

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
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>05/31/2014</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>NORDSON EDI RETIREMENT/SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1992</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1992</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1992</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>NORDSON EXTRUSION DIES INDUSTRIES, LLC</u> <u>911 KURTH ROAD</u> <u>CHIPPEWA FALLS, WI 54729</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>61-1583011</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>715-726-1201</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>325900</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>61-1583011</u>	2c Sponsor's telephone number <u>715-726-1201</u>	2d Business code (see instructions) <u>325900</u>	
2b Employer Identification Number (EIN) <u>61-1583011</u>					
2c Sponsor's telephone number <u>715-726-1201</u>					
2d Business code (see instructions) <u>325900</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.	07/30/2014	DANIEL KELM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/30/2014	DANIEL KELM
	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 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>	
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 EXTRUSION DIES INDUSTRIES, LLC		4b EIN 61-1583011 4c PN 001	
5 Total number of participants at the beginning of the plan year		5	224
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	0
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 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) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 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 01/01/2014 and ending 05/31/2014		
A Name of plan NORDSON EDI RETIREMENT/SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORDSON EXTRUSION DIES INDUSTRIES, LLC	D Employer Identification Number (EIN) 61-1583011	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ALERUS FINANCIAL, N.A.

45-6062081

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

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

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

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

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

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

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

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

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

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

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

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)

ORGEL WEALTH MANAGEMENT, LLC

2420 RIVERS EDGE DRIVE
ALTOONA, WI 54720

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	8427	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALERUS FINANCIAL, N.A.

45-6062081

(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 21 25 60 63 64	NONE	3254	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 ☐

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

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

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:

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>05/31/2014</u>		
A Name of plan <u>NORDSON EDI RETIREMENT/SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORDSON EXTRUSION DIES INDUSTRIES, LLC</u>	D Employer Identification Number (EIN) <u>61-1583011</u>	

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	5108	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	12522	
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)	362363	0
(9) Value of interest in common/collective trusts	1c(9)	5187557	
(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)	18303932	0
(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	23871482	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	5108	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5108	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	23866374	0
---	-----------	----------	---

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1760	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1760
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	13197	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		13197
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		8067
(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)		390273
c Other income.....	2c		501
d Total income. Add all income amounts in column (b) and enter total.....	2d		413798

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	946350	
(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)		946350
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	8427	
(4) Other.....	2i(4)	3254	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		11681
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		958031

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-544233
l Transfers of assets:			
(1) To this plan.....	2l(1)		4394
(2) From this plan.....	2l(2)		23326535

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: GRANT THORNTON LLP

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
NORDSON EMPLOYEES' SAVINGS TRUST PLAN	34-0590250	002

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 01/01/2014 and ending 05/31/2014

A Name of plan <u>NORDSON EDI RETIREMENT/SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORDSON EXTRUSION DIES INDUSTRIES, LLC</u>	D Employer Identification Number (EIN) <u>61-1583011</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
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>45-6062081</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): _____



Financial Statements and Report of Independent
Certified Public Accountants

EDI Retirement/Savings Plan

May 29, 2014, December 31, 2013 and 2012

Contents

	Page
Report of Independent Certified Public Accountants	3
Financial Statements	
Statements of net assets available for benefits	6
Statements of changes in net assets available for benefits	7
Notes to financial statements	8
Supplementary Information	
Schedule H, line 4(i) – schedule of assets (held at end of year) – December 31, 2013	20



Report of Independent Certified Public Accountants

Trustees and Plan Sponsor
EDI Retirement/Savings Plan

Grant Thornton LLP
200 S 6th Street, Suite 1400
Minneapolis, MN 55402-1459
T 612.332.0001
F 612.332.8361
www.GrantThornton.com

Report on the financial statements

We were engaged to audit the accompanying financial statements of EDI Retirement/Savings Plan (the “Plan”), which comprise the statements of net assets available for benefits as of May 29, 2014, December 31, 2013 and December 31, 2012, and the related statements of changes in net assets available for benefits for the period from January 1, 2014 to May 29, 2014 and years ended December 31, 2013 and 2012, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 certified information described in Note E, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained certifications from this entity as of May 29, 2014, December 31, 2013 and 2012, and for the period from January 1, 2014 to May 29, 2014 and years then ended, stating that the certified information provided to the Plan administrator 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.

Supplementary information

The supplemental schedule of assets (Held at End of Year) as of December 31, 2013 is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the certified information described in Note E, 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.

A handwritten signature in black ink that reads "Grant Thornton LLP". The signature is written in a cursive, flowing style.

Minneapolis, Minnesota
July 23, 2014

FINANCIAL STATEMENTS

EDI Retirement/Savings Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

May 29, 2014, December 31, 2013 and 2012

	May 29, 2014	December 31, 2013	December 31, 2012
ASSETS			
Cash and cash equivalents	\$ -	\$ 5,108	\$ 39,075
Investments, at fair value			
Collective trust	-	5,187,557	6,428,856
Mutual funds	-	18,303,932	17,551,025
Total investments, at fair value	-	23,491,489	23,979,881
Receivables			
Refund receivable	-	12,522	-
Employer contributions	-	-	8,658
Participant contributions	-	-	26,306
Notes receivable from participants	-	362,363	360,337
Due from broker	-	-	254,865
Total receivables	-	374,885	650,166
Total assets	-	23,871,482	24,669,122
LIABILITIES			
Due to broker	-	5,108	334,901
Total liabilities	-	5,108	334,901
NET ASSETS AVAILABLE FOR BENEFITS FAIR VALUE	-	23,866,374	24,334,221
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	-	(42,873)	(181,410)
NET ASSETS AVAILABLE FOR BENEFITS	\$ -	\$ 23,823,501	\$ 24,152,811

The accompanying notes are an integral part of these financial statements.

EDI Retirement/Savings Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

**For the period from January 1, 2014 to May 29, 2014 and
Years ended December 31, 2013 and 2012**

	For the period from January 1, 2014 to May 29, 2014	Year ended December 31, 2013	Year ended December 31, 2012
ADDITIONS			
Investment income			
Net appreciation in fair value of investments	\$ 441,713	\$ 3,231,718	\$ 1,929,810
Interest and dividends	13,197	908,683	573,757
Total investment income	<u>454,910</u>	<u>4,140,401</u>	<u>2,503,567</u>
Interest income on notes receivable from participants	1,760	11,614	13,090
Contributions			
Employer	-	-	312,327
Participants	-	-	993,654
Rollovers	-	-	276,367
Total contributions	<u>-</u>	<u>-</u>	<u>1,582,348</u>
Total additions	<u>456,670</u>	<u>4,152,015</u>	<u>4,099,005</u>
DEDUCTIONS			
Benefits paid to participants	946,350	4,425,587	709,185
Administrative expenses	11,681	55,738	45,022
Total deductions	<u>958,031</u>	<u>4,481,325</u>	<u>754,207</u>
NET INCREASE (DECREASE) prior to transfer	(501,361)	(329,310)	3,344,798
Transfers into the EDI Retirement Plan	4,395	-	-
Transfer of assets to the Nordson Corporation Employees' Savings Trust Plan	<u>(23,326,535)</u>	<u>-</u>	<u>-</u>
NET INCREASE (DECREASE)	(23,823,501)	(329,310)	3,344,798
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of year/period	<u>23,823,501</u>	<u>24,152,811</u>	<u>20,808,013</u>
End of year/period	<u>\$ -</u>	<u>\$ 23,823,501</u>	<u>\$ 24,152,811</u>

The accompanying notes are an integral part of these financial statements.

EDI Retirement/Savings Plan

NOTES TO FINANCIAL STATEMENTS

May 29, 2014, December 31, 2013 and 2012

NOTE A – PLAN DESCRIPTION

The following description of the EDI Retirement/Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution 401(k) plan covering all employees of Extrusion Dies Industries, LLC (the “Company” or “Plan Sponsor”). It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”), and is designed to provide employees with additional security for their retirement.

The Plan was established effective July 1, 1992 and was amended and restated effective January 1, 2002. In 2012, Nordson, Inc. acquired all the outstanding shares of the Company. Effective January 1, 2013, the Plan ceased accepting employee contributions. On November 29, 2012, Nordson Corporation approved the merger of funds from the EDI Retirement/Savings Plan to the Nordson Corporation Employee Savings Trust Plan. The transfer of funds took place during the months of February, March and May of 2014.

Eligibility

All employees who are not covered by a collective bargaining agreement, who are age 18 or older are eligible to participate in the Plan and make participant elective deferrals. Eligible employees may enter the Plan on the first of any month, as defined in the Plan agreement.

Funding Policy

Prior to January 1, 2013, contributions made pursuant to participant elective deferrals could be made in one percent increments of compensation up to 100% of eligible salary or wages, subject to certain Internal Revenue Code (“IRC”) limitations. Participants satisfying certain criteria are permitted to make catch-up contributions, as stated in the Plan agreement. Participants may also make rollover contributions to the Plan.

Prior to January 1, 2013, the Company could make a matching contribution to the Plan in an amount determined by the Company. There were no matching contributions for the period ending May 29, 2014 and the year ended December 31, 2013. There were \$312,327 of matching contributions for the year ended December 31, 2012.

EDI Retirement/Savings Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

May 29, 2014, December 31, 2013 and 2012

NOTE A – PLAN DESCRIPTION – Continued

Participants' Accounts

Participants' accounts are credited with the participant contributions (elective deferral, catch-up and rollover), the Company's matching contributions, an allocation of Plan earnings and losses and an allocation of investment fees. Allocations of Plan earnings or losses are based on participant compensation or account balances, as defined in the Plan. Allocations of investment fees are based on amounts invested in Plan assets. The benefit to which a participant is entitled is the vested portion of the participant's account.

All investments of the Plan are participant-directed. Participants have the option of directing their account balance to one or more investment option.

Vesting

Participants are immediately vested in all contributions plus actual earnings thereon.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of their account balance. Participants are permitted to have one outstanding personal note and one outstanding real estate note at any given time. Notes receivable are to be repaid over a period not to exceed five years, unless the notes receivable are for a principal residence, in which case the repayment period may not exceed thirty years. The notes receivable are secured by the balance in the participant's account and bear interest at the prime rate as of the first business day of the month a note receivable is originated. Principal and interest are paid through payroll deductions.

Payment of Benefits

The Plan provides for payment of the entire vested balance in the participant's account upon retirement, death, disability, or termination of employment. The method of payment will generally be in the form of a lump sum distribution, installment payments or to rollover the entire vested portion to a qualified plan. If the participant's vested balance is greater than \$1,000, the participant may elect not to receive a distribution on the date of termination. If the participant's vested balance does not exceed \$1,000, distribution will be in a single sum payment. Participants are permitted withdrawals from their Plan accounts for financial hardships. Hardship withdrawals must be approved by the Plan Administrator.

Plan Termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

EDI Retirement/Savings Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

May 29, 2014, December 31, 2013 and 2012

NOTE A – PLAN DESCRIPTION – Continued

Forfeitures

The Company may use forfeitures to pay reasonable Plan expenses or reduce future Company matching contributions. At May 29, 2014, December 31, 2013 and 2012, forfeited accounts totaled \$0, \$1,833 and \$0, respectively. During 2014, 2013 and 2012, Company contributions were reduced by \$0, \$0 and \$1,680 from forfeited accounts, respectively. During 2014, 2013, and 2012, Plan expenses were reduced by \$1,835, \$0 and \$0 from forfeited accounts, respectively.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies for the Plan consistently applied in the preparation of the accompanying financial statements follows:

Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

The Plan's investments in mutual funds and collective trust are reported at fair value. Market values are determined by reference to security exchanges at the last reported sales price on the last business day of the Plan year. As described in the Financial Accounting Standards Board ("FASB") Staff Accounting Standards Codification, ("ASC") 962-325, *Plan Accounting – Defined Contribution Pension Plans Investments*, investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attributed for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because the contract value is the amount participants would receive if they were to initiate a permitted transaction under the terms of the Plan. As such, the Statement of Net Assets Available for Benefits presents the fair value of the Wells Fargo Stable Value CL F Fund for 2014, 2013 and 2012 as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. See Note D for discussion on fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes Receivable from Participants

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

EDI Retirement/Savings Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

May 29, 2014, December 31, 2013 and 2012

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

Net Appreciation in Fair Value of Investments

Net appreciation in the fair value of investments represents the net realized gains and the net unrealized appreciation of investments. Realized gains are the difference between the proceeds received and either the cost of the investments sold, determined on an average cost basis, or the fair value at the end of the previous year, whichever is applicable. Unrealized appreciation is the change in the difference between fair value and the cost of investments or the fair value at the end of the previous year, whichever is applicable.

Benefits Paid to Participants

Benefits paid to participants are recorded by the Plan when paid.

Administrative Fees

Trustee investment fees are paid directly from the Plan's assets. All other Plan administration costs are paid directly by the Plan Sponsor and not charged to the Plan.

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 statements of net assets available for benefits.

Use of Estimates

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

Subsequent Events

The Plan evaluated its May 29, 2014, December 31, 2013 and December 31, 2012 financial statements for subsequent events through July 23, 2014, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

EDI Retirement/Savings Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

May 29, 2014, December 31, 2013 and 2012

NOTE C – INVESTMENTS

The fair value of the following individual investments represents five percent or more of the Plan's net assets:

	May 29, 2014	December 31, 2013	\$ 2012
<u>Collective trust</u>			
Wells Fargo Stable Return CL F Fund *	\$ -	\$5,187,557	\$6,428,856
<u>Mutual funds</u>			
American Funds AMCAP CL R5 Fund	-	4,232,596	3,645,100
American Funds Euro Pacific Growth Fund	-	1,424,317	1,277,467
T Rowe Price Mid-Cap Growth Adv Fund	-	1,796,976	1,503,860
Metropolitan West Total Return Bond Fund	-	3,593,825	4,172,731
Vanguard Windsor II Admiral Shares Fund	-	3,819,626	3,648,567

* Represents estimated fair value. Contract value of this investment was \$0, \$5,144,684, and \$6,247,446 as of May 29, 2014, December 31, 2013 and 2012, respectively.

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

	2014	2013	2012
Collective trust	\$ 2,754	\$ 67,020	\$ 81,760
Mutual funds	<u>438,959</u>	<u>3,164,698</u>	<u>1,848,050</u>
	<u>\$441,713</u>	<u>\$3,231,718</u>	<u>\$1,929,810</u>

NOTE D – FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include:

EDI Retirement/Savings Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

May 29, 2014, December 31, 2013 and 2012

NOTE D – FAIR VALUE MEASUREMENTS – Continued

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

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

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to 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 May 29, 2014, December 31, 2013 and 2012:

Mutual funds: Valued at the net asset value of shares held by the plan at year-end.

Collective trust: Valued at net asset value based on the fair value of the collective trust's underlying investments at year-end, using net asset value as a practical expedient.

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.

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.

	December 31, 2013			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Growth funds (a)	\$ 7,840,770	\$ -	\$ -	\$ 7,840,770
Value funds (b)	1,737,784	-	-	1,737,784
Balanced funds (c)	7,925,586	-	-	7,925,586
Fixed income funds (d)	799,792	-	-	799,792
Collective trust (e)	-	-	5,187,557	5,187,557
Total assets	<u>\$18,303,932</u>	<u>\$ -</u>	<u>\$5,187,557</u>	<u>\$23,491,489</u>

EDI Retirement/Savings Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

May 29, 2014, December 31, 2013 and 2012

NOTE D – FAIR VALUE MEASUREMENTS – Continued

	December 31, 2012			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Growth funds (a)	\$ 7,207,284	\$ -	\$ -	\$ 7,207,284
Value funds (b)	1,773,570	-	-	1,773,570
Balanced funds (c)	7,818,264	-	-	7,818,264
Fixed income funds (d)	751,907	-	-	751,907
Collective trust (e)	<u>-</u>	<u>-</u>	<u>6,428,856</u>	<u>6,428,856</u>
Total assets	<u>\$17,551,025</u>	<u>\$ -</u>	<u>\$6,428,856</u>	<u>\$23,979,881</u>

- (a) Growth funds seek capital growth by investment in common stocks. These funds invest primarily in common stocks and seek to invest in companies that appear to offer superior opportunities for growth of capital. These funds may invest a percentage of its assets in securities of issuers domiciled outside the United States.
- (b) Value funds seek capital appreciation. These funds normally invest in stocks of U.S. issuers having certain market capitalization. The investments may include common stocks, preferred stocks, securities convertible into U.S. common stocks, U.S. dollar-denominated ADRs, and U.S. dollar-denominated foreign stocks traded on U.S. exchanges.
- (c) Balanced funds seek conservation of capital, current income and long-term growth of capital and income. These funds invest in a broad range of securities, including stocks, bonds and securities issued and guaranteed by the U.S. government. These funds may invest in securities of issuers domiciled outside the U.S. These funds may also hold cash or money market instruments.
- (d) Fixed income funds seek to provide a predictable return. These funds normally invest at least 65% of assets in a diversified portfolio of Fixed-Income Instruments of varying maturities, which may be represented by forwards or derivatives such as options, futures contracts, or swap agreements. They invest primarily in investment-grade debt securities, but may invest up to 10% of total assets in high-yield securities.
- (e) The collective trust's objective is to protect principal while providing a higher rate of return than shorter maturity investments, such as money market funds or certificates of deposit. To achieve this, the fund invests in instruments which are not expected to experience significant price fluctuation in most economic or interest rate environments. However, there is no assurance that this objective can be achieved.

EDI Retirement/Savings Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

May 29, 2014, December 31, 2013 and 2012

NOTE D – FAIR VALUE MEASUREMENTS – Continued

The following table sets forth a summary of changes in the fair value of the collective trusts for the period ended May 29, 2014 and the years ended December 31, 2013 and 2012:

	<u>Wells Fargo Stable Value CL F Fund</u>
Balance at December 31, 2011	\$ 5,193,004
Purchases	2,821,583
Sales	(1,717,143)
Realized gains	10,497
Unrealized gains	71,263
Net effect of adjustment from contract value to fair value	<u>49,652</u>
Balance at December 31, 2012	6,428,856
Purchases	1,342,553
Sales	(2,512,336)
Realized gains	12,518
Unrealized gains	54,503
Net effect of adjustment from contract value to fair value	<u>(138,537)</u>
Balance at December 31, 2013	<u>\$ 5,187,557</u>
Purchases	\$ 12,247
Sales	(1,903,852)
Realized gains	2,754
Transfer Out	(3,255,833)
Net effect of adjustment from contract value to fair value	<u>(42,873)</u>
Balance at May 29, 2014	<u>\$ -</u>

EDI Retirement/Savings Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

May 29, 2014, December 31, 2013 and 2012

NOTE D – FAIR VALUE MEASUREMENTS – Continued

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) as of May 28, 2014, December 31, 2013 and 2012:

<u>Investment type</u>	<u>Fair value</u>	<u>Unfunded commitments</u>	<u>Redemption frequency</u>	<u>Redemption notice period</u>
Wells Fargo Stable Value CL F Fund, at December 31, 2013	\$5,187,557	\$ -	Daily	Daily
Wells Fargo Stable Value CL F Fund, at December 31, 2012	\$6,428,856	\$ -	Daily	Daily

To assess the reasonableness of the fair value methodology used for the collective trust fund, Plan management, with the assistance of an investment advisor, evaluates a variety of factors including review of the fund's financial statements, economic conditions, industry and market developments, and overall credit ratings.

The average yield earned by the Collective trusts at May 29, 2014, December 31, 2013 and 2012 was 0%, 1.36%, and 0.94%, respectively. This represents the annualized earnings of all investments in the Collective trusts, including the earnings recorded at the underlying collective trust funds, divided by the fair value of all investments in the Collective trusts at May 29, 2014, December 31, 2013 and 2012.

The average yield earned by the Collective trusts with an adjustment to reflect the actual interest rate credited to participants in the Collective trusts at May 29, 2014, December 31, 2013 and 2012 was 0%, 1.52%, and 1.95%, respectively. This represents the annualized earnings credited to participants in the Collective trusts, divided by the fair value of all investments in the Collective trusts at May 29, 2014, December 31, 2013 and 2012.

NOTE E – TRUSTEE CERTIFICATIONS

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Alerus Financial, N.A., the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants, as shown in the statements of net assets available for benefits as of May 29, 2014, December 31, 2013 and 2012.
- Net investment income and interest income on notes receivable from participants as shown in the statements of changes in net assets available for benefits for the period ended May 29, 2014 and the years ended December 31, 2013 and 2012.
- Schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2013.

EDI Retirement/Savings Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

May 29, 2014, December 31, 2013 and 2012

NOTE F – INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter dated March 31, 2008 that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

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 organization 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 May 29, 2014 and 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.

NOTE G – RELATED PARTIES

The Company has been designated as the Plan Administrator and Plan Sponsor. Certain employees of the Company provide administrative services to the Plan. These services are provided at no expense to the Plan. Administrative expenses, such as audit, legal and trustee fees, are paid by the Plan Sponsor.

Certain Plan assets are held in accounts managed by Alerus Financial, N.A., trustee of the Plan. Therefore, these transactions qualify as exempt party-in-interest transactions.

NOTE H – RECONCILIATION OF THE FINANCIAL STATEMENTS TO THE FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of May 29, 2014, December 31, 2013 and December 31, 2012:

	<u>2014</u>	<u>2013</u>	<u>2012</u>
Net assets available for benefits per the financial statements	\$ -	\$23,823,501	\$24,152,811
Adjustment from contract value to fair value for benefit-responsive investment contracts	<u>-</u>	<u>42,873</u>	<u>181,410</u>
Net assets available for benefits per the Form 5500	<u>\$ -</u>	<u>\$23,866,374</u>	<u>\$24,334,221</u>

EDI Retirement/Savings Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

May 29, 2014, December 31, 2013 and 2012

NOTE H – RECONCILIATION OF THE FINANCIAL STATEMENTS TO THE FORM 5500

– Continued

The following is a reconciliation of the total additions per the financial statements to the Form 5500 for the period ended May 29, 2014 and the years ended December 31, 2013 and 2012:

	<u>2014</u>	<u>2013</u>	<u>2012</u>
Total additions per the financial statements	\$456,670	\$4,152,015	\$4,099,005
Prior year adjustment from contract value to fair value for fully benefit-responsive investment contracts	(42,873)	(181,410)	(131,758)
Current year adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>-</u>	<u>42,873</u>	<u>181,410</u>
Total income per the Form 5500	<u>\$413,797</u>	<u>\$4,013,478</u>	<u>\$4,148,657</u>

SUPPLEMENTARY INFORMATION

EDI Retirement/Savings Plan

Plan EIN: 61-1583011

Plan Number: 001

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

<u>(a)</u>	<u>(b) Identity of issuer</u>	<u>(c) Description of investment</u>	<u>** (d) Cost</u>	<u>(e) Current value</u>
	<u>Collective trust</u>			
	Wells Fargo	Stable Value CL F Fund	\$	5,187,557
	<u>Mutual funds</u>			
	American Funds	Balanced Fund		123,350
	Metropolitan West	Total Return Bond Fund		3,593,825
	American Funds	AMCAP CL R5 Fund		4,232,596
	Eagle	Small Cap Growth CL R5 Fund		1,319,016
	American Funds	Fundamental Investors CL A Fund		190,117
	Goldman Sachs	Small Cap Value IR Fund		799,793
	T Rowe Price	Mid-Cap Growth Adv Fund		1,796,976
	T Rowe Price	Mid-Cap Value Fund		905,151
	Vanguard	Windsor II Admiral Shares Fund		3,819,626
	Vanguard	500 Index Signal Shares Fund		99,165
	American Funds	Euro Pacific Growth Fund		<u>1,424,317</u>
				18,303,932
*	<u>Notes receivable from participants</u>	Interest ranging from 3.25% – 5.75%		<u>362,363</u>
			\$	<u><u>23,853,852</u></u>

* Denotes party-in-interest

** Cost is not required to be disclosed for participant directed investments



© Grant Thornton LLP
All rights reserved.
U.S. member firm of Grant Thornton International Ltd.

This report is confidential. Unauthorized use of this report in whole or in part is strictly prohibited.