 401(K) Profit Sharing Plan
 EIN 59-1684457 PN 001
 Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)
 December 31, 2012

(a)	(b) (c) Identity of Issue/Description	(e) Current Value
*	Fidelity Management Trust Company	
	Shares Of Registered Investment Companies	
	Prudential Jennison Natural Resources Z	\$ 19,332
	Managers Real Estate Securities	19,430
	Dreyfus Opportunistic Small Cap	12,145
	Wells Fargo Advantage Growth I	47,802
	Pimco Long-Term U.S. Government Inst	16,896
	Oppenheimer Global Opportunities Y	4,156
	Blackrock High Yield Bond Portfolio I	58,887
	BlackRock Equity Dividend I	10,713
	Putnam U.S. Government Income Y	7,265
	Blackrock Emerging Markets I	18,850
	Prudential Total Return Bond Z	38,629
	Allianz RCM Technology Instl	7,013
	Invesco S&P 500 Index Y	74,574
	Templeton Global Bond Adv	38,727
	Dreyfus Mid Cap Index	19,917
	Templeton Foreign AD	204
	Calamos International Growth I	14,564
	Oppenheimer Gold & Special Minerals Y	15,865
	Invesco Energy Y	92
	Fidelity Advisor Freedom 2010 I	55,704
	Fidelity Advisor Freedom 2020 I	458,000
	Fidelity Advisor Freedom 2030 I	159,120
	Fidelity Advisor Freedom 2040 I	183,949
	Fidelity Advisor Freedom Income I	11,254
	Fidelity Advisor Freedom 2005 I	660
	Fidelity Advisor Freedom 2015 I	150,730
	Fidelity Advisor Freedom 2025 I	362,057
	Fidelity Advisor Freedom 2035 I	129,867
	Fidelity Advisor Freedom 2045 I	101,146
	Fidelity Advisor Freedom 2050 I	47,886
		<u>2,085,434</u>
	Interest-Bearing Cash	
	Fidelity Money Market Trust Retirement Money Market ⁽¹⁾	310,018
	Notes Receivable From Participants (4.25 % - 6 %, various maturities)	<u>119,828</u>
	Total	<u><u>\$ 2,515,280</u></u>

* Party-in-interest

⁽¹⁾ Includes \$13,567 of non participant directed, unallocated forfeitures for which historical cost approximates current value.

Accuform Manufacturing, Inc.
401(k) Profit Sharing Plan
EIN 59-1684457 PN 001

Financial Statements
And Supplemental Schedule

December 31, 2012 And 2011

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Independent Auditor's Report

To the Plan Administrator
Accuform Manufacturing, Inc. 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Accuform Manufacturing, Inc. 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, 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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified or provided by Fidelity Management Trust Company, the current trustee of the Plan, and Harford Life Insurance Company, the former custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the plan administrator that the current trustee holds and former custodian held the Plan's assets and executes/executed transactions. The plan administrator has obtained a certification from the current trustee as of and for the period from January 15, 2012 to December 31, 2012, and the former custodian for the period from January 1, 2012 to January 15, 2012 and as of and for the year ended December 31, 2011, that the information provided to the plan administrator by the current trustees and former custodian is complete and accurate.

Disclaimer of Opinion

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

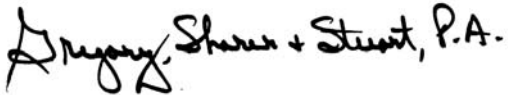
Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2012, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes 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 the 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 or provided by the current trustee and former custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Gregory, Sharer & Stuart, P.A.

A handwritten signature in black ink that reads "Gregory, Sharer & Stuart, P.A." in a cursive, stylized script.

St. Petersburg, Florida
October 9, 2013

Accuform Manufacturing, Inc. 401(K) Profit Sharing Plan

EIN 59-1684457 PN 001

Statements Of Net Assets Available For Benefits

	December 31,	
	<u>2012</u>	<u>2011</u>
Assets		
Investments, At Fair Value		
Shares of registered investment companies	\$ 2,085,434	\$ 1,387,022
Interest-bearing cash	310,018	-
Fixed income account	-	539,689
Total Investments, At Fair Value	<u>2,395,452</u>	<u>1,926,711</u>
Notes Receivable From Participants	<u>119,828</u>	<u>134,891</u>
Net Assets Reflecting Investments at Fair Value	<u>2,515,280</u>	<u>2,061,602</u>
Adjustment From Fair Value To Contract Value For Fully Benefit-Responsive Investment Contracts	<u>-</u>	<u>5,866</u>
Net Assets Available For Benefits	<u><u>\$ 2,515,280</u></u>	<u><u>\$ 2,067,468</u></u>

Accuform Manufacturing, Inc. 401(K) Profit Sharing Plan

EIN 59-1684457 PN 001

Statements Of Changes In Net Assets Available For Benefits

	Year Ended December 31,	
	<u>2012</u>	<u>2011</u>
Changes In Net Assets Attributed To:		
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments in shares of registered investment companies	\$ 100,819	\$ (106,752)
Dividends	50,997	23,662
Interest on interest-bearing cash	20	-
Interest on fixed income account	1,318	14,752
Total Investment Income (Loss)	<u>153,154</u>	<u>(68,338)</u>
Interest On Notes Receivable From Participants	5,804	6,645
Contributions		
Sponsor	106,609	101,759
Participants	255,083	226,677
Rollovers	8,692	13,478
Total Contributions	<u>370,384</u>	<u>341,914</u>
Benefits Paid To Participants	(70,780)	(200,457)
Administrative Expenses	<u>(10,750)</u>	<u>(5,263)</u>
Net Change	447,812	74,501
Net Assets Available For Benefits At Beginning Of Year	<u>2,067,468</u>	<u>1,992,967</u>
Net Assets Available For Benefits At End Of Year	<u>\$ 2,515,280</u>	<u>\$ 2,067,468</u>

Accuform Manufacturing, Inc. 401(k) Profit Sharing Plan

EIN 59-1684457 PN 001

Notes To Financial Statements

December 31, 2012 And 2011

Note A - Description Of Plan

The following description of Accuform Manufacturing, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all fulltime employees of Accuform Manufacturing, Inc. (the Sponsor) who have reached age 21 (age 18 prior to January 15, 2012) and have completed six months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Trustee, Custodian, And Recordkeeper

Effective January 15, 2012, the Sponsor moved the Plan to Fidelity Workplace Services LLC for recordkeeping and fund management services and Fidelity Management Trust Company (Fidelity) became the trustee. On January 31, 2012, all Plan assets plus any associated income was invested at Fidelity based on participant elections made prior to the transfer or, if no election was made, each participant's account balance was transferred to a date-specific Fidelity Advisor Freedom Fund assigned to his/her birth year and expected year of retirement at age 65. Subsequent to this transfer, participants had the option to make changes to their investments online and were provided with several investment options in shares of registered investment companies.

Prior to January 15, 2012, Hartford Life Insurance Company (The Hartford) was the custodian of the Plan and The Hartford was recordkeeper of the Plan.

Contributions

Each year, participants may contribute from 2% to 100% of their pretax annual compensation, as defined by the Plan, up to statutory annual limits. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Sponsor may make discretionary matching contributions in an amount equal to a percentage of the participant's eligible contributions. For 2012 and 2011, the Sponsor matched each participant's deferral in an amount equal to 100% of the first 2% of the participant's deferred contribution. Discretionary matching contributions are calculated each payroll period.

The Plan also allows the Sponsor to make discretionary profit sharing contributions. The Sponsor did not make any discretionary profit sharing contributions for the years ended December 31, 2012 and 2011.

Participant Accounts

Each participant's account is credited with the participant's salary reduction contributions, catch-up contributions, and an allocation of the Sponsor contributions, if any, and plan earnings. Allocations of earnings are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Vesting is based on years of service. Participants are immediately vested in their salary reduction contributions, catch-up contributions, employee rollovers, and actual earnings thereon. Participants are also fully vested upon retirement, death, total and permanent disability, and termination of the Plan. The following schedule describes the Plan's Sponsor contributions vesting provision:

Years of Service	Vested Percentage
One year	0%
Two years	20%
Three years	40%
Four years	60%
Five years	80%
Six years	100%

Forfeited Accounts

Forfeitures of nonvested Sponsor contributions may be used to reduce plan expenses and then may be used to reduce future matching contributions. Ending forfeitures amounted to \$13,567 and \$5,822 at December 31, 2012 and 2011, respectively. The Sponsor match was reduced by forfeitures of \$185 during 2012. The Sponsor did not use available forfeitures to reduce the Sponsor match during 2011.

Accuform Manufacturing, Inc. 401(k) Profit Sharing Plan

EIN 59-1684457 PN 001

Notes To Financial Statements

December 31, 2012 And 2011

Forfeitures of non vested Sponsor contributions are non participant- directed and included in the Fidelity money market trust retirement money market investment and fixed income investment in 2012 and 2011, respectively. Information about the net assets and the significant components of the changes in net assets relating to the non participant-directed investments are as follows:

	2012	2011
Net assets as of December 31		
Fixed income account	\$ -	\$ 5,822
Fidelity money market trust retirement money market	13,567	-
	<u>\$ 13,567</u>	<u>\$ 5,822</u>
Changes in net assets for the year ended December 31		
Interest income	\$ 14	\$ 115
Current year forfeitures	7,916	2,645
Forfeiture used to reduce Sponsor contributions	(185)	-
	<u>\$ 7,745</u>	<u>\$ 2,760</u>

Notes Receivable From Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loans are secured by the balance in the participant's account and must be repaid within five years, unless used for the purchase of a primary residence, and bear interest at rates ranging from 4.25% to 6% as of December 31, 2012 and 2011.

Payment Of Benefits

Upon termination of service, a participant may receive a partial or lump sum payment. The participant may elect distributions in the form of rollovers (to qualified plans) or payments directly to the participant. In the event the participant does not provide an election, an account balance that is \$5,000 or less and exceeding \$1,000 will be distributed to an Individual Retirement Account (IRA) or to an annuity. If the account balance is greater than \$5,000, it will remain in the Plan until an election is provided. If the account balance is less than \$1,000, the amount will be distributed in a lump sum.

Administrative Expenses

Some plan administrative expenses are paid by the Sponsor.

Note B - Significant Accounting Policies

Basis Of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting, except for benefit payments which are recorded when paid.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts, as contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

The statements of net assets available for benefits present the fair value of the investment contracts, as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statements of changes in net assets available for benefits are prepared on a contract value basis.

Investment Valuation And Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments in shares of registered investment companies includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Fully Benefit-Responsive Contract

The investment in the fixed income account is considered fully benefit-responsive. Fully benefit-responsive contracts guarantee that a) the crediting rate provided under the contract will not fall below zero and b) participant initiated withdrawals from the fund will be covered at contract value.

Accuform Manufacturing, Inc. 401(k) Profit Sharing Plan

EIN 59-1684457 PN 001

Notes To Financial Statements

December 31, 2012 And 2011

The Hartford, at its discretion, declares the interest rate and credits the interest to the account quarterly. The declared interest rate will never be less than the minimum interest rate of 3% as specified in the contract. The fixed income account was credited with a rate of interest of 3% for the period of January 1, 2012 through January 15, 2012 and for the year ended December 31, 2011. Payment of non benefit-related amounts may be restricted by The Hartford for a period of up to one year.

Certain events limited the ability of the Plan to transact at contract value. Such events include: 1) amendments to the plan documents (including complete or partial termination), 2) bankruptcy of the Sponsor or other Sponsor events that cause a significant withdrawal from the Plan, or 3) the failure of the Plan to qualify for exemption from federal income taxes or any prohibited transaction under ERISA. At January 15, 2012, the Plan transferred the assets in the fixed account from The Hartford at fair value to Fidelity.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

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 certain amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Subsequent Events

The plan administrator has evaluated all events subsequent to December 31, 2012 and through October 9, 2013, which is the date these financial statements were available to be issued. The plan administrator determined that there are no subsequent events that require recognition or disclosure in these financial statements.

Note C - Investments

The following presents investments that represent 5% or more of the Plan's net assets at December 31:

2012

Fidelity Advisor Freedom 2020 I	\$ 458,000
Fidelity Advisor Freedom 2030 I	159,120
Fidelity Advisor Freedom 2040 I	183,949
Fidelity Advisor Freedom 2015 I	150,730
Fidelity Advisor Freedom 2025 I	362,057
Fidelity Advisor Freedom 2035 I	129,867
Fidelity Money Market Trust Retirement Money Market	

2011

Fixed Income Account at fair value (contract value \$545,555)	\$ 539,689
Franklin Templeton Growth Allc R	368,741
Franklin Templeton Mod Alloc R	295,402

Information Prepared And Certified By The Trustee And Custodian

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. The plan administrator has obtained a certification from the current trustee and former custodian regarding the completeness and accuracy of the information provided to the plan administrator by the current trustee as December 31, 2012 and for the period from January 15, 2012 through December 31, 2012, and by the former custodian for the period from January 1, 2012 through January 15, 2012 and as of and for the year ended December 31, 2011.

Accuform Manufacturing, Inc. 401(k) Profit Sharing Plan

EIN 59-1684457 PN 001

Notes To Financial Statements

December 31, 2012 And 2011

As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosures under ERISA, the Sponsor instructed the Plan's independent auditor not to perform any auditing procedures with respect to the following:

	2012	2011
At December 31:		
Shares of registered investment companies	\$2,085,434	\$1,387,022
Interest-bearing cash	310,018	-
Fixed Income Account, at fair value (contract value \$545,555 for 2011)	-	539,689
Notes receivable from participants	119,828	134,891
For the year ended December 31:		
Net appreciation (depreciation) in fair value of investments in:		
Shares of registered investment companies	\$ 100,819	\$ (106,752)
Dividends	50,997	23,662
Interest on interest-bearing cash	20	-
Interest income on fixed income account	1,318	14,752
Interest on notes receivable from participants	5,804	6,645

No auditing procedures were performed with respect to investment assets, notes receivable from participants, transactions, income, reportable transactions, and the schedule of investments, except for comparing such information with the related information included in the accompanying financial statements and supplemental schedule.

Note D - Fair Value Measurements

Accounting standards provide a framework for fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described below:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include indirect observable inputs including prices for similar assets and market corroborated inputs. If the asset or liability has a specific (contractual) term, the Level input must be observable for substantially the full term of the asset or liability.
- Level 3 - Unobservable inputs that reflect the Plan's own assumptions about the assumptions market participants would use to price an asset based on the best available information available in the circumstances

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

Following is a description of the valuation methodologies used for assets measured at fair value.

- Shares of Registered Investment Companies - Valued based on the reported net asset value of each fund, which is based on the quoted market price or fair value of each fund's underlying investments.
- Interest-bearing cash - Valued based on reported net asset value of money market funds.
- Fixed Income Account - Valued based on the market value of the underlying investments.

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 Sponsor 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.

Accuform Manufacturing, Inc. 401(k) Profit Sharing Plan

EIN 59-1684457 PN 001

Notes To Financial Statements**December 31, 2012 And 2011**

The following table presents the Plan's fair value hierarchy as of December 31:

	Total	Level 1	Level 2	Level 3
<i>2012</i>				
Shares of registered investment companies				
Large cap funds	\$ 133,089	\$ 133,089	\$ -	\$ -
Mid-cap funds	19,917	19,917	-	-
Small-cap funds	12,145	12,145	-	-
Foreign funds	37,774	37,774	-	-
Bond funds	160,404	160,404	-	-
Blended funds	1,660,373	1,660,373	-	-
Other funds	61,732	61,732	-	-
Interest-bearing cash				
Money market funds	310,018	310,018	-	\$ -
	<u>\$ 2,395,452</u>	<u>\$ 2,395,452</u>	<u>\$ -</u>	<u>\$ -</u>
<i>2011</i>				
Shares of registered investment companies				
Large cap funds	\$ 594,255	\$ 594,255	\$ -	\$ -
Mid-cap funds	344,970	344,970	-	-
Small-cap funds	18,154	18,154	-	-
Foreign funds	172,180	172,180	-	-
Bond funds	117,229	117,229	-	-
Technology funds	31,241	31,241	-	-
Natural resource funds	73,259	73,259	-	-
Other funds	35,734	35,734	-	-
Fixed Income Account	539,689	-	539,689	-
	<u>\$ 1,926,711</u>	<u>\$ 1,387,022</u>	<u>\$ 539,689</u>	<u>\$ -</u>

Note E - Tax Status

According to Internal Revenue Service (IRS) Announcement 2001-77, sponsors that adopt approved nonstandardized prototype plans and meet certain additional guidelines can rely on the prototype plan's determination letter rather than file for a new letter. The Sponsor has elected to rely on the prototype plan determination letter, dated March 31, 2008, in which the IRS stated that the Plan, as then designed was in compliance with the applicable requirements of the Internal Revenue Code (IRC).

The plan document has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

The plan administrator evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the accompanying financial statements. The Plan is no longer subject to examination by taxing authorities for years prior to 2009.

Note F - Related Party Transactions

Fees paid during 2012 and 2011 by the Plan and the Sponsor to the Plan's custodians and other service providers were based on customary rates for those services. While these transactions qualify as party-in-interest activity, they are expressly exempted from the prohibited transaction rules (ERISA, Title I, Section 408(b)).

Note G - Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA.

Note H - Risks And Uncertainties

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

Supplemental Schedule

Accuform Manufacturing, Inc. 401(K) Profit Sharing Plan
 EIN 59-1684457 PN 001
 Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)
 December 31, 2012

(a)	(b) (c) Identity of Issue/Description	(e) Current Value
*	Fidelity Management Trust Company	
	Shares Of Registered Investment Companies	
	Prudential Jennison Natural Resources Z	\$ 19,332
	Managers Real Estate Securities	19,430
	Dreyfus Opportunistic Small Cap	12,145
	Wells Fargo Advantage Growth I	47,802
	Pimco Long-Term U.S. Government Inst	16,896
	Oppenheimer Global Opportunities Y	4,156
	Blackrock High Yield Bond Portfolio I	58,887
	BlackRock Equity Dividend I	10,713
	Putnam U.S. Government Income Y	7,265
	Blackrock Emerging Markets I	18,850
	Prudential Total Return Bond Z	38,629
	Allianz RCM Technology Instl	7,013
	Invesco S&P 500 Index Y	74,574
	Templeton Global Bond Adv	38,727
	Dreyfus Mid Cap Index	19,917
	Templeton Foreign AD	204
	Calamos International Growth I	14,564
	Oppenheimer Gold & Special Minerals Y	15,865
	Invesco Energy Y	92
	Fidelity Advisor Freedom 2010 I	55,704
	Fidelity Advisor Freedom 2020 I	458,000
	Fidelity Advisor Freedom 2030 I	159,120
	Fidelity Advisor Freedom 2040 I	183,949
	Fidelity Advisor Freedom Income I	11,254
	Fidelity Advisor Freedom 2005 I	660
	Fidelity Advisor Freedom 2015 I	150,730
	Fidelity Advisor Freedom 2025 I	362,057
	Fidelity Advisor Freedom 2035 I	129,867
	Fidelity Advisor Freedom 2045 I	101,146
	Fidelity Advisor Freedom 2050 I	47,886
		<u>2,085,434</u>
	Interest-Bearing Cash	
	Fidelity Money Market Trust Retirement Money Market ⁽¹⁾	310,018
	Notes Receivable From Participants (4.25 % - 6 %, various maturities)	<u>119,828</u>
	Total	<u><u>\$ 2,515,280</u></u>

* Party-in-interest

⁽¹⁾ Includes \$13,567 of non participant directed, unallocated forfeitures for which historical cost approximates current value.