# 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
ROCHLING ADVENT TOOL & MOLD,LP PROFIT SHARING/401K PLAN AND TRUST

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 07/01/1989

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

ROCHLING ADVENT TOOL & MOLD LP

999 RIDGEWAY AVENUE
ROCHESTER, NY 14615

**2b** Employer Identification Number (EIN)
45-5284944

**2c** Sponsor's telephone number
585-254-2000

**2d** Business code (see instructions)
333200

**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. | 09/17/2014 | CLETUS O'DELL |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

ROCHLING ADVENT TOOL & MOLD LP

999 RIDGEWAY AVENUE
ROCHESTER, NY 14615

**3b** Administrator's EIN: 45-5284944

**3c** Administrator's telephone number: 585-254-2000

**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: ADVENT TOOL & MOLD CO,INC.

**4b** EIN: 16-1202204

**4c** PN: 001

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 260 |
| **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** | 242 |
| **b** | Retired or separated participants receiving benefits | **6b** | 3 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 18 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 263 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 263 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 220 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 13 |
| **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)** | X | 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)** | X | 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)** | X | 1 | **A** (Insurance Information) |
| **(4)** | X | | **C** (Service Provider Information) |
| **(5)** | X | | **D** (DFE/Participating Plan Information) |
| **(6)** | | | **G** (Financial Transaction Schedules) |

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**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
ROCHLING ADVENT TOOL & MOLD,LP PROFIT SHARING/401K PLAN AND TRUST

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
ROCHLING ADVENT TOOL & MOLD LP

**D** Employer Identification Number (EIN)
45-5284944

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

**1** Coverage Information:

**(a)** Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 42-0127290 | 61271 | 613953 | 272 | 01/01/2013 | 12/31/2013 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 9059 | 9819 |

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

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

EDWARD JONES
12555 MANCHESTER RD
ST LOUIS, MO 63131-3729

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 9059 | 4050 | REFERRAL/SERVICE FEE | 3 |

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

ALLIANCE BENEFIT GROUP CAROLINAS
711 HIGH STREET
DES MOINES, IA 50392-0001

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 0 | 5769 | REFERRAL/SERVICE FEE | 3 |

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | **7b** | |
| **c** | Additions: (1) Contributions deposited during the year | **7c(1)** | 4347 | | |
| | (2) Dividends and credits | **7c(2)** | | | |
| | (3) Interest credited during the year | **7c(3)** | 169 | | |
| | (4) Transferred from separate account | **7c(4)** | | | |
| | (5) Other (specify below) | **7c(5)** | 37100 | | |
| | ▶ LOAN PAYMENT, OUTSIDE INVESTMENT TRANSFER | | | | |
| | (6) Total additions | | | **7c(6)** | 41616 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | | **7d** | 41616 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | **7e(1)** | 233 | | |
| | (2) Administration charge made by carrier | **7e(2)** | 11 | | |
| | (3) Transferred to separate account | **7e(3)** | | | |
| | (4) Other (specify below) | **7e(4)** | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | **7e(5)** | 244 |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | **7f** | 41372 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount | | | **10b** | |

Specify nature of costs ▶

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2013**<br>**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 | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| ROCHLING ADVENT TOOL & MOLD,LP PROFIT SHARING/401K PLAN AND TRUST | | 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| ROCHLING ADVENT TOOL & MOLD LP | 45-5284944 | |

## 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

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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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (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? |
|---|---|---|---|---|---|---|
| 13 37 50 64 | CONTRACT ADMIN. | 2082 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

| (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:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**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
ROCHLING ADVENT TOOL & MOLD,LP PROFIT SHARING/401K PLAN AND TRUST

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

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
ROCHLING ADVENT TOOL & MOLD LP

**D** Employer Identification Number (EIN)
45-5284944

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2010 FD R3

**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

| **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) |
|---|---|---|
| 26-6447574-001 | C | 38100 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2015 FD R3

**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

| **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) |
|---|---|---|
| 26-6447574-002 | C | 400375 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2020 FD R3

**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

| **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) |
|---|---|---|
| 26-6447574-003 | C | 904927 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2025 FD R3

**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

| **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) |
|---|---|---|
| 26-6447574-004 | C | 577131 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2030 FD R3

**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

| **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) |
|---|---|---|
| 26-6447574-005 | C | 1105512 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2035 FD R3

**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

| **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) |
|---|---|---|
| 26-6447574-006 | C | 165734 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2040 FD R3

**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

| **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) |
|---|---|---|
| 26-6447574-007 | C | 222982 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2045 FD R3

**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

| **c** EIN-PN 26-6447574-008 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 203190 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2050 FD R3

**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

| **c** EIN-PN 26-6447574-009 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25799 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2055 FD R3

**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

| **c** EIN-PN 26-6447574-010 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13512 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST INCOME FUND R3

**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

| **c** EIN-PN 26-6447574-011 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 241 |
|---|---|---|

**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)

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
ROCHLING ADVENT TOOL & MOLD,LP PROFIT SHARING/401K PLAN AND TRUST

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
ROCHLING ADVENT TOOL & MOLD LP

**D** Employer Identification Number (EIN)
45-5284944

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 94491 | 148868 |
| **(2)** Participant contributions | 1b(2) | 14397 | 0 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 133491 | 146333 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 3657503 |
| **(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) | 5946483 | 2683833 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 0 | 41372 |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(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 | 6188862 | 6677909 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 6188862 | 6677909 |

## 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) | 148868 | |
| | **(B)** Participants | 2a(1)(B) | 508483 | |
| | **(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) | | 657351 |
| **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) | 5714 | |
| | **(F)** Other | 2b(1)(F) | 169 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 5883 |
| | **(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) | 27962 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 27962 |
| | **(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) | | 488564 |
| (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) | | 358904 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1538664 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1035405 | |
| (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) | | 1035405 |
| f Corrective distributions (see instructions) | 2f | | 12130 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 2082 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 2082 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1049617 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 489047 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [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: DANNIBLE & MCKEE, LLP **(2)** EIN: 33-0996661

**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 | | 997 |
| **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 | | 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? | 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
ROCHLING ADVENT TOOL & MOLD,LP PROFIT SHARING/401K PLAN AND TRUST

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
ROCHLING ADVENT TOOL & MOLD LP

**D** Employer Identification Number (EIN)
45-5284944

## 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): 42-0127290

**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: 00% 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):




RÖCHLING ADVENT TOOL & MOLD, LP

PROFIT SHARING 401(k) PLAN AND TRUST

FINANCIAL STATEMENTS

AND

SUPPLEMENTAL SCHEDULE

* * *

DECEMBER 31, 2013 AND 2012

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DANNIBLE & MCKEE, LLP
Certified Public Accountants and Consultants
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(315) 472-9127 Fax (315) 472-0026

# Independent Auditor's Report

August 14, 2014

To the Participants, Trustees and Plan Administrator of the
Röchling Advent Tool & Mold, LP Profit Sharing 401(k) Plan and Trust

## *Report on the Financial Statements*

We were engaged to audit the accompanying financial statements of the Röchling Advent Tool & Mold, LP Profit Sharing 401(k) Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

## *Management's Responsibility for the Financial Statements*

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

## *Auditor's Responsibility*

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

## *Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (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 3, which was certified by Principal Trust Company and Vanguard Fiduciary Trust Company, the Custodian/Trustee of the Plan, except for comparing such information with the related

information included in the financial statements. We have been informed by the plan administrator that Principal Trust Company held the Plan's investment assets and executed investment transactions as of and for the year ended December 31, 2013, and Vanguard Fiduciary Trust Company held the Plan's investment assets and executed investment transactions as of and for the year ended December 31, 2012. The plan administrator has obtained a certification from Principal Trust Company and Vanguard Fiduciary Trust Company as of December 31, 2013 and 2012, and for the years then ended, that the information provided to the plan administrator by Principal Trust Company and Vanguard Fiduciary Trust Company is complete and accurate.

***Disclaimer of Opinion***

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

***Other Matter - Supplemental Schedule***

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2013, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the ***Basis for Disclaimer of Opinion*** paragraph, we do not express an opinion on this supplemental schedule.

***Report on Form and Content in Compliance With DOL Rules and Regulations***

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

Dannible & McKee, LLP

Dannible & McKee, LLP
Syracuse, New York

RÖCHLING ADVENT TOOL & MOLD, LP PROFIT SHARING 401(k) PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| | December 31, | |
|---|---|---|
| Assets | 2013 | 2012 |
| Investments at fair value (Notes 1, 2, 3 and 5) | $ 6,382,708 | $ 5,946,483 |
| Receivables (Note 1): | | |
| Participant contributions | - | 14,397 |
| Employer contributions | 148,868 | 94,491 |
| Notes receivable from participants | 146,333 | 133,491 |
| Total receivables | 295,201 | 242,379 |
| Total assets | 6,677,909 | 6,188,862 |
| Liabilities | | |
| Excess contributions payable (Notes 2 and 7) | 12,453 | 12,130 |
| Net assets available for benefits | $ 6,665,456 | $ 6,176,732 |

See accompanying notes to financial statements.

RÖCHLING ADVENT TOOL & MOLD, LP PROFIT SHARING 401(k) PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

| | Year ended December 31, | |
|---|---|---|
| | 2013 | 2012 |
| Additions in net assets attributed to:- | | |
| Investment income (Notes 1, 2, 3 and 5): | | |
| Net appreciation in fair value of investments | $ 752,019 | $ 530,898 |
| Interest and dividends | 123,580 | 148,794 |
| Total investment income | 875,599 | 679,692 |
| Interest received on notes receivable from participants (Note 1) | 5,714 | 4,704 |
| Contributions (Note 1): | | |
| Employee | 508,483 | 362,420 |
| Employer | 148,868 | 95,687 |
| Rollovers | - | 23,879 |
| Total contributions | 657,351 | 481,986 |
| Total additions | 1,538,664 | 1,166,382 |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants (Notes 1 and 2) | 1,035,405 | 90,581 |
| Corrective distributions (Note 2) | 12,453 | 12,130 |
| Administrative expenses (Notes 2 and 4) | 2,082 | 16,128 |
| Total deductions | 1,049,940 | 118,839 |
| Net increase | 488,724 | 1,047,543 |
| Net assets available for benefits: | | |
| Beginning of year | 6,176,732 | 5,129,189 |
| End of year | $ 6,665,456 | $ 6,176,732 |

See accompanying notes to financial statements.

## NOTES TO FINANCIAL STATEMENTS

### Note 1 - Description of plan

The following description of the Röchling Advent Tool & Mold, LP (the "Company") Profit Sharing 401(k) Plan and Trust (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

Effective January 1, 2013, the Company amended the Plan to change the name to Röchling Advent Tool & Mold, LP Profit Sharing 401(k) Plan and Trust.

Effective January 1, 2013, the trustees changed investment providers to Principal Trust Company from Vanguard Fiduciary Trust Company (see Note 3). Furthermore, the trustees contracted with Pentegra Retirement Services to provide third party administrative services from Vanguard Fiduciary Trust Company (see Note 4).

General - The Plan is a defined contribution profit sharing plan under Section 401(a) of the Internal Revenue Code and has a Section 401(k) salary deferral arrangement. All assets acquired under the Plan are the result of employer or participant contributions thereto, and all income and other additions thereto are administered, distributed, forfeited or otherwise governed by the provisions of the Plan and ERISA.

Eligibility - The Plan covers all employees of the Company. Employees must be age twenty-one or older to participate in the Plan. An employee must complete ninety days of service in order to participate in the Plan, including elective deferrals and to receive discretionary profit sharing and discretionary matching contributions made by the Company. Employees can begin participating in the Plan on the first day of the plan year, or the first day of the fourth, seventh, or tenth month of the plan year coinciding with or next following the date after meeting the eligibility requirements.

Contributions - Each year participants may contribute a percentage of their pre-tax annual compensation, as defined by the Plan, subject to certain limitations established by the Internal Revenue Code. In addition, the Plan accepts Roth elective deferrals made by participants. Roth 401(k) contributions are includable in a participant's taxable gross income for the year in which the contribution is made. Participants who have attained age fifty before the end of the plan year are eligible to make catch-up contributions. Participants may also make rollover contributions to the Plan. Participants direct the investment of contributions into various investment options offered by the Plan.

The Company may make discretionary matching contributions equal to a percentage of the participants' deferrals. Management of the Company approved a discretionary matching contribution equal to 10% of the participant's elective contributions. Discretionary matching contributions were $48,868 and $35,687 for the years ended December 31, 2013 and 2012, respectively. In addition, management may also elect to make discretionary profit sharing contributions, which will be allocated using an integrated formula. Under this formula, a

participant will receive a base contribution if they have satisfied the eligibility requirements for a profit sharing contribution. If the participant has compensation above the taxable wage base, they will receive an additional contribution on compensation above the taxable wage base. In order to receive an allocation of a discretionary profit sharing contribution, participants must have completed a minimum of 1,000 hours of service during the plan year and be employed on the last day of the plan year. Contributions are subject to certain limitations. Discretionary profit sharing contributions totaled $100,000 and $60,000 for the years ended December 31, 2013 and 2012, respectively.

Participant accounts - Each participant's account is credited with the participant's elective deferral contribution, the Company's discretionary contributions and plan earnings. Allocations are based on participant compensation or account balances, as defined by the plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment options - Upon enrollment in the Plan, a participant may direct 401(k) elective deferrals and the employer discretionary matching contributions to any of the Plan's investment options. Participants may change their investment options daily.

Vesting - Participants are immediately vested in their elective salary deferral contributions plus actual earnings thereon. Vesting in the remainder of their account is based on years of continuous service. Participants are 100% vested after six years of credited service for both employer matching and discretionary contributions. There were forfeited, non-vested accounts of $2,389 and $426 as of December 31, 2013 and 2012, respectively. These accounts can be used to reduce future employer contributions or pay administrative expenses and are at the discretion of the plan administrator.

Payment of benefits - Benefits are paid according to the vested interest to which participants are entitled upon retirement, termination, death or disability. Upon retirement, death, or disability, benefits are distributed to the participant or beneficiary in a lump sum payment at the request of the participant or beneficiary. Distribution of a participant's prior plan transfer account, if any, shall be governed by the special provisions relating to such prior plan as described by the plan document.

Upon termination, participants with an account balance exceeding $1,000 may make an irrevocable election to have the balance distributed to them or defer commencement of the distribution until a normal retirement age. If the balance does not exceed $1,000, the amount is distributable as a lump sum payment.

Notes receivable from participants - Participants may borrow from their accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is lower. The notes are secured by the balance in the participant's account and bear interest at a rate equal to the Barron's prime rate as of the time the loan is approved plus 1.00%. Interest rates are at 4.25% as of December 31, 2013 and 2012. Principal and interest is paid ratably through payroll deductions. The term of the repayment period cannot exceed five years, except if the loan is used to acquire a residence, then the repayment period may be extended beyond five years. Only one note per participant can be outstanding at a time. The notes are

secured by the vested balance in the participant's account. According to requirements of the participant note program, the plan administrator will treat a note in default if any scheduled payment remains unpaid beyond ninety days.

Deemed distributions - Deemed distributions represent the amount of unpaid principal on loans for participants who are actively participating in the Plan and have not continued to make payments on the outstanding loans as required under the participant loan program. There were no deemed distributions from the Plan for the years ended December 31, 2013 and 2012.

Plan termination - Although the Company has not expressed any intent to do so, it has the right under the plan agreement to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, all participants will become 100% vested in their account balances.

Note 2 - Summary of accounting policies

Basis of accounting - The financial statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Financial Accounting Standards Board's (FASB) authoritative guidance regarding accounting for *Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies*, which defines the circumstances in which an investment contract is considered fully benefit-responsive and provides certain reporting and disclosure requirements for fully benefit-responsive investment contracts in defined contribution, health and welfare and pension plans. As described in the authoritative guidance, investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required, the statements of net assets available for benefits presents the fair value of the investment contracts, as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statements of changes in net assets available for benefits are prepared on a contract value basis.

The Plan holds a Principal Fixed Income Guaranteed Option Fund, which is considered a fully benefit-responsive investment contract. Generally, contract value of the Principal Fixed Income Guaranteed Option Fund is equal to participant deposits minus participant withdrawals plus credited interest. Interest credited is net of expenses. The average yield and the crediting interest rate was 2.00% for the Fixed Income Fund for the year ended December 31, 2013. Contract value may be subject to adjustments in connection with contract holder directed withdrawals that are subject to a market value adjustment. There were no fair value adjustments, as fair value approximates the contract value as of December 31, 2013.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Risks and uncertainties - The Plan provides for various investment options in any combination of collective investment trusts and registered investment companies (i.e. mutual funds). Investment securities are exposed to various risks, such as interest rate, market and credit. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Investment valuation and income recognition - Investments are stated at fair market value (see Note 5). All fair market values have been determined by Principal Trust Company, the Custodian of the Plan, as of and for the year ended December 31, 2013, and Vanguard Fiduciary Trust Company, the Trustee of the Plan, as of and for the year ended December 31, 2012, (see Note 3). Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Management individually reviews all notes receivable balances that exceed forty-five days from the date of the most recent payment and, based on the assessment of credit worthiness, estimates the portion, if any, of the balance that will not be collected. Currently, there is no valuation allowance recorded; however, management will record an allowance, if and when potentially uncollectible participant notes receivable becomes material. If a participant defaults on a note receivable and distribution from the participant account has been made during the plan year because the participant has left the Plan, the defaulted note receivable will be reported as benefits paid to participants on the statements of changes in net assets available for benefits and deducted from the receivable balance.

Economic dependency and concentration of credit risk - Approximately 68% of the Plan's investments are invested with Principal Trust Company as of December 31, 2013. All of the Plan's investments were invested with Vanguard Fiduciary Trust Company as of December 31, 2012. Accordingly, the Plan is dependent upon the financial condition of these companies.

Payment of benefits - Benefits are recorded when paid.

Corrective distributions - Corrective distributions represent excess employee salary deferral contributions received during the year, but are returned to the participants in order to satisfy the relevant nondiscrimination provisions of the Plan. These corrective distributions are recorded as excess contributions payable on the statements of net assets available for benefits in the year that they are received, but are recorded on Form 5500 in the plan year that they are paid (see Note 7). Corrective distributions amounted to $12,453 and $12,130 for the years ended December 31, 2013 and 2012, respectively.

Administrative expenses - Administrative costs including maintaining participant accounts, legal and auditing costs, are the obligation of the Plan; however, the Company may pay for such expenses or reimburse the Plan for any payment of these expenses. Costs of managing the investments are paid directly out of the plan assets (see Note 3).

Subsequent events - Management has evaluated subsequent events through August 14, 2014, the date that the financial statements were available for issue.

Note 3 - Investments

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Trust Company ("Principal") has certified that the following data included in the accompanying financial statements as of and for the year ended December 31, 2013, and supplemental schedule as of December 31, 2013, is complete and accurate. Vanguard Fiduciary Trust Company ("Vanguard") had certified that the following data included in the accompanying financial statements as of and for the year ended December 31, 2012, was complete and accurate. Furthermore, the Plan's independent accountants did not perform auditing procedures with respect to the following information except to compare such information to the related information included in the financial statements and supplemental schedule. Individual investments that represent 5% ($333,273 at December 31, 2013, and $308,837 at December 31, 2012) or more of the Plan's net assets are identified below.

| | December 31, | |
|---|---|---|
| | 2013 | 2012 |
| Investments, at fair value:- | | |
| Guaranteed investment contracts | $ 41,372 | $ - |
| Principal collective investment trusts: | | |
| Principal Trust Target 2030 Fund | 1,105,512 | - |
| Principal Trust Target 2020 Fund | 904,927 | - |
| Principal Trust Target 2025 Fund | 577,131 | - |
| Principal Trust Target 2015 Fund | 400,375 | - |
| All other Principal collective investment trusts | 669,558 | - |
| | 3,657,503 | - |
| Registered investment companies (i.e. mutual funds): | | |
| Vanguard Health Care Fund Investor Shares | - | 658,487 |
| Vanguard Prime Money Market Fund | - | 654,304 |
| Vanguard Selected Value Fund | - | 610,126 |
| Vanguard 500 Index Fund Investor Shares | - | 608,388 |
| Vanguard Dividend Growth Fund | - | 476,085 |
| Vanguard Capital Opportunity Fund Investor Shares | - | 436,672 |
| Vanguard Emerging Markets Stock Index Investor | - | 417,406 |
| Vanguard GNMA Fund Investor Shares | - | 362,486 |
| All other registered investment companies | 2,683,833 | 1,722,529 |
| | 2,683,833 | 5,946,483 |
| | $ 6,382,708 | $ 5,946,483 |

The Plan's investment earnings (including gains and losses on investments bought and sold as well as held during the year) are as follows:

| | Year ended December 31, | |
|---|---|---|
| | 2013 | 2012 |
| Investment earnings: | | |
| Net appreciation in investments | $ 752,019 | $ 530,898 |
| Interest and dividends | 123,580 | 148,794 |
| Total certified investment earnings | $ 875,599 | $ 679,692 |

Note 4 - Party in interest transactions

Plan investments are managed by Principal Life Insurance Company, an affiliate of Principal Trust Company, the Custodian of the Plan, as of and for the year ended December 31, 2013. Fees paid for these services qualify as exempt party in interest transactions and are included in the net appreciation in fair value of investments on the accompanying statements of changes in net assets available for benefits. Principal Trust Company also provides custodial services to the Plan; fees paid for these services are paid by the plan sponsor. In addition, Pentegra Retirement Services ("Pentegra") provides third party administrative services to the Plan. The third party administrative fees paid to Pentegra were paid by the plan sponsor for the year ended December 31, 2013. Administrative fees paid by the Plan for benefit payment, participant notes receivable application fees and other services amounted to $2,082 for the year ended December 31, 2013.

The Plan investments were managed by Vanguard an affiliate of Vanguard Fiduciary Trust Company, the Trustee of the Plan's assets, as of and for the year ended December 31, 2012. Fees paid for these services qualify as exempt party in interest transactions and are included in the net appreciation in fair value of investments on the accompanying statements of changes in net assets available for benefits. In addition, Vanguard provided third party administrative services for the year ended December 31, 2012, which are paid by the Plan. Fees paid by the Plan for these services were $16,128 for the year ended December 31, 2012.

Note 5 - Fair value measurements

The Financial Accounting Standards Board has published authoritative guidance on fair value measurements, which establishes a 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 are 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:

- 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; and
- 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 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. The following is a description of the valuation methodologies used for assets measured at fair value, which have been determined and certified by the Trustees.

*Registered Investment Companies (i.e. Mutual Funds)* - Valued at the closing price reported on the active market on which the individual securities are traded (Level 1).

*Collective Investment Trusts (CIT)* - The collective investment trusts are valued using the net asset value ("NAV") provided by the fund trustee based on the value of the underlying assets owned by the trust. The fund manager's objective is to seek total return consisting of long-term growth of capital and current income based on various expected retirement dates. There are no unfunded commitments related to the collective investment trusts and units are redeemable at NAV daily (Level 2).

*Guaranteed Investment Contracts (GIC)* - The Principal Fixed Income Guaranteed Option is a single group annuity contract with a fixed rate of interest. It is not a portfolio of contracts. Fair value is the amount plan participants would receive currently if they were to withdraw or transfer funds within the Plan prior to their maturity for an event other than death, disability, termination or retirement. Most participant transactions are executed using contract value without adjustment. Therefore, the contract value is a good proxy for fair value. This contract does have surrender charges if the contract holder terminates it or a plan terminates its interest in such contract within certain time periods. If the contract holder is considering terminating the contract or a plan is considering terminating its interest in such contract in the near future, contract value less surrender charges may be a better proxy for fair value. The investment contract will provide information about redemption frequency and notice periods if applicable. There are no unfunded commitments (Level 3).

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 table sets forth by Level, within the fair value hierarchy, the Plan's assets at fair value:

| | Assets at Fair Value as of December 31, 2013 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Guaranteed investment contracts | $ - | $ - | $ 41,372 | $ 41,372 |
| Collective investment trusts | - | 3,657,503 | - | 3,657,503 |
| Registered investment companies: | | | | |
| Balanced funds | 283,755 | - | - | 283,755 |
| Large cap funds | 1,081,243 | - | - | 1,081,243 |
| Mid cap funds | 603,989 | - | - | 603,989 |
| Fixed income funds | 276,501 | - | - | 276,501 |
| International stock funds | 312,672 | - | - | 312,672 |
| Small cap funds | 125,673 | - | - | 125,673 |
| Total assets at fair value | $ 2,683,833 | $ 3,657,503 | $ 41,372 | $ 6,382,708 |

| | Assets at Fair Value as of December 31, 2012 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Registered investment companies: | | | | |
| Balanced funds | $ 466,102 | $ - | $ - | $ 466,102 |
| Domestic stock funds | 2,871,583 | - | - | 2,871,583 |
| International stock funds | 760,874 | - | - | 760,874 |
| Bond funds | 535,133 | - | - | 535,133 |
| Specialty stock fund | 658,487 | - | - | 658,487 |
| Money market fund | 654,304 | - | - | 654,304 |
| Total assets at fair value | $ 5,946,483 | $ - | $ - | $ 5,946,483 |

The following table sets forth a summary of changes in the fair value of the guaranteed investment contract, the Plan's Level 3 asset for the year ended December 31, 2013:

| | |
|---|---|
| Balance, beginning of year | $ - |
| Unrealized gain relating to instruments still held at reporting date | 170 |
| Purchases, sales, issuances and settlements (net) | 41,202 |
| Balance, end of year | $ 41,372 |

Quantitative information about significant unobservable inputs used in Level 3 fair value measurements:

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments and the significant unobservable inputs and the ranges for those inputs.

| Type | Fair Value | Valuation Technique | Significant Unobservable Inputs | Rate |
|---|---|---|---|---|
| Principal Fixed Income Guaranteed Option | $ 41,372 | Discontinuation Value | Composite Guaranteed Rate | 2.00% |
| | | | Crediting Rate | 2.00% |
| | | | Surrender Charge | 5.00% |

Note 6 - Tax status of plan

Effective January 1, 2013, the Company adopted a prototype non-standardized profit sharing plan sponsored by Pentegra Retirement Services ("Pentegra"). The Internal Revenue Service has ruled that the prototype non-standardized profit sharing plan of Pentegra is acceptable under Section 401 of the Internal Revenue Code. The management of the Company and plan administrator are not aware of any matters that would disqualify the Plan. Accordingly, the Plan has been accounted for as a tax-exempt plan.

The Plan has reviewed its operations for uncertain tax positions and believes there are no significant exposures. The Plan will include penalties and interest on income tax liabilities in administrative expenses if such amounts arise. The Plan did not incur any penalties and interest on income tax liabilities for the years ended December 31, 2013 and 2012. The Plan is no longer subject to regulatory examinations by tax authorities for the closed years before 2010.

Note 7 - Reconciliation of the financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of:

| | December 31, | |
|---|---|---|
| | 2013 | 2012 |
| Net assets available for plan benefits per the financial statements | $ 6,665,456 | $ 6,176,732 |
| Add - Amount allocated to excess employee contributions payable | 12,453 | 12,130 |
| Net assets available for plan benefits per Form 5500, Schedule H, Part I, Line 1l | $ 6,677,909 | $ 6,188,862 |

The following is a reconciliation of corrective distributions to participants per the financial statements to Form 5500:

| | Year ended December 31, | |
|---|---|---|
| | 2013 | 2012 |
| Corrective distributions to participants per the financial statements | $ 12,453 | $ 12,130 |
| Less - Unpaid corrective distributions to participants (excess contributions payable) | (12,453) | (12,130) |
| Add - Paid Corrective distributions to participants | 12,130 | - |
| Corrective distributions to participants per Form 5500, Schedule H, Part II, Line 2f | $ 12,130 | $ - |

Corrective distributions are recorded in the financial statements in the plan year that the excess contributions are received. Corrective distributions are recorded on the Form 5500 in the plan year that they are paid.

SUPPLEMENTAL SCHEDULE

RÖCHLING ADVENT TOOL & MOLD, LP PROFIT SHARING 401(k) PLAN AND TRUST

EIN #16-1202204

PLAN #001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Required Disclosure of Schedule H, Line 4i on Form 5500)

December 31, 2013

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value | |
|---|---|---|---|---|---|
| * | Principal | Prin Trust Tgt 2030 Fd R3 | $ - | $ 1,105,512 | |
| * | Principal | Prin Trust Tgt 2020 Fd R3 | - | 904,927 | |
| * | Principal | Prin Trust Tgt 2025 Fd R3 | - | 577,131 | |
| * | Principal | Prin Trust Tgt 2015 Fd R3 | - | 400,375 | |
| | Fidelity | Fidelity Adv New Insights T Fd | - | 329,455 | |
| | American Funds | Am Fds New Persp R3 Fund | - | 269,168 | |
| | Cramer Rosenthal | Blackrock Eq Dividend R Fd | - | 246,269 | |
| * | Principal | Prin Trust Tgt 2040 Fd R3 | - | 222,982 | |
| * | Principal | Prin Midcap S&P 400 Idx R3 Fd | - | 221,801 | |
| * | Principal | Prin Trust Tgt 2045 Fd R3 | - | 203,190 | |
| * | Principal | Prin Midcap R3 Fund | - | 199,343 | |
| * | Principal | Prin Lgcap S&P 500 Idx R3 Fd | - | 180,743 | |
| | JP Morgan | JP Morgan Midcap Value R2 Fund | - | 169,019 | |
| * | Principal | Prin Trust Tgt 2035 Fd R3 | - | 165,734 | |
| | Franklin Templeton | Blackrock Global Alloc R Fund | - | 150,373 | |
| | Franklin Templeton | Templeton Glbl Bond R Fd | - | 148,078 | |
| | American Funds | Am Fds Inv Co Of Am R3 Fund | - | 133,757 | |
| | Oppenheimer | Oppen Developing Mkts N Fund | - | 131,777 | |
| | Fidelity | Fidelity Adv Strat Inc T Fund | - | 93,365 | |
| * | Principal | Prin Smcap S&P 600 Idx R3 Fund | - | 85,547 | |
| * | Principal | Prin SAM Balanced R3 Portfolio | - | 66,965 | |
| * | Principal | Prin Equity Income R3 Fund | - | 55,608 | |
| * | Principal | Prin Fixed Inc Guar Option | - | 41,372 | ** |
| | Goldman Sachs | Goldman Sachs Sm Cp Val R Fund | - | 40,126 | |
| * | Principal | Prin Trust Tgt 2010 Fd R3 | - | 38,100 | |
| * | Principal | Prin SAM Strat Growth R3 Port | - | 34,383 | |
| | Thornburg | Thornburg Intl Value R3 Fund | - | 31,919 | |
| * | Principal | Prin Trust Tgt 2050 Fd R3 | - | 25,799 | |
| | Franklin Templeton | Franklin Income R Fund | - | 25,437 | |
| | JP Morgan | JP Morgan Core Bond R2 Fund | - | 19,074 | |
| * | Principal | Prin Real Estate Secs R3 Fund | - | 13,826 | |
| * | Principal | Prin Trust Tgt 2055 Fd R3 | - | 13,512 | |
| | Franklin Templeton | Mutual Global Discovery R Fund | - | 11,024 | |
| | PIMCO Funds | PIMCO Real RreturnN R Fund | - | 10,873 | |
| * | Principal | Prin SAM Cons Growth R3 Port | - | 5,974 | |
| | JP Morgan | JP Morgan Govt Bond R2 Fund | - | 5,111 | |
| | Professional Pensions | MFS International Value R2 Fd | - | 4,195 | |
| * | Principal | Prin SAM Flexible Inc R3 Port | - | 623 | |
| * | Principal | Prin Trust Income Fund R3 | - | 241 | |
| * | Participants | Participant Loans at 4.25% | - | 146,333 | |
| | | | $ - | $ 6,529,041 | |

* Represents a party in interest to the Plan as defined by ERISA

** Reported at fair value, which approximates contract value

Schedule H, Line 4i

Schedule of Assets (Held At End of Year)

Name of Plan: ADVENT TOOL & MOLD,LP PROFIT SHARING/PLAN AND TRUST
Employer Identification Number:► 45-5284944
For plan year (beginning/ending):► 1/1/2013 - 12/31/2013
Plan number:► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | American Funds Services Company | Registererd Investments Company AM FDS INV CO OF AM R3 FUND | $0.00 | $133,757.47 |
| | American Funds Services Company | Registererd Investments Company AM FDS NEW PERSP R3 FUND | $0.00 | $269,167.99 |
| | BlackRock | Registererd Investments Company BLACKROCK EQ DIVIDEND R FD | $0.00 | $246,268.70 |
| | BlackRock | Registererd Investments Company BLACKROCK GLOBAL ALLOCA R FD | $0.00 | $150,372.72 |
| | Fidelity Investments | Registererd Investments Company FIDELITY ADV NEW INSIGHTS T FD | $0.00 | $329,455.16 |
| | Fidelity Investments | Registererd Investments Company FIDELITY ADV STRAT INC T FD | $0.00 | $93,364.60 |
| | Franklin Templeton Investments | Registererd Investments Company FRANKLIN INCOME R FUND | $0.00 | $25,437.10 |
| | Goldman Sachs | Registererd Investments Company GOLDMAN SACHS SM CP VAL R FD | $0.00 | $40,127.88 |
| | JP Morgan Funds | Registererd Investments Company JP MORGAN CORE BOND R2 FUND | $0.00 | $19,073.92 |
| | JP Morgan Funds | Registererd Investments Company JP MORGAN GOVT BOND R2 FD | $0.00 | $5,111.05 |
| | JP Morgan Funds | Registererd Investments Company JP MORGAN MIDCAP VALUE R2 FUND | $0.00 | $169,019.23 |
| | MFS Investments Management | Registererd Investments Company MFS INTERNATIONAL VALUE R2 FUND | $0.00 | $4,195.15 |
| | Franklin Templeton Investments | Registererd Investments Company MUTUAL GLOBAL DISCOVERY R FUND | $0.00 | $11,023.81 |
| | Oppenheimer | Registererd Investments Company OPPEN DEVLOPING MKTS N FUND | $0.00 | $131,776.82 |
| | PIMCO Funds | Registererd Investments Company PIMCO REAL RETURN R FUND | $0.00 | $10,873.44 |
| * | Principal Funds Inc. | Registererd Investments Company PRIN EQUITY INCOME R3 FUND | $0.00 | $55,607.71 |
| * | Principal Life Insurance Company | Insurance Company General PRIN FIXED INC GUAR OPTION | $0.00 | $41,371.68 |
| * | Principal Funds Inc. | Registererd Investments Company PRIN LGCAP S&P 500 IDX R3 FUND | $0.00 | $180,742.92 |
| * | Principal Funds Inc. | Registererd Investments Company PRIN MIDCAP S&P 400 IDX R3 FD | $0.00 | $221,800.64 |
| * | Principal Funds Inc. | Registererd Investments Company PRIN REAL ESTATE SECS R3 FUND | $0.00 | $13,826.07 |
| * | Principal Funds Inc. | Registererd Investments Company PRIN SAM BALANCED R3 PORTFOLIO | $0.00 | $66,964.62 |
| * | Principal Funds Inc. | Registererd Investments Company PRIN SAM CONS GROWTH R3 PORT | $0.00 | $5,974.02 |
| * | Principal Funds Inc. | Registererd Investments Company PRIN SAM FLEXIBLE INC R3 PORT | $0.00 | $622.93 |
| * | Principal Funds Inc. | Registererd Investments Company PRIN SAM STRAT GROWTH R3 PORT | $0.00 | $34,382.90 |
| * | Principal Funds Inc. | Registererd Investments Company PRIN SMCAP S&p 600 IDX R3 FUND | $0.00 | $85,547.09 |
| * | Principal Trust Company | Common/Collective Trust PRIN TRUST INCOME FUND R3 | $0.00 | $238.62 |
| * | Principal Trust Company | Common/Collective Trust PRIN TRUST TGT 2010 FD R3 | $0.00 | $38,100.14 |
| * | Principal Trust Company | Common/Collective Trust PRIN TRUST TGT 2015 FD R3 | $0.00 | $400,375.40 |
| * | Principal Trust Company | Common/Collective Trust PRIN TRUST TGT 2020 FD R3 | $0.00 | $904,926.84 |
| * | Principal Trust Company | Common/Collective Trust PRIN TRUST TGT 2025 FD R3 | $0.00 | $577,131.26 |
| * | Principal Trust Company | Common/Collective Trust PRIN TRUST TGT 2030 FD R3 | $0.00 | $1,105,511.58 |
| * | Principal Trust Company | Common/Collective Trust PRIN TRUST TGT 2035 FD R3 | $0.00 | $165,734.06 |
| * | Principal Trust Company | Common/Collective Trust PRIN TRUST TGT 2040 FD R3 | $0.00 | $222,981.56 |
| * | Principal Trust Company | Common/Collective Trust PRIN TRUST TGT 2045 FD R3 | $0.00 | $203,189.88 |
| * | Principal Trust Company | Common/Collective Trust PRIN TRUST TGT 2050 FD R3 | $0.00 | $25,798.72 |
| * | Principal Trust Company | Common/Collective Trust PRIN TRUST TGT 2055 FD R3 | $0.00 | $13,512.49 |
| * | Principal Funds Inc. | Registererd Investments Company PRIN MIDCAP R3 FUND | $0.00 | $199,342.66 |
| | Franklin Templeton Investments | Registererd Investments Company TEMPLETON GLBL BOND R FUND | $0.00 | $148,078.01 |
| | Thornburg | Registererd Investments Company THORNBURG INTL VALUE R3 FUND | $0.00 | $31,919.16 |
| | Participant Loans | Range of Interest Rates Range from 4.25% to 4.25% | $0.00 | $146,333.00 |
| | | | | $6,529,039.00 |