

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2013</div> <div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☒ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a Name of plan <u>RESERVE MANAGEMENT GROUP 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>RMG INVESTMENT GROUP, LLC</u> <u>1831 EAST HIGHLAND ROAD</u> <u>TWINSBURG, OH 44087</u>	1c Effective date of plan <u>01/01/2013</u>	2b Employer Identification Number (EIN) <u>45-2588798</u>
	2c Sponsor's telephone number <u>440-287-7222</u>	2d Business code (see instructions) <u>423500</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	09/18/2014 Date	ROBERT EVENHOUSE Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	427
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	420
b Retired or separated participants receiving benefits		6b	1
c Other retired or separated participants entitled to future benefits.....		6c	43
d Subtotal. Add lines 6a , 6b , and 6c		6d	464
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	464
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	257
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	1
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 3F 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

A Name of plan <u>RESERVE MANAGEMENT GROUP 401(K) PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RMG INVESTMENT GROUP, LLC</u>	D Employer Identification Number (EIN) <u>45-2588798</u>

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
ASSOCIATED TRUST COMPANY, N.A.

30-0219031

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

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

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

ASSOCIATED TRUST COMPANY, N.A.

30-0219031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 24 28 37 38 50 51 64 70	NONE	29586	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> <div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> 2013 </div> <div style="text-align: center; border-top: 1px solid black; padding: 5px;"> This Form is Open to Public Inspection. </div>
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan RESERVE MANAGEMENT GROUP 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 RMG INVESTMENT GROUP, LLC	D Employer Identification Number (EIN) 45-2588798	

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: ASSOCIATED INTERMEDIATE TERM BOND			
b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY, N.A.			
c EIN-PN 90-0186734-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74869	
a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET COMMON TRUST FUND			
b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY, N.A.			
c EIN-PN 52-7241044-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85622	
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
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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
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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
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plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>RESERVE MANAGEMENT GROUP 401(K) PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RMG INVESTMENT GROUP, LLC</u>		D Employer Identification Number (EIN) <u>45-2588798</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		114
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)		45183
(9) Value of interest in common/collective trusts	1c(9)		160491
(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)		5818582
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f		6024370

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		11700
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		11700

Net Assets

l Net assets (subtract line 1k from line 1f)	1l		6012670
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	396627	
(B) Participants	2a(1)(B)	579284	
(C) Others (including rollovers)	2a(1)(C)	5485	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		981396
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)	856	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		856
(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)	95380	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		95380
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-2576
(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)		553384
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1628440

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	354406	
(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)		354406
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	38145	
(4) Other	2i(4)	3141	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		41286
j Total expenses. Add all expense amounts in column (b) and enter total	2j		395692

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1232748
l Transfers of assets:			
(1) To this plan	2l(1)		4779922
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: LIBMAN, GOLDSTINE, KOPPERMAN & WOLF

(2) EIN: 34-1085938

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan RESERVE MANAGEMENT GROUP 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RMG INVESTMENT GROUP, LLC		D Employer Identification Number (EIN) 45-2588798
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): 30-0219031		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2013 v. 130118		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



RESERVE MANAGEMENT GROUP 401(K) PLAN

Financial Statements
As of December 31, 2013

Together with Independent Auditors' Report

RESERVE MANAGEMENT GROUP 401(K) PLAN

Index to Financial Statements
December 31, 2013

Independent Auditors' Report

Financial Statements:

Statement of Net Assets Available for Benefits as of
December 31, 2013

Statement of Changes in Net Assets Available for Benefits for the
Year Ended December 31, 2013

Notes to Financial Statements

Schedule:

Schedule I – Item 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013



Independent Auditors' Report

To the Participants and Administrator of
Reserve Management Group 401(k) Plan:

Suite 925
Fifth Third Center
600 Superior Avenue East
Cleveland OH 44114
Tel 216.373.2500
Fax 216.373.2501
www.lgkw.com

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Reserve Management Group 401(k) Plan, which comprise the statement of net assets available for benefits as of December 31, 2013, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Associated Trust Company, National Association, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the 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 the supplemental schedule referred to above.

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

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

Libman, Goldstone, Kopperman & Wolf

Cleveland, Ohio
September 17, 2014

RESERVE MANAGEMENT GROUP 401(K) PLAN

Statement of Net Assets Available for Benefits
As of December 31, 2013

	<u>2013</u>
<u>ASSETS:</u>	
Investments, at fair value	\$ 5,979,073
Receivables:	
Notes receivable from participants	45,183
Accrued interest income	<u>114</u>
	<u>45,297</u>
 Total assets	 6,024,370
 <u>LIABILITIES:</u>	
Accrued administrative fees	<u>11,700</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 6,012,670</u></u>

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

RESERVE MANAGEMENT GROUP 401(K) PLAN

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2013

	<u>2013</u>
ADDITIONS:	
Income from investments -	
Net appreciation in fair value of investments	\$ 550,648
Interest and dividend income	<u>96,396</u>
Net investment income	647,044
Contributions -	
Participant	579,284
Rollover	5,485
Employer	<u>396,627</u>
Total contributions	981,396
Transfer of plan assets due to merger	<u>4,779,922</u>
Total additions	6,408,362
DEDUCTIONS:	
Benefits paid to participants	354,406
Administrative expenses	<u>41,286</u>
Total deductions	<u>395,692</u>
NET INCREASE	6,012,670
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS, end of year	<u><u>\$ 6,012,670</u></u>

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

RESERVE MANAGEMENT GROUP 401(K) PLAN

Notes to Financial Statements
December 31, 2013

1. SUMMARY OF PLAN:

Formation of Plan

Effective January 1, 2013, RMG Investment Group LLC formed the Reserve Management Group 401(k) Plan (the "Plan"). The Plan was formed by merging several defined contribution plans which had previously been separately maintained by RMG Investment Group LLC and its affiliated entities. Participating employers (herein collectively referred to as the "Company") are as follows:

- Napuck Salvage & Supply LLC
- Napuck Salvage of Waupaca LLC
- Reserve FTL LLC
- Reserve Alloys LLC
- Auburn Metal Processing LLC
- RSR Partners LLC
- Reserve Material Processing LLC
- Transfer Logistics LLC
- Resource Reclamation Toledo LLC
- South Shore Recycling LLC
- Reserve Transport LLC

General

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan covering all eligible employees of the participating employers listed above who have 3 months of service, as defined, and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions

Each year, participants may contribute a percentage of pretax annual compensation, as defined in the Plan, subject to limitations imposed by the Internal Revenue Code. Additionally, participants may make after-tax ("Roth") contributions, subject to the provisions of the Plan. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions, as defined. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company contributes as a safe harbor matching contribution an amount equal to 100 percent of the participants' contributions that are not in excess of 3 percent of the participants' compensation, plus 50 percent of the participants' contributions that exceed 3 percent but do not exceed 5 percent of the participants' compensation. The matching Company contribution is invested in the same investment options elected by the participant.

RESERVE MANAGEMENT GROUP 401(K) PLAN

Notes to Financial Statements
December 31, 2013

Additional Company contributions may be paid at the discretion of the Company, and are invested in the same portfolio of investments as directed by the participants. No such discretionary contributions were paid during the year ended December 31, 2013.

Participant Accounts

Each participant's account is credited with the participant's deferral contributions, the Company's matching contributions and any discretionary contributions, and Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions and Company matching contributions, plus actual earnings thereon. Vesting in any discretionary Company contributions is based on years of continuous service. The Company uses a graded vesting schedule for discretionary Company contributions, as follows:

<u>Years of service</u>	<u>% vested</u>
0-1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

A participant is 100 percent vested in discretionary Company contributions after six years of credited service. There were no unvested amounts in the Plan as of December 31, 2013.

Participant Loans

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. Loans may have a repayment term of up to five years, or up to ten years if the loan is used to purchase a primary residence. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 5.25% as of December 31, 2013. Principal and interest are paid ratably through regular payroll deductions.

Payment of Benefits

Upon termination of service, a participant may elect to receive a lump-sum amount or installment payments from the participant's account. If the participant's vested balance is less than \$1,000, such balance will be automatically distributed in a lump-sum payment. If the participant's vested balance is greater than \$1,000 but less than \$5,000, the balance will be rolled over into an Individual Retirement Account. Additionally, participants may elect to receive in-service distributions upon attaining age 59-1/2 or in the event of financial hardship, as defined by the Plan.

RESERVE MANAGEMENT GROUP 401(K) PLAN

Notes to Financial Statements
December 31, 2013

The liability of the Plan for benefits to participants is limited to the value of the participants' vested interest in their accounts.

2. SUMMARY OF ACCOUNTING POLICIES:

The financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America as applied to defined contribution plans, and in accordance with the terms of the Plan agreement. A summary of the significant accounting policies applied in the preparation of the accompanying financial statements follows.

Accounting Period

The accompanying financial statements cover the period from January 1, 2013, the effective date of the Plan, through December 31, 2013. A comparative Statement of Net Assets Available for Benefits is not presented because the Plan was not formed until January 1, 2013.

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

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

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes realized gains and losses and unrealized appreciation and depreciation on those investments.

Payment of Benefits

Benefits are recorded when paid.

RESERVE MANAGEMENT GROUP 401(K) PLAN

Notes to Financial Statements
December 31, 2013

Administrative Expenses

Expenses related to the formation of the Plan are borne by the Company. Certain ongoing administrative expenses are paid by the Plan directly, and are reflected in the accompanying Statement of Changes in Net Assets Available for Benefits.

Parties-In-Interest

Associated Trust Company, National Association ("Associated") and certain affiliated entities provide custodial, recordkeeping, and other administrative services to the Plan. Additionally, Associated maintains all of the Plan's current investments, some of which are managed by Associated-affiliated entities, thereby creating a party-in-interest relationship. There were no prohibited transactions with a party-in-interest, as defined.

3. INFORMATION CERTIFIED BY THE TRUSTEE:

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA, and as instructed by the plan administrator, no audit procedures have been performed on certain information certified by Associated Trust Company, National Association, the trustee of the Plan, except to compare such information to the information included in the accompanying financial statements and schedule. Information certified by the trustee includes investments included in the Statement of Net Assets Available for Benefits at December 31, 2013, certain addition and deduction items included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2013 and investments included in Schedule I.

4. FAIR VALUE MEASUREMENTS:

FASB ASC 820 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 under ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for the 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
- 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.

RESERVE MANAGEMENT GROUP 401(K) PLAN

Notes to Financial Statements
December 31, 2013

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

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

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

The valuation of investments has been provided by Associated Trust Company, National Association ("Associated"), the trustee, and represents fair value. Mutual funds are valued at published market prices which represent the net asset value of shares held by the Plan at year end. Investments in common trust funds are valued based on the year-end net asset value of the respective funds. This net asset value (NAV), as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Management believes the common trust funds do not meet the definition of benefit responsiveness as provided in FASB ASC 946; therefore, no adjustment from fair value to contract value has been made in the accompanying Statement of Net Assets Available for Benefits.

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

RESERVE MANAGEMENT GROUP 401(K) PLAN

Notes to Financial Statements
December 31, 2013

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:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Fixed income	\$ 138,798	\$ -	\$ -	\$ 138,798
International	157,283	-	-	157,283
Domestic equity	771,337	-	-	771,337
Balanced	382,889	-	-	382,889
Target date	4,368,275	-	-	4,368,275
	<u>5,818,582</u>	<u>-</u>	<u>-</u>	<u>5,818,582</u>
Common trust funds:				
Bond fund	-	74,869	-	74,869
Money market fund	85,622	-	-	85,622
	<u>85,622</u>	<u>74,869</u>	<u>-</u>	<u>160,491</u>
Total assets at fair value	<u>\$ 5,904,204</u>	<u>\$ 74,869</u>	<u>\$ -</u>	<u>\$ 5,979,073</u>

During the year ended December 31, 2013, the Level 2 investment had net depreciation in fair value of \$3,288.

5. INVESTMENTS:

The following are investments that represent 5 percent or more of the Plan's net assets at December 31, 2013:

	<u>2013</u>
Vanguard Wellington Admiral Fund	\$ 340,568
Vanguard Target Retirement 2015 Fund	604,693
Vanguard Target Retirement 2025 Fund	1,691,121
Vanguard Target Retirement 2035 Fund	1,404,592
Vanguard Target Retirement 2045 Fund	554,102

6. PLAN TERMINATION:

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

7. TAX STATUS:

The Company has adopted a prototype non-standardized plan sponsored by Associated Trust Company, National Association ("Associated"). Associated has received an opinion letter dated March 31, 2008 from the Internal Revenue Service on its prototype plan.

RESERVE MANAGEMENT GROUP 401(K) PLAN

Notes to Financial Statements
December 31, 2013

The plan administrator believes that the Plan is currently being operated in compliance with the applicable provisions of the IRC and, therefore, no taxes have been provided on Plan earnings.

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

8. RISKS AND UNCERTAINTIES:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amount reported in the Statement of Net Assets Available for Benefits.

9. SUBSEQUENT EVENTS:

Management has evaluated subsequent events through September 17, 2014, the date on which the financial statements were available to be issued.

Subsequent to the year ended December 31, 2013, it was determined that the employees of an affiliated company, which was not covered by this Plan in 2013, had been inadvertently admitted to the Plan during 2013. As of the date of this report, management is in the process of preparing a Voluntary Compliance filing in remediation of this matter. It is expected that the Plan will be amended in 2014 to permit participation by the employees referred to above, retroactive to the commencement of their participation in the Plan. Management does not expect any materially adverse consequences to arise out of this matter. As of December 31, 2013, the account balances of the affected employees consisted of:

Balance, beginning of year	\$ -
Transfer of plan assets due to merger	16,947
Participant contributions	13,331
Employer contributions	9,380
Net investment income	3,929
Balance, end of year	<u>\$ 43,587</u>

RESERVE MANAGEMENT GROUP 401(K) PLAN

Item 4i -- Schedule of Assets (Held at End of Year)

Schedule I

As of December 31, 2013

Employer Identification Number: 45-2588798

Plan Number: 001

(a)	(b)	(c)	(e)
	Identity of Issuer	Description of Investments	Current Value
Mutual Funds:			
	American Funds EuroPacific Growth Fund	Mutual Fund	\$ 98,746
	Goldman Sachs Small Cap Value Fund	Mutual Fund	103,835
	Goldman Sachs Growth Opportunities Fund	Mutual Fund	62,788
	Goldman Sachs Satellite Fund	Mutual Fund	42,321
	American Funds New World Fund	Mutual Fund	58,536
	T. Rowe Price Growth Stock Fund	Mutual Fund	93,121
	Ridgeworth Mid Cap Value Fund	Mutual Fund	73,929
	T. Rowe Price Equity Income Fund	Mutual Fund	141,569
	Vanguard Wellington Admiral Fund	Mutual Fund	340,568
	Vanguard Target Retirement Income Fund	Mutual Fund	80,133
	Vanguard Target Retirement 2015 Fund	Mutual Fund	604,693
	Vanguard Target Retirement 2025 Fund	Mutual Fund	1,691,121
	Vanguard Target Retirement 2035 Fund	Mutual Fund	1,404,592
	Vanguard Target Retirement 2045 Fund	Mutual Fund	554,102
	Vanguard Target Retirement 2055 Fund	Mutual Fund	113,767
	Vanguard Small Cap Index Signal Fund	Mutual Fund	14,026
	Vanguard Mid Cap Index Signal Fund	Mutual Fund	55,856
	Vanguard 500 Index Signal Fund	Mutual Fund	140,181
	Wasatch Small Cap Growth Fund	Mutual Fund	86,033
	Vanguard Total Bond Market Index Signal Fund	Mutual Fund	30,853
	Vanguard Short Term Investment Grade Bond Fund	Mutual Fund	27,812
			<u>5,818,582</u>
Common Trust Funds:			
*	Associated Intermediate Term Bond Fund	Common Trust Fund	74,869
*	Money Market Fund	Common Trust Fund	85,622
			<u>160,491</u>
	Total assets held for investment purposes		<u>\$ 5,979,073</u>
*	Notes receivable from participants (interest rates, 4.25% - 5.25%)		<u>\$ 45,183</u>

* Indicates party-in-interest to the Plan

The accompanying notes to the financial statements are an integral part of this schedule.

Attachment to Schedule H, Line 4i - Schedule of Assets Held at Year End

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/13

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RESERVE MANAGEMENT GROUP 401K PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
CASH AND EQUIVALENTS							
	0	CASH	.00 .000	.00 .000		0	0.00
TOTAL CASH AND EQUIVALENTS			----- .00	----- .00	----- .00	----- 0	----- 0.00
EQUITIES							
EQUITY MUTUAL FUNDS							
298706-82-1	2,013.995	AM FDS EUROPACIFIC GROWTH FD CL R6	86,256.87 42.829	98,746.17 49.030	1.64	1,238	1.25
38142V-20-9	1,843	GOLDMAN SACHS SM CAP VALUE INSTL	93,892.53 50.945	103,834.62 56.340	1.72	691	0.67
38142Y-40-1	2,062.018	GOLDMAN SACHS GROWTH OPPORT INSTL	56,775.17 27.534	62,788.45 30.450	1.04	0	0.00
38143H-33-2	5,192.696	GOLDMAN SACHS SATELLITE CL I	42,914.66 8.264	42,320.47 8.150	.70	1,599	3.78
649280-81-5	996.194	AM FDS NEW WORLD FUND R6	55,478.63 55.691	58,536.36 58.760	.97	796	1.36
741479-10-9	1,771.373	ROWE T PRICE GROWTH STK FD CL I	74,167.68 41.870	93,121.08 52.570	1.55	35	0.04
76628R-61-5	5,423.958	RW FDS MID CAP VAL EQ FD CL I	72,217.81 13.315	73,928.55 13.630	1.23	0	0.00
779547-10-8	4,310.866	T ROWE PRICE EQUITY INCOME FD	127,987.39 29.689	141,568.84 32.840	2.35	2,327	1.64
921935-20-1	5,197.134	VANGUARD WELLINGTON FD ADMIRAL FD	325,297.34 62.592	340,568.19 65.530	5.65	8,455	2.48

Attachment to Schedule H, Line 4i - Schedule of Assets Held at Year End

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/13

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RESERVE MANAGEMENT GROUP 401K PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
92202E-10-2	6,410.649	VANGUARD TARGET RETIREMENT INC	79,874.18 12.460	80,133.11 12.500	1.33	1,307	1.63
92202E-30-0	40,940.626	VANGUARD TARGET RETIRE 2015	574,600.81 14.035	604,693.05 14.770	10.04	10,685	1.77
92202E-40-9	107,372.782	VANGUARD TARGET RETIREMENT 2025	1,557,536.23 14.506	1,691,121.32 15.750	28.07	30,815	1.82
92202E-50-8	82,720.372	VANGUARD TARGET RETIREMENT 2035	1,262,762.69 15.265	1,404,591.92 16.980	23.32	26,801	1.91
92202E-60-7	31,199.451	VANGUARD TARGET RETIREMENT 2045	499,740.15 16.018	554,102.25 17.760	9.20	10,420	1.88
92202E-84-7	3,748.512	VANGUARD TARGET RETIREMENT 2055 FD	102,049.28 27.224	113,767.34 30.350	1.89	1,788	1.57
922908-42-1	295.344	VANGUARD SMALL CAP INDEX SIGNAL	12,310.87 41.683	14,025.89 47.490	.23	183	1.31
922908-44-7	1,299.586	VANGUARD MID CAP INDEX SIGNAL	48,413.58 37.253	55,856.21 42.980	.93	654	1.17
922908-49-6	996.168	VANGUARD 500 INDEX FUND SIGNAL	120,355.62 120.819	140,180.76 140.720	2.33	2,577	1.84
936772-10-2	1,639.655	WASATCH SMALL CAP GROWTH FD	75,637.60 46.130	86,032.70 52.470	1.43	0	0.00
TOTAL EQUITY MUTUAL FUNDS			----- 5,268,269.09	----- 5,759,917.28	----- 95.61	----- 100,371	----- 1.74
TOTAL EQUITIES			----- 5,268,269.09	----- 5,759,917.28	----- 95.61	----- 100,371	----- 1.74

Attachment to Schedule H, Line 4i - Schedule of Assets Held at Year End

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/13

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RESERVE MANAGEMENT GROUP 401K PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
FIXED INCOME SECURITIES							
FIXED INCOME COMMON TRUST FUNDS							
999999-03-0	1,831.693	ASSOCIATED INTERMEDIATE TERM BOND FD	76,126.16 41.561	74,869.40 40.874	1.24	2,960	3.95
999999-19-6	58,069.590	MONEY MARKET FUND	85,608.31 1.474	85,621.63 1.474	1.42	0	0.00
TOTAL FIXED INCOME COMMON TRUST FUNDS			161,734.47	160,491.03	2.66	2,960	1.84
FIXED INC MUT/ETF FD							
921937-86-8	2,921.750	VANGUARD TOT BOND MKT INDEX SIGNAL 69.38	31,994.31 10.950	30,853.68 10.560	.51	824	2.67
922031-40-6	2,599.194	VANGUARD SHORT TERM INV GRADE FD 44.31	27,702.84 10.658	27,811.38 10.700	.46	541	1.95
TOTAL FIXED INCOME MUTUAL/ETF FUNDS			59,697.15	58,665.06	.97	1,365	2.33
TOTAL FIXED INCOME SECURITIES			221,431.62	219,156.09	3.64	4,325	1.97
MISCELLANEOUS							
MS1029-78-9	45,182.820	MASTER LOAN	45,182.82 1.000	45,182.82 1.000	.75	0	0.00
TOTAL MISCELLANEOUS			45,182.82	45,182.82	.75	0	0.00
TOTAL ASSETS			5,534,883.53	6,024,256.19			

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/13

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RESERVE MANAGEMENT GROUP 401K PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
		ACCRUED INCOME					
		INTEREST	113.69	113.69	.00		
		TOTAL ACCRUED INCOME	----- 113.69	----- 113.69	----- .00		
		TOTAL ASSETS PLUS ACCRUED INCOME	5,534,997.22	6,024,369.88			