

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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>ECK SUPPLY COMPANY PROFIT SHARING PLAN AND TRUST</u> 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ECK SUPPLY COMPANY</u> <u>1405 WEST MAIN STREET</u> <u>P.O. BOX 85618</u> <u>RICHMOND, VA 23285</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>004</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>03/01/1979</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>54-0598275</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>804-359-5781</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>423600</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>004</u>	1c Effective date of plan <u>03/01/1979</u>		2b Employer Identification Number (EIN) <u>54-0598275</u>		2c Sponsor's telephone number <u>804-359-5781</u>		2d Business code (see instructions) <u>423600</u>	
1b Three-digit plan number (PN) ▶	<u>004</u>										
1c Effective date of plan <u>03/01/1979</u>											
2b Employer Identification Number (EIN) <u>54-0598275</u>											
2c Sponsor's telephone number <u>804-359-5781</u>											
2d Business code (see instructions) <u>423600</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.	06/26/2014	KEITH STEGER
	Signature of plan administrator	Date	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 ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
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:		3c Administrator's telephone number
a Sponsor's name		4b EIN
5 Total number of participants at the beginning of the plan year		4c PN
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		5 362
a Active participants		6a 304
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits		6c 47
d Subtotal. Add lines 6a , 6b , and 6c		6d 351
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 5
f Total. Add lines 6d and 6e		6f 356
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 277
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 8
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 2S 2T 3D 3F 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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules	b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☐ A (Insurance Information)
	(4) ☒ C (Service Provider Information)
	(5) ☒ D (DFE/Participating Plan Information)
	(6) ☐ G (Financial Transaction Schedules)

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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

A Name of plan ECK SUPPLY COMPANY PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 ECK SUPPLY COMPANY	D Employer Identification Number (EIN) 54-0598275	

Part I	Service Provider Information (see instructions)
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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
VANGUARD
23-1945930

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
T. ROWE PRICE
52-2264646

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FRANKLIN TEMPLETON INVESTMENTS
94-3167260

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GOLDMAN SACHS
13-5108880

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

HARBOR

04-2679462

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

JPMORGAN

13-2624428

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

ACADIAN

04-2929221

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

ROYCE

52-2343049

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

NEUBERGER BERMAN

13-5521910

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

OAKMARK

04-3276558

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

PIMCO FUNDS

95-2632339

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

INVESCO

58-2287224

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)

WELLS FARGO BANK, N.A.

94-1347393

(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?
15 37 49 50 52 60 62 63 64	SERVICE PROVIDER	25013	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2013</div> This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>ECK SUPPLY COMPANY PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN)	<u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ECK SUPPLY COMPANY</u>	D Employer Identification Number (EIN) <u>54-0598275</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO ENHANCED STOCK MARKET</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO, N.A.</u>		
c EIN-PN <u>56-6288528-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO TOTAL RETURN BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO, N.A.</u>		
c EIN-PN <u>94-3222878-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>52374</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO STABLE RETURN FUND AT</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO, N.A.</u>		
c EIN-PN <u>46-6208187-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7207</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO JANUS OVERSEAS CIT AT</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>45-6648669-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO MFS VALUE CIT AT</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>45-6648640-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>334381</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO MULTI-MANAGER SMALL CAP</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>45-6648658-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>115032</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO THORNBURG INTERNATIONAL</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>45-6651358-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>135762</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: [WELLS FARGO T. ROWE PRICE LG CAP GR](#)**b** Name of sponsor of entity listed in (a): [WELLS FARGO BANK, N.A.](#)

c EIN-PN 45-6648614-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63311
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WELLS FARGO LRG CAP GROWTH CIT AT](#)**b** Name of sponsor of entity listed in (a): [WELLS FARGO BANK, N.A.](#)

c EIN-PN 56-6649361-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 118561
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WELLS FARGO INTERNATIONAL BOND CIT](#)**b** Name of sponsor of entity listed in (a): [WELLS FARGO BANK, N.A.](#)

c EIN-PN 46-6136833-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53112
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WFARGO TRP INST EQUI INC MGD CIT AT](#)**b** Name of sponsor of entity listed in (a): [WELLS FARBO BANK, N.A.](#)

c EIN-PN 46-6586666-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 179072
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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)
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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)
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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)
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**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 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>ECK SUPPLY COMPANY PROFIT SHARING PLAN AND TRUST</u>		B Three-digit plan number (PN) ► <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ECK SUPPLY COMPANY</u>		D Employer Identification Number (EIN) <u>54-0598275</u>

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)		
	(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)	226018	202565
	(9) Value of interest in common/collective trusts	1c(9)	469054	1058812
	(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)	9649419	10000865
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(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	10344491	11262242

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	10344491	11262242
---	-----------	----------	----------

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)	132000	
(B) Participants	2a(1)(B)	771127	
(C) Others (including rollovers)	2a(1)(C)	81612	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		984739
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	261	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	9042	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9303
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	351751	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		351751
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4587144	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4587366	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-222
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1155	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1155

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		181081
(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)		1182076
c Other income.....	2c		116
d Total income. Add all income amounts in column (b) and enter total.....	2d		2707689

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1726262	
(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)		1726262
f Corrective distributions (see instructions).....	2f		3809
g Certain deemed distributions of participant loans (see instructions).....	2g		11948
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	47919	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		47919
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1789938

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		917751
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: **KPMG LLC**

(2) EIN: **13-5565207**

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.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>ECK SUPPLY COMPANY PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ECK SUPPLY COMPANY</u>	D Employer Identification Number (EIN) <u>54-0598275</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>41-6257133</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)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



KPMG LLP
Suite 2000
1021 East Cary Street
Richmond, VA 23219-4023

Independent Auditors' Report

The Administrative Committee
Eck Supply Company Profit Sharing Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Eck Supply Company Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, 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 U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 5 to the financial statements, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2013 and 2012, and for the years then ended, that the information provided to the plan administrator by the trustee 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, Schedule H, Line 4i – *Schedule of Assets (Held at End of Year)*, as of December 31, 2013 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

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

KPMG LLP

June 25, 2014

Schedule

ECK SUPPLY COMPANY PROFIT SHARING PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2013

Identity of issuer, borrower, lessor, or similar party	Description of investment including number of shares or units, maturity date, rate of interest, collateral, par or maturity value	Current value
Cash equivalents:		
* Wells Fargo	2,462,908 shares of WFA Money Market Fund Service	\$ 2,462,908
Mutual funds:		
The Vanguard Group	35,599 shares of Vanguard Wellington Fund	1,350,616
The Vanguard Group	22,556 shares of Vanguard International Stock Index Fund	377,812
The Vanguard Group	13,403 shares of Vanguard Index Trust 500 Portfolio	2,283,365
Neuberger Berman Asset Management	6,245 shares of Neuberger Berman Partners Fund	116,154
Franklin Templeton	14,515 shares of Franklin Small-Mid Cap Growth Fund I – A	595,122
Goldman Sachs	8,710 shares of Goldman Sachs Mid Cap Value Fund – A	383,952
Royce	20,436 shares of Royce Value Investment Fund	275,477
Invesco Van Kampen	19,974 shares of Invesco Van Kampen Common Stock Fund – R	474,792
T Rowe Price	4,440 shares of T Rowe Price Real Estate	52,513
T Rowe Price	10,286 shares of T Rowe Growth Stock – R	523,953
Acadian	4,183 shares of Acadian Emerging Markets Instl. – AT	40,055
JP Morgan	47,010 shares of JP Morgan Core Bond Fund	539,675
PIMCO	1,569 shares of PIMCO High Yield Fund	31,861
PIMCO	2,184 shares of PIMCO Real Return Fund Inst	30,576
PIMCO	10,725 shares of PIMCO Total Return Instl.	151,567
Harbor International	11,895 shares of Harbor International Instl.	159,818
Oakmark	5,691 shares of Oakmark International Fund II	150,649
Total mutual funds		<u>7,537,957</u>
Common trust funds:		
* Wells Fargo	15,620 shares of WF/T. R Price Inst. Eq. In. Man. CIT AT	179,072
* Wells Fargo	5,631 shares of WFA International BD – I	53,112
* Wells Fargo	9,482 shares of WFA Str Lg Cap Growth Fd – AT	118,561
* Wells Fargo	4,098 shares of Wells Fargo Core Bond CIT AT	52,374
* Wells Fargo	577 shares of Stable Return Fund AT	7,207
* Wells Fargo	23,924 shares of WF MFS Value CIT AT	334,381
* Wells Fargo	7,982 shares of WF Multi-Manager SM Cap CIT AT	115,032
* Wells Fargo	10,979 shares of WF Thornburg Intl CIT AT	135,762
* Wells Fargo	4,326 shares of WF/TRP Inst Lg Cap Growth Mgd CIT AT	63,311
Total common trust funds		<u>1,058,812</u>
* Participant loans	Loans bearing interest at 4.25%, maturing 2012–2015	<u>202,565</u>
		<u>\$ 11,262,242</u>
* Party-in-interest		

Note: The above information has been certified as complete and accurate by the Plan's trustee.

See accompanying independent auditors' report.



ECK SUPPLY COMPANY PROFIT SHARING PLAN

Financial Statements and Supplemental Schedule

December 31, 2013 and 2012

(With Independent Auditors' Report Thereon)

ECK SUPPLY COMPANY PROFIT SHARING PLAN

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KPMG LLP
Suite 2000
1021 East Cary Street
Richmond, VA 23219-4023

Independent Auditors' Report

The Administrative Committee
Eck Supply Company Profit Sharing Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Eck Supply Company Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, 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 U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 5 to the financial statements, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2013 and 2012, and for the years then ended, that the information provided to the plan administrator by the trustee 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, Schedule H, Line 4i – *Schedule of Assets (Held at End of Year)*, as of December 31, 2013 is required by the Department of Labor’s (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

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

KPMG LLP

June 25, 2014

ECK SUPPLY COMPANY PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Assets:		
Investments, at fair value (notes 3, 5, and 10):		
Cash equivalents	\$ 2,462,908	3,158,241
Mutual funds	7,537,957	6,491,178
Common trust funds	<u>1,058,812</u>	<u>469,054</u>
Total investments, at fair value	11,059,677	10,118,473
Participant loans (note 5)	202,565	226,018
Employer contribution receivable	<u>132,000</u>	<u>132,000</u>
Total assets	<u>11,394,242</u>	<u>10,476,491</u>
Liabilities:		
Excess contributions payable	<u>20,770</u>	<u>3,809</u>
Total liabilities	<u>20,770</u>	<u>3,809</u>
Net assets available for benefits	<u><u>\$ 11,373,472</u></u>	<u><u>10,472,682</u></u>

See accompanying notes to financial statements.

ECK SUPPLY COMPANY PROFIT SHARING PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Additions to net assets attributed to:		
Investment income (note 5):		
Net appreciation in the fair value of investments (note 3)	\$ 1,578,010	772,288
Dividends	106,716	121,798
Other income, primarily mutual fund rebate income	29,185	24,122
Total investment income	<u>1,713,911</u>	<u>918,208</u>
Interest on notes receivable from participants (note 5)	9,042	11,485
Contributions:		
Employer	132,000	136,331
Employees	771,127	734,145
Rollover	81,612	72,552
Total contributions	<u>984,739</u>	<u>943,028</u>
Benefits paid to participants	(1,738,213)	(1,768,096)
Refund of excess employee contributions	(20,770)	(3,809)
Investment expenses (note 8)	<u>(47,919)</u>	<u>(42,462)</u>
Net increase in net assets available for benefits	900,790	58,354
Net assets available for benefits:		
Beginning of year	<u>10,472,682</u>	<u>10,414,328</u>
End of year	<u><u>\$ 11,373,472</u></u>	<u><u>10,472,682</u></u>

See accompanying notes to financial statements.

ECK SUPPLY COMPANY PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2013 and 2012

(1) Summary of Significant Provisions of the Plan

The following description of the Eck Supply Company 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.

(a) General

The Plan is a defined contribution profit sharing plan, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by the administrative committee appointed by the board of directors of Eck Supply Company. The assets of the Plan are held by Wells Fargo Bank, N.A. (Wells), the trustee.

(b) Eligibility and Contributions

The Plan covers substantially all employees of 4X, Inc. and its subsidiaries Eck Supply Company, Eck Enterprises, Inc., and ESAP, LLC (collectively referred to hereafter as the Company). Each employee becomes eligible to participate in the Plan following the completion of six months of service.

Each active participant may contribute to the Plan any amount not to exceed dollar limits established by law. The maximum pretax amount that may be deferred is \$17,500 in 2013 and \$17,000 in 2012. Also participants who reach age 50 before the end of the calendar year could make an additional \$5,500 catch-up contribution on a pretax basis in 2013 and 2012. These amounts are separately maintained in the participant's individual account.

Annually, the Company may make a discretionary matching contribution and may elect to also contribute a discretionary profit sharing amount. The Company contributed approximately \$132,000 and \$136,000 in 2013 and 2012, respectively. All employer contributions are allocated proportionately to participants' accounts in accordance with the plan document and ERISA regulations.

The participant contributions and the Company's contributions, if any, may be allocated to one or more of the investment options currently available under the plan as the participant directs.

(c) Participant Accounts

The Plan establishes an account for each participant. Each participant's account is credited with the participant's contributions and allocations of the Company's discretionary contributions and plan earnings, and charged with an allocation of investment expenses. Allocations of plan earnings and investment expenses are based on participant account balances. Allocations of the Company's contributions are based on each participant's contribution as a percentage of total participants' contributions. Forfeited balances of terminated participants' nonvested accounts are used to reduce employer contributions.

(d) Participant Loans

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the

ECK SUPPLY COMPANY PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2013 and 2012

participant's account, are for a maximum five-year term, unless the loan is for a principal residence, in which case the maximum term is 10 years, and bear interest at 4.25% for both 2013 and 2012. Principal and interest are paid ratably through monthly payroll deductions.

(e) Vesting Provisions, Benefits, and Plan Termination

Participant account balances become fully vested upon the earliest of the participant's normal retirement age, death, or disability. If termination of employment occurs for other than retirement, death, or disability, participants may be entitled to receive their vested account balance in accordance with the following table:

- On that portion, if any, attributable to his or her own contributions and earnings thereon, 100%.
- On the remaining portion attributable to the employer's discretionary matching contributions and discretionary profit sharing contributions, if any, as follows:

Full years of service	Percentage vested and payable to participant
Less than 1	—%
1	20
2	40
3	60
4	80
5 or more	100

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, rollover the vested interest into another qualified plan, or leave the vested interest in the Plan (subject to minimum required balance).

Other provisions of the Plan cover deferral of benefits for terminated participants who have not reached age 65, have not participated for 10 years in the Plan, or have not actually retired.

Although the Company has not expressed any intention to do so, it has the right to terminate the Plan at any time. In the event of termination, each applicable participant shall be 100% vested in their employer contributions and entitled to the entire balance in his or her individual account at the date of termination.

(f) Forfeited Accounts

During 2013 and 2012, employer contributions were decreased by \$7,834 and \$7,921, respectively, for forfeited nonvested accounts.

ECK SUPPLY COMPANY PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2013 and 2012

(2) Summary of Significant Accounting Policies

(a) *Basis of Presentation*

The accompanying financial statements have been prepared using the accrual method of accounting.

(b) *Investments*

The Plan's investments are stated at fair value except for the fully benefit-responsive investment contracts held in the Stable Return Fund common trust, which are valued at contract value. Contract value is equal to the principal balance plus accrued interest and approximates fair value. See note 10 for a discussion of fair value measurements.

Purchases and sales of investments are recognized on the trade date. Interest income is recorded as earned on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation or depreciation of investments is recognized as it occurs based on average cost.

(c) *Participant Loans*

Participant loans are carried at the principal and accrued interest amount outstanding.

(d) *Payment of Benefits*

Benefits are recorded when paid.

(e) *Use of Estimates*

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

(f) *Subsequent Events*

The Plan has evaluated its subsequent events through June 25, 2014, the date the financial statements are available to be issued.

(3) Investments (Unaudited)

The following investments owned at December 31, 2013 and 2012 represented 5% or more of net assets available for benefits at those dates:

	<u>2013</u>	<u>2012</u>
WFA Money Market Fund Service	\$ 2,462,908	3,158,241
Vanguard Index Trust 500 Portfolio	2,283,365	1,383,931
Vanguard Wellington Fund	1,350,616	1,393,351
Franklin Small-Mid Cap Growth Fund I-A	595,122	**

** Investment did not exceed 5% in the respective year.

ECK SUPPLY COMPANY PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2013 and 2012

The Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value for the years ended December 31, 2013 and 2012 as follows:

	<u>2013</u>	<u>2012</u>
Cash equivalents	\$ (222)	312
Mutual funds	1,397,151	751,961
Common trust funds	181,081	20,015
	<u>\$ 1,578,010</u>	<u>772,288</u>

(4) Federal Income Taxes

The Plan is a standardized prototype profit sharing plan sponsored by Wells and adopted by the Company for which a favorable opinion letter dated March 31, 2008 has been received. The prototype plan document was amended and restated to comply with the series of tax law changes collectively referred to as the Economic Growth Tax Relief Reconciliation Act. Effective January 1, 2009, the Company adopted the amended and restated prototype plan document. The Company believes the Plan has operated pursuant to the terms of the plan document and that all applicable qualification requirements of the Internal Revenue Code were met throughout 2013 and 2012.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

(5) Information Certified by Trustee (Unaudited)

The plan administrator has elected the alternative method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the information certified by the trustee was not audited by the independent auditors, except for comparing such information to the related information included in the accompanying financial statements and supplemental schedule.

ECK SUPPLY COMPANY PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2013 and 2012

With respect to the Plan, the trustee certified the following information in the statements of net assets available for benefits as of December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Cash equivalents	\$ 2,462,908	3,158,241
Mutual funds	7,537,957	6,491,178
Common trust funds	1,058,812	469,054
Participant loans	202,565	226,018

With respect to the Plan, the trustee certified the following information in the statements of changes in net assets available for benefits for the years ended December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Net appreciation in the fair value of investments	\$ 1,578,010	772,288
Dividends	106,716	121,798
Other income	29,185	24,122
Interest on notes receivable from participants	9,042	11,485

In addition, the trustee certified all information included in note 3 and the accompanying supplemental schedule as well as investment balances included in note 10.

(6) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Net assets available for benefits per the financial statements	\$ 11,373,472	10,472,682
Plus excess contributions payable	20,770	3,809
Less employer contribution receivable	<u>(132,000)</u>	<u>(132,000)</u>
Net assets available for benefits per the Form 5500	<u>\$ 11,262,242</u>	<u>10,344,491</u>

ECK SUPPLY COMPANY PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2013 and 2012

The following is a reconciliation of net appreciation in the fair value of investments per the financial statements to the Form 5500 at December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Net appreciation per the financial statements	\$ 1,578,010	772,288
Add mutual fund rebate income classified as other income in the financial statements	29,066	24,217
Less mutual fund capital gain distributions classified as dividends in the Form 5500	(245,296)	(60,357)
Add other	<u>1,155</u>	<u>—</u>
Net appreciation per the Form 5500	<u>\$ 1,362,935</u>	<u>736,148</u>

(7) Administrative Expenses

During 2013 and 2012, administrative expenses of the Plan were paid by the Company, except for investment expenses, which were paid by the Plan. See note 8.

(8) Related-Party Transactions

Certain investments of the Plan are cash equivalents and common trust funds managed by Wells. Wells is the trustee as defined by the Plan, and therefore, these transactions are party-in-interest transactions. Fees paid by the Plan to Wells for investment management services amounted to \$47,919 and \$42,462 for the years ended December 31, 2013 and 2012, respectively.

(9) Risks and Uncertainties

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

(10) Fair Value Measurements

In accordance with ASC Topic 820, *Fair Value Measurement*, the Plan defines fair value as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When determining the fair value measurements for assets and liabilities, which are required to be recorded at fair value, the Plan considers the principal or most advantageous market in which the Plan would transact and the market-based risk measurements or assumptions that market participants would use in pricing the asset or liability, such as inherent risk, transfer restrictions, and credit risk.

ECK SUPPLY COMPANY PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2013 and 2012

The Plan applies the following fair value hierarchy, which prioritizes the inputs used to measure fair value into three levels, and bases the categorization within the hierarchy upon the lowest level of input that is available and significant to the fair value measurement:

- Level 1 Quoted prices in active markets for identical assets or liabilities.
- Level 2 Observable inputs other than quoted prices in active markets for identical assets and liabilities, quoted prices for identical or similar assets or liabilities in inactive markets, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 Inputs that are generally unobservable and typically reflect the plan administrator's estimates of assumptions that market participants would use in pricing the asset or liability.

The Plan uses valuation techniques that 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. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Cash equivalents: Money market mutual funds are valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Shares of registered mutual funds are valued at quoted market prices, which represent the net asset value (NAV) of shares held by the plan at year-end.

Common trust funds: There are no readily available market quotations for the funds. The funds are valued at NAV as determined by using estimated fair value of the underlying assets held in the fund. NAV is used as a practical expedient for fair value. The underlying assets are valued based on quoted market prices, or if quoted market prices are not available, then the fair value is estimated under various methods, using observable market data, including quoted prices for similar securities, interest rates, yield curves, and credit risk.

The common trust funds are invested primarily in stocks of domestic and foreign companies of all market capitalizations and seek to achieve returns that approximate or exceed the S&P 500, Russell 2000 and Russell 1000 indices. The common trust funds are also invested in fixed income bond funds. The bond funds are invested primarily in debt securities including U.S government bonds, corporate bonds, and foreign debt securities. Purchases and redemptions of units invested in these funds may occur on a daily basis.

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

ECK SUPPLY COMPANY PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2013 and 2012

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

2013 Investments at estimated fair value				
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 2,462,908	—	—	2,462,908
Mutual funds:				
Balanced	1,350,616	—	—	1,350,616
Equity	4,692,870	—	—	4,692,870
International equity	688,279	—	—	688,279
Fixed taxable	753,679	—	—	753,679
Other	52,513	—	—	52,513
Common trust funds:				
Equity	—	946,119	—	946,119
Fixed income	—	105,486	—	105,486
Other	—	7,207	—	7,207
Total investments	<u>\$ 10,000,865</u>	<u>1,058,812</u>	<u>—</u>	<u>11,059,677</u>

2012 Investments at estimated fair value				
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 3,158,241	—	—	3,158,241
Mutual funds:				
Balanced	1,393,352	—	—	1,393,352
Equity	3,496,970	—	—	3,496,970
International equity	528,746	—	—	528,746
Fixed taxable	1,035,105	—	—	1,035,105
Other	37,005	—	—	37,005
Common trust funds:				
Equity	—	438,994	—	438,994
Fixed income	—	29,214	—	29,214
Other	—	846	—	846
Total investments	<u>\$ 9,649,419</u>	<u>469,054</u>	<u>—</u>	<u>10,118,473</u>

There were no transfers between Level 1, 2, or 3 during the years ended December 31, 2013 and 2012. Additionally, there were no nonfinancial assets measured at fair value on a nonrecurring basis as of December 31, 2013 or 2012.

ECK SUPPLY COMPANY PROFIT SHARING PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2013

Identity of issuer, borrower, lessor, or similar party	Description of investment including number of shares or units, maturity date, rate of interest, collateral, par or maturity value	Current value
Cash equivalents:		
* Wells Fargo	2,462,908 shares of WFA Money Market Fund Service	\$ 2,462,908
Mutual funds:		
The Vanguard Group	35,599 shares of Vanguard Wellington Fund	1,350,616
The Vanguard Group	22,556 shares of Vanguard International Stock Index Fund	377,812
The Vanguard Group	13,403 shares of Vanguard Index Trust 500 Portfolio	2,283,365
Neuberger Berman Asset Management	6,245 shares of Neuberger Berman Partners Fund	116,154
Franklin Templeton	14,515 shares of Franklin Small-Mid Cap Growth Fund I – A	595,122
Goldman Sachs	8,710 shares of Goldman Sachs Mid Cap Value Fund – A	383,952
Royce	20,436 shares of Royce Value Investment Fund	275,477
Invesco Van Kampen	19,974 shares of Invesco Van Kampen Common Stock Fund – R	474,792
T Rowe Price	4,440 shares of T Rowe Price Real Estate	52,513
T Rowe Price	10,286 shares of T Rowe Growth Stock – R	523,953
Acadian	4,183 shares of Acadian Emerging Markets Instl. – AT	40,055
JP Morgan	47,010 shares of JP Morgan Core Bond Fund	539,675
PIMCO	1,569 shares of PIMCO High Yield Fund	31,861
PIMCO	2,184 shares of PIMCO Real Return Fund Inst	30,576
PIMCO	10,725 shares of PIMCO Total Return Instl.	151,567
Harbor International	11,895 shares of Harbor International Instl.	159,818
Oakmark	5,691 shares of Oakmark International Fund II	150,649
Total mutual funds		7,537,957
Common trust funds:		
* Wells Fargo	15,620 shares of WF/T. R Price Inst. Eq. In. Man. CIT AT	179,072
* Wells Fargo	5,631 shares of WFA International BD – I	53,112
* Wells Fargo	9,482 shares of WFA Str Lg Cap Growth Fd – AT	118,561
* Wells Fargo	4,098 shares of Wells Fargo Core Bond CIT AT	52,374
* Wells Fargo	577 shares of Stable Return Fund AT	7,207
* Wells Fargo	23,924 shares of WF MFS Value CIT AT	334,381
* Wells Fargo	7,982 shares of WF Multi-Manager SM Cap CIT AT	115,032
* Wells Fargo	10,979 shares of WF Thornburg Intl CIT AT	135,762
* Wells Fargo	4,326 shares of WF/TRP Inst Lg Cap Growth Mgd CIT AT	63,311
Total common trust funds		1,058,812
* Participant loans	Loans bearing interest at 4.25%, maturing 2012–2015	202,565
		\$ 11,262,242
* Party-in-interest		

Note: The above information has been certified as complete and accurate by the Plan's trustee.

See accompanying independent auditors' report.