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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
JOHNSBYRNE COMPANY 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 11/01/1988

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

JOHNS BYRNE COMPANY

6701 WEST OAKTON STREET
NILES, IL 60714

2b Employer Identification Number (EIN)
36-2469122

2c Sponsor's telephone number
847-583-3100

2d Business code (see instructions)
323100

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.	07/30/2014	TIM UCHWAT
	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 [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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**	169
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**	118
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	48
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	168
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	169
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	152
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
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 3B 3D

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)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
JOHNSBYRNE COMPANY 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
JOHNS BYRNE COMPANY

D Employer Identification Number (EIN)
36-2469122

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).. . . . . [X] 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

CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

(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)

CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

(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 52 60 62 25 49 72 37	RECORDKEEPER	911	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MORGAN STANLEY SMITH BARNEY

26-4310632

(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?
49 99	FINANCIAL PROFESSIONAL	0	Yes [X] No [ ]	Yes [X] No [ ]	325	Yes [X] 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
MORGAN STANLEY SMITH BARNEY	49 99	20

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS DISTRIBUTORS, INC. 95-2769620	ADDITIONAL COMPENSATION FROM AMERICAN FUNDS DISTRIBUTORS, INC. OF $20.08

(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

(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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 01/01/2013 and ending 12/31/2013

A Name of plan
JOHNSBYRNE COMPANY 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
JOHNS BYRNE COMPANY

D Employer Identification Number (EIN)
36-2469122

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	955374
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	145932	120321
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7197350	8953011
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	7343282	10028706
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	7343282	10028706

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)	217469	
(B) Participants	2a(1)(B)	539509	
(C) Others (including rollovers)	2a(1)(C)	271206	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1028184
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	5843	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5843
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	347577	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		347577
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1509396
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2891000
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	168644	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		168644
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		25201
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	11731	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		11731
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		205576
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2685424
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: CRAIG & ASSOCIATES, LLC **(2)** EIN: 20-0529789

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:

		Yes	No	Amount
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.)	4a	X		334
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.)	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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		620000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	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.	4n	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)

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.

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

A Name of plan
JOHNSBYRNE COMPANY 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
JOHNS BYRNE COMPANY

D Employer Identification Number (EIN)
36-2469122

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** 0

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): 20-3691658

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 of 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):

Johns Byrne Company 401(k) Savings Plan
Financial Statements and
Independent Auditor's Report
December 31, 2013 and 2012

Johns Byrne Company 401(k) Savings Plan

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CRAIG & ASSOCIATES, LLC
3000 Dundee Road, Suite 321
Northbrook, Illinois 60062
(847) 272-0130

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Johns Byrne Company 401(k) Savings Plan
Niles, Illinois 60714

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Johns Byrne Company 401(k) Savings Plan, which comprise the statement of net assets available for benefits as of December 31, 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, 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 2013 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 on the 2013 financial statements.

Basis for Disclaimer of Opinion on the 2013 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 10, which was certified by Capital Bank and Trust Company, the trustee of the plan, except for comparing such information with the related information included in the 2013 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 and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

CRAIG & ASSOCIATES, LLC
3000 Dundee Road, Suite 321
Northbrook, Illinois 60062
(847) 272-0130

Disclaimer of Opinion on the 2013 Financial Statements

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 on the accompanying 2013 financial statements. Accordingly, we do not express an opinion on the 2013 financial statements.

Other Matters—Report on Supplementary Information and Report on 2012 Financial Statements

The supplemental schedules of Assets Held for Investment Purposes at Year End, Schedule of Assets Both Acquired and Disposed of Within the Plan Year and Schedule of Reportable Transactions as of and for the year ended December 31, 2013 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2013 Financial Statements paragraph, we do not express an opinion on these supplemental schedules.

We have audited the accompanying financial statement of Johns Byrne Company 401(k) Savings Plan, which comprises the Statement of Net Assets Available for Benefits as of December 31, 2012 and Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2012, and in our report dated July 25, 2013, we expressed our opinion that such financial statement presents fairly, in all material respects, net assets available for benefits of Johns Byrne Company 401(k) Savings Plan as of December 31, 2012, and the changes in net assets available for benefits for the year ended December 31, 2012, in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2013 Financial Statements

The form and content of the information included in the 2013 financial statements and supplemental schedules, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Craig & Associates, LLC

Northbrook, Illinois
July 25, 2014

Johns Byrne Company 401(k) Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2013 and 2012

	2013	2012
ASSETS		
Cash and cash equivalents	$ 955,374	$ 476,004
Investments at fair value	8,953,011	6,721,346
Receivables:		
Employer's contribution	156	-
Participants' contribution	334	-
Notes receivable from participants	120,321	145,932
Total receivables	120,811	145,932
Total Assets	10,029,196	7,343,282
LIABILITIES		
Accounts payable	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 10,029,196	$ 7,343,282

See auditor's report and notes to financial statements.

Johns Byrne Company 401(k) Savings Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2013 and 2012

	2013	2012
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income (net of fair value)	$ 353,420	$ 152,629
Unrealized gain/(loss) on investments	1,509,396	763,346
Contributions:		
Employers matching contributions	217,625	187,470
Participants' elective deferrals	539,843	482,966
Participants' rollover contributions	271,206	-
Total contributions	1,028,674	670,436
Total additions	2,891,490	1,586,411
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	193,845	213,152
Plan expenses	11,731	7,215
Total deductions	205,576	220,367
Net increase (decrease)	2,685,914	1,366,044
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	7,343,282	5,977,238
End of Year	$ 10,029,196	$ 7,343,282

See auditor's report and notes to financial statements.

1) Description of Plan

The following description of the Johns Byrne Company (Company) 401(k) Savings Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

a) General:
The Plan is a defined contribution plan, adopted November 1, 1988, covering all employees, except union and non-resident aliens, with six months of eligible service. After meeting the eligibility requirement, the employee can enter the Plan on either January 1 or July 1 of each year. No service with a predecessor employer is recognized for eligibility purposes. Plan forfeitures are used first to pay plan expenses and then to cover employer matching.

b) Contributions:
Company 401(k) contributions and matching contributions are discretionary. In addition, the company may annually contribute a discretionary profit sharing contribution to the participants' accounts. Contributions are subject to certain limitations. For the plan years ended December 31, 2013 and 2012, the Company made matching 401(k) contributions to the Plan of $217,625 and $187,470, respectively. The Company made no discretionary profit sharing contributions for the plan years ended December 31, 2013 and 2012, respectively.

c) Participants' Accounts:
Each participant's account is credited with any applicable 401(k) contributions as well as the allocation of (a) the company's profit sharing contribution, (b) plan earnings or losses, and (c) forfeitures. Allocations are based on participant earnings (wages) or account balances, as defined, respectively. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

d) Vesting:
Participants' voluntary 401(k) contributions are immediately vested. With regard to profit sharing contributions, participants are vested in their individual accounts at 20%, 40%, 60%, 80% and 100% after 1, 2, 3, 4, 5 years of service respectively. To earn a year of service a participant must be credited with at least 1,000 hours of service during a plan year. Participants are 100% vested after 5 years of credited service. Participants are 100% vested immediately in their rollover accounts.

e) Payment of Benefits:
Benefit payments or withdrawals may be made for any of the following circumstances: normal retirement upon reaching age 65; total disability; employee death; hardship and termination of service. On the required payment date, benefits will be paid as either a lump sum equal to the value of the participant's account or through the payment of equal or substantially equal installments paid not less than annually over a period not to exceed the participant's life expectancy (joint life expectancy for joint life spousal election).

1) Description of Plan (continued)

f) Participants' Loans:
Participants may borrow from their fund accounts a minimum of $1,000, up to a maximum of $50,000 or fifty percent of their account balance, whichever is less. The loans are secured by the balance in the participant's account and will bear interest at the prevailing rate as determined by the Plan administrator.

g) Plan Amendments:

- Effective at January 1, 2002, the Company amended and restated the Plan to comply with GUST.
- Effective January 1, 2003, the company amended the Plan to allow Plan loans.
- Effective December 31, 2003, the Company amended the Plan to adopt the Deemed 125 Plan Amendment (cafeteria plans) and the 401(a)(9) Plan Amendment (minimum distributions).
- Effective April 1, 2005, the Company amended the Plan to determine matching contributions each payroll period.
- Effective September 15, 2005, the Company amended the Plan to allow, following separation, mandatory distributions of amounts under $1,000 without employee's consent, unless balance is rolled over per employee's request.
- Effective January 1, 2006, the Company executed a participation agreement to include the Johns Byrne Graphic Technologies Corp. in the Plan and amended the Plan to update the events that qualify for hardship distributions to include burial/funeral expenses for qualified person(s) and qualified principal residence repairs due to casualty loss.
- Effective November 1, 2006, the Company amended the Plan to incorporate the Final 401(k)/401(m) regulations.
- Effective January 1, 2008, the Company amended the Plan for the 415 regulations.
- Effective July 1, 2009, the Company restated its Plan for EGTRRA.
- Effective December 31, 2010, the Company amended the Plan for the Heroes Earnings Assistance and Relief Tax Act of 2008 (HEART) and Worker, Retiree and Employer Recovery Act of 2008 (WRERA).

2) Summary of Significant Accounting Policies

a) Basis of Presentation:
The accompanying financial statements are prepared on an accrual basis of accounting in accordance with generally accepted accounting principles.

b) Valuation of Investments:
Investments in stocks, bonds and notes are recorded at their fair market value.

During 2013 and 2012, the Plan's investments (including investments bought and held during the year) changed in fair value by $2,231,665 and $1,228,058, respectively, as follows:

2) Summary of Significant Accounting Policies (continued)

b) Valuation of Investments:

	2013	2012
Change in investments at fair value as determined by quoted market price:		
Participant directed:		
Mutual Funds	$ 2,231,665	$ 1,228,058
Net change in fair value	$ 2,231,665	$ 1,228,058

c) Estimates:
The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

d) Loan Default:
A loan will be in default on the last day of the calendar year following the year in which a payment was last made. On that day, the loan will be treated as a taxable distribution from the Plan.

e) Date of Management's Review:
Subsequent events were evaluated through July 25, 2014, which is the date the financial statements were available to be issued. Effective January 1, 2014, the eligibility for entry into the Plan changes to the first day of the month following 30 days of employment and to add Johns Byrne California, LLC as a participating employer.

3) Tax Status of the Plan

The company adopted the Pension Resources, Inc. Prototype Non-Standardized 401(k) Profit Sharing Plan and Trust. This prototype plan has received a favorable determination letter from the Internal Revenue Service, dated August 7, 2001, qualifying the Plan under the provisions stated in Section 401(a) of the Internal Revenue Code and for exemption of income taxes on the earnings of the trust fund under Section 501(a) of the Internal Revenue Code.

US GAAP requires 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 taxing authorities. 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.

4) Trustee and Investment Manager

Capital Bank and Trust Company was appointed to serve as the Directed Trustee of the Plan, effective January 1, 2013. With regard to the 401(k), investment activities are at the discretion of the participants based upon those investments made available under the Plan.

5) Plan Termination

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

6) Transactions Required to be Reported

ERISA requires that transactions or aggregates of transactions with respect to plan assets when the amount of the transaction or aggregate of transactions exceeding 5% of the fair value of plan assets at the beginning of the plan year be separately disclosed. There were no transactions required to be reported for 2013 and 2012.

7) Investments

The following presents investments at December 31, 2013 and 2012, which represents 5% or more of the plan assets:

	2013	
	Number of Shares	Fair Value
Franklin Rising Dividend	36,076	$ 1,748,602
Growth Fund of America CL R4	38,508	1,645,063
The Investment Company of America CL R4	25,240	924,541
Capital World Growth Income CL R4	18,989	858,852
Fundamental Investors CL R4	15,699	814,445
AMCAP Fund CL R4	22,494	611,165
American Funds 2030 Target Date CL R4	43,843	541,895

	2012	
	Number of Shares	Fair Value
Growth Fund of America CL R4	42,248	$ 1,441,924
Franklin Rising Dividend	38,025	1,438,089
Capital World Growth Income CL R4	18,601	690,485
The Investment Company of America CL R4	21,864	658,331
Fundamental Investors CL R4	13,170	536,159
AMCAP Fund CL R4	19,891	429,247
EuroPacific Growth Fund CL R4	9,861	399,167
American Funds 2030 Target Date CL R4	39,445	397,998

8) Fair Value Measurements

As of January 1, 2008, the Plan adopted Accounting Standards Codification (ASC) 820 which establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 830 are described below.

Basis of Fair Value Measurement

Level 1 – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 – Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 – Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

As of December 31, 2013, the Plan's investments measured at fair value on a recurring basis were as follows:

	Investment Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Large cap blend	3,541,951	-	-	3,541,951
Large cap growth	3,538,228	-	-	3,538,228
Target date	1,036,947	-	-	1,036,947
Fixed income	650,537	-	-	650,537
Small cap growth	170,055	-	-	170,055
Mid cap blend	9,787	-	-	9,787
Small cap blend	5,506	-	-	5,506
	8,953,011	-	-	8,953,011

9) Administrative costs

The Company absorbs a significant amount of the costs associated with the plan.

10) Information Certified by Trustee

In accordance with Department of Labor Rules and Regulations for Reporting and Disclosures under ERISA (Section 2520.103-8) the audit and report of independent auditors need not extend to the statement of information prepared and certified by a bank, insurance carrier or similar institution. Capital Bank and Trust Company has certified such information as being correct, and the Plan's administrator has elected to use this information without audit.

11) Reconciliation of Financial Statements to Schedule H Form 5500

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

	2013	2012
Net assets available for benefits per the financial statements	$ 10,029,196	$ 7,343,282
Contributions receivable	(490)	-
Net assets available for benefits per form 5500	$ 10,028,706	$ 7,343,282

The following is a reconciliation of contributions received from participants and matching contributions per the financial statements for the years ended December 31, 2013 and 2012 and Schedule H Form 5500.

	2013	2012
Contributions per the financial statements	$ 1,058,674	$ 670,436
Add: Contributions receivable at December 31, 2012 and 2011	-	-
Less: Contributions receivable at December 31, 2013 and 2012	(492)	-
Contributions per form 5500	$ 1,058,182	$ 670,436

12) 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 statement of net assets available for benefits.

Supplementary Information

Johns Byrne Company 401(k) Savings Plan
Schedule of Assets Held for Investment Purposes at Year End
December 31, 2013
EXHIBIT I

Face Value or Number of Shares	Description of Assets	Cost of Assets	Current Value
36,075.961	FRANKLIN RISING DIVIDEND	1,414,927	1,748,603
38,508.033	THE GROWTH FUND OF AMERICA - CL R4	1,348,333	1,645,063
25,239.985	THE INVESTMENT COMPANY OF AMERICA - CL R4	780,376	924,541
18,988.557	CAPITAL WORLD GROWTH INCOME CL R4	714,598	858,852
15,698.632	FUNDAMENTAL INVESTORS - CL R4	655,139	814,445
22,494.099	AMCAP FUND - CL R4	501,436	611,165
43,842.631	AMERICAN FUNDS 2030 TARGET DATE CL R4	448,398	541,895
8,782.519	EUROPACIFIC GROWTH FUND - CL R4	357,953	423,142
27,815.411	AMERICAN HIGH-INCOME TRUST - CL R4	315,921	315,983
28,974.746	LEGG MASON WA MORTGAGE BACKED SECS A	316,116	308,871
21,057.558	AMERICAN FUNDS 2020 TARGET DATE CL R4	235,205	236,266
6,986.640	MANAGERS AMG GW&K SMALL CAP EQ INVESTOR	145,945	170,055
7,675.158	AMERICAN FUNDS 2040 TARGET DATE CL R4	81,424	96,247
6,027.839	AMERICAN FUNDS 2025 TARGET DATE CL R4	62,758	71,731
4,454.521	AMERICAN FUNDS 2015 TARGET DATE CL R4	44,236	47,886
777.359	OPPENHEIMER DEVELOPING MARKETS A	27,808	29,555
2,455.379	FRANKLIN STRATEGIC INCOME A	25,969	25,683
1,432.100	AMERICAN FUNDS 2055 TARGET DATE CL R4	19,069	21,567
191.583	BLACKROCK LATIN AMERICA A	11,593	9,955
310.161	INVESCO ASIA PACIFIC GROWTH A	9,975	9,444
704.181	AMERICAN FUNDS 2045 TARGET DATE CL R4	7,891	8,837
647.543	AMERICAN FUNDS 2050 TARGET DATE CL R4	6,982	7,971
422.252	ROYCE PENNSYLVANIA MUTUAL K	5,057	5,506
92.519	NEW WORLD FUND R4	5,248	5,414
225.570	PERKINS MID CAP VALUE S	5,434	5,265
367.574	AMERICAN FUNDS 2035 TARGET DATE CL R4	3,892	4,547
208.974	INVESCO REAL ESTATE INVESTOR	5,252	4,522
		$ 7,556,935	$ 8,953,011

See auditor's report and notes to financial statements.

Johns Byrne Company 401(k) Savings Plan
Schedule of Assets Both Acquired and Disposed Of Within the Plan Year
Year Ended December 31, 2013
EXHIBIT II

Identity of Issue	Description of the Investment	Cost of Acquisition	Proceeds of Disposition

-NONE-

See auditor's report and notes to financial statements.

Johns Byrne Company 401(k) Savings Plan
Schedule of Reportable Transactions
Year Ended December 31, 2013
EXHIBIT III

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Net Gains (Loss)

-NONE-

See auditor's report and notes to financial statements.

Schedule H/I, Line 4a
Schedule of Delinquent Participant Contributions

Name of Plan: JohnsByrne Company 401(k) Savings Plan

►

Employer Identification No.: ► 36-2469122

Plan year (beginning/ending):► 01/01/2013 - 12/31/2013 Plan number:► 002

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	334			

ASSETS HELD FOR INVESTMENT PURPOSES

JohnsByrne Company 401(k) Savings Plan
01-JAN-13 to 31-DEC-13

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1RAFEX			501,435.64	611,164.64
1REREX			357,953.00	423,141.77
1RGAEX			1,348,332.69	1,645,063.11
1RNWEX			5,248.12	5,414.21
1MDLTX			11,592.92	9,954.68
1GWETX			145,945.32	170,054.80
1ASIAX			9,974.77	9,444.41
1ODMAX			27,808.06	29,555.18
1JMVIX1			5,433.77	5,264.80
1RPMKX			5,056.76	5,506.17
1RWIEX			714,598.35	858,852.41
1RFNEX			655,139.23	814,445.04
1RICEX			780,375.61	924,540.64
1FRDPX			1,414,927.07	1,748,601.77
1REINX			5,251.89	4,522.21
1RITEX			315,921.31	315,983.07
1FR-STI			25,968.78	25,683.28
1SGVAX			316,115.82	308,870.81
1RADXX			953,816.48	953,816.48
1RDBTX			44,236.15	47,886.09
1RDCTX			235,205.00	236,265.80
1RDDTX			62,757.61	71,731.27
1RDETX			448,398.46	541,894.93
1RDFTX			3,892.03	4,590.84
1RDGTX			81,424.52	96,246.48
1RDHTX			7,891.56	8,837.47
1RDITX			6,981.77	7,971.26
1RDJTX			19,069.14	21,567.44
			8,510,751.83	**9,906,871.06**
PARTICIPANT LOANS	VARIOUS	5.250-10.500	120,277.34	120,321.16

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 362469122

ASSETS HELD FOR INVESTMENT PURPOSES

JohnsByrne Company 401(k) Savings Plan
01-JAN-13 to 31-DEC-13

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1RAFEX	American Funds AMCAP R4	1REREX	American Funds EuroPacific Gr R4
1RGAEX	American Funds Growth Fund of Amer R4	1RNWEX	American Funds New World Fund R4
1MDLTX	BlackRock Latin America A	1GWETX	Managers AMG GW&K Small Cap Eq Investor
1ASIAX	INVESCO Asia Pacific Growth A	1ODMAX	Oppenheimer Developing Markets A
1JMVIX1	Perkins Mid Cap Value S	1RPMKX	Royce Pennsylvania Mutual K
1RWIEX	American Funds Capital World G/I R4	1RFNEX	American Funds Fundamental Investors R4
1RICEX	American Funds Invmt Co of America R4	1FRDPX	Franklin Rising Dividends - A
1REINX	Invesco Real Estate Investor	1RITEX	American Funds American Hi Inc Tr R4
1FR-STI	Franklin Strategic Income A	1SGVAX	Legg Mason WA Mortgage Backed Secs A
1RADXX	American Funds Money Market Fund R4	1RDBTX	American Funds 2015 Target Date Fund R4
1RDCTX	American Funds 2020 Target Date Fund R4	1RDDTX	American Funds 2025 Target Date Fund R4
1RDETX	American Funds 2030 Target Date Fund R4	1RDFTX	American Funds 2035 Target Date Fund R4
1RDGTX	American Funds 2040 Target Date Fund R4	1RDHTX	American Funds 2045 Target Date Fund R4
1RDITX	American Funds 2050 Target Date Fund R4	1RDJTX	American Funds 2055 Target Date Fund R4

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year