

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

Part II	Basic Plan Information—enter all requested information
1a Name of plan <u>309 MONROE, INC. INCENTIVE SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>12/29/1976</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>309 MONROE, INC.</u> <u>309 MONROE STREET</u> <u>MONROEVILLE, OH 44847</u>	2b Employer Identification Number (EIN) <u>34-0894044</u> 2c Sponsor's telephone number <u>419-465-2593</u> 2d Business code (see instructions) <u>236200</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.	10/07/2014	PATRICIA A. ANDERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: 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	193
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	167
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	13
d Subtotal. Add lines 6a , 6b , and 6c		6d	180
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	180
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	148
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2T 3D 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>309 MONROE, INC. INCENTIVE SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>309 MONROE, INC.</u>	D Employer Identification Number (EIN) <u>34-0894044</u>

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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 51 52 59 60 62 63 71 72	RECORDKEEPER	99561	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 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>309 MONROE, INC. INCENTIVE SAVINGS PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>309 MONROE, INC.</u>		D Employer Identification Number (EIN) <u>34-0894044</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	50	100
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	82090	99828
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	600	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	949792	951776
(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)	545305	518559
(9) Value of interest in common/collective trusts	1c(9)		
(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)	4802944	7225794
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	7211669	5640205

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	13592450	14436262

Liabilities

g Benefit claims payable	1g		35984
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		35984

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	13592450	14400278
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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)	99828	
(B) Participants	2a(1)(B)	571476	
(C) Others (including rollovers)	2a(1)(C)	62074	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		733378
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	681	
(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)	22424	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		23105
(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)	378470	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		378470
(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)		
(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)		683464
c Other income	2c		923079
d Total income. Add all income amounts in column (b) and enter total	2d		2741496

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1912966	
(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)		1912966
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		15824
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4878	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4878
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1933668

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		807828
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: VANDOOTINGH, MOSHER, MELLEN & CO.

(2) EIN: 34-1816383

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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

A Name of plan <u>309 MONROE, INC. INCENTIVE SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>309 MONROE, INC.</u>	D Employer Identification Number (EIN) <u>34-0894044</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>94-1687665</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



VAN DOOTINGH, MOSHER, MELLEN & CO.

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
309 Monroe, Inc. Incentive Savings Plan
Monroeville, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of 309 Monroe, Inc. Incentive Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these 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 E, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2013 and 2012, and for the 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, Schedule of Assets (Held at End of Year), as of December 31, 2013 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

VanDorring, Mosher, Mellen & Co.

Norwalk, Ohio
October 3, 2014

FINANCIAL SCHEDULES

SCHEDULE H, LINE 4i
(FORM 5500)

2013

For calendar plan year 2013
 309 MONROE, INC.
 309 MONROE, INC. INCENTIVE SAVINGS PLAN

EIN: 34-0894044
 PLAN: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(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
*	merrill lynch retirement bank account	money market account		951,776
*	bif money fund	money fund		35,984
*	american century equity income fund a	48,634.0827 shares mutual fund		417,280
*	blackrock equity dividend inv fund a	28,067.8477 shares mutual fund		681,487
*	blackrock global allocation fund a	2,732.7716 shares mutual fund		58,290
*	columbia seligman comms & info fund a	709.8277 shares mutual fund		35,442
*	goldman sachs mid cap value fund a	11,274.8017 shares mutual fund		496,993
*	goldman sachs small cap value fund a	4,290.1928 shares mutual fund		228,366
*	ing mid cap opportunities fund a	17,656.5564 shares mutual fund		422,874
*	ivy asset strategy fund y	2,459.0329 shares mutual fund		78,886
*	ivy high income fund y	74,432.1931 shares mutual fund		643,094
*	jpmorgan small cap equity fund a	3,745.1009 shares mutual fund		167,144
*	lord abbett dev growth fund a	619.8505 shares mutual fund		15,974
*	massachusetts investors growth stock fund a	21,408.8128 shares mutual fund		488,763
*	oppenheimer global fund a	4,281.5396 shares mutual fund		337,300
*	pimco income fund a	51,588.7577 shares mutual fund		632,478
*	pimco total return fund a	84,029.1104 shares mutual fund		898,271
*	principal investors sam balanced fund a	1,502.9198 shares mutual fund		23,461
*	principal investors sam flexible income fund a	11,358.6003 shares mutual fund		138,689
*	prudential jennison 20/20 focus a	17,782.2186 shares mutual fund		304,965
*	templeton global bond fund a	2,102.7017 shares mutual fund		27,630
*	the managers bond fund	5,827.7540 shares mutual fund		159,273
*	thornburg international growth fund a	17,717.7318 shares mutual fund		382,171
*	thornburg international value fund a	17,552.6883 shares mutual fund		550,979
*	participant-directed brokerage account	5,640,204.6311 units self direct accounts		5,640,205
*	participant loans	maturity dates vary, interest rates ranging from 4.25% to 8.50%	0	518,559
			x	14,336,334

x - Cost omitted for participant directed investments.

309 MONROE, INC.
INCENTIVE SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

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VAN DOOTINGH, MOSHER, MELLEN & CO.

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
309 Monroe, Inc. Incentive Savings Plan
Monroeville, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of 309 Monroe, Inc. Incentive Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these 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 E, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2013 and 2012, and for the 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, Schedule of Assets (Held at End of Year), as of December 31, 2013 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

VanDorring, Mosher, Mellen & Co.

Norwalk, Ohio
October 3, 2014

309 MONROE, INC.
INCENTIVE SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2013 AND 2012

	2013	2012
ASSETS:		
INVESTMENTS, AT FAIR VALUE:		
Interest bearing cash	\$ 951,776	\$ 949,792
Money funds	35,984	0
Mutual funds	7,189,810	4,802,944
Participant directed brokerage account:		
Interest bearing cash	5,288	170,190
Common stock	5,357,858	6,722,542
Money funds	172,495	227,662
Mutual funds	104,564	91,275
Total participant directed brokerage account	<u>5,640,205</u>	<u>7,211,669</u>
TOTAL INVESTMENTS, AT FAIR VALUE	13,817,775	12,964,405
RECEIVABLES:		
Employer's contribution	99,828	82,090
Notes receivable from participants	518,559	545,305
Accrued interest & dividends	<u>0</u>	<u>600</u>
TOTAL RECEIVABLES	618,387	627,995
CASH	<u>100</u>	<u>50</u>
TOTAL ASSETS	<u>14,436,262</u>	<u>13,592,450</u>
LIABILITIES:		
REFUNDABLE CONTRIBUTIONS	<u>10,535</u>	<u>0</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 14,425,727</u>	<u>\$ 13,592,450</u>

SEE INDEPENDENT AUDITOR'S REPORT AND ACCOMPANYING NOTES.

309 MONROE, INC.
INCENTIVE SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2013

	2013
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
INVESTMENT INCOME:	
Interest	\$ 23,105
Dividends	483,709
Net realized and unrealized appreciation in fair value of investments	<u>1,598,460</u>
TOTAL INVESTMENT INCOME	2,105,274
CONTRIBUTIONS:	
Employer's	99,828
Participants'	560,941
Rollover	<u>62,074</u>
TOTAL CONTRIBUTIONS	<u>722,843</u>
TOTAL ADDITIONS	2,828,117
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	1,892,806
Administrative expenses	<u>102,034</u>
TOTAL DEDUCTIONS	<u>1,994,840</u>
NET INCREASE (DECREASE)	833,277
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>13,592,450</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 14,425,727</u>

SEE INDEPENDENT AUDITOR'S REPORT AND ACCOMPANYING NOTES.

309 MONROE, INC.
INCENTIVE SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE A...DESCRIPTION OF PLAN:

The following description of the 309 Monroe, Inc. Incentive Savings Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL. The Plan is a defined contribution plan covering substantially all employees of 309 Monroe, Inc. who have one year of service and are age eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS. Participants may contribute up to 50% of annual compensation pre or post tax, as defined in the plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Company may contribute a discretionary matching contribution. Participants direct investment of their contributions and Company contributions into various investment options offered by the Plan. The Plan offers a money market account, a wide variety of mutual funds, Goal Manager model portfolios, and a participant directed brokerage account. Participants may change their investment options at any time directly with Bank of America Merrill Lynch. Contributions are subject to certain limitations.

PARTICIPANT ACCOUNTS. Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the plan. The benefit to which a participant is entitled is the benefit that can be provided from the participants vested account.

VESTING. Participants are immediately vested in their voluntary contributions plus actual earnings thereon. After two years of credited service, participants vest 20 percent per year of credited service and are 100 percent vested in the company contributions portion of their account, plus earnings, after six years of credited service. In addition, participants become 100 percent vested in the company contributions portion of their account, plus earnings, at attainment of normal retirement age (65), death, or permanent disability.

NOTES RECEIVABLE FROM PARTICIPANTS. Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of the vested portion of their account balance. The maximum loan term is five years or longer for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a fixed rate of the prime rate plus 1.0%. Principal and interest is paid ratably through payroll deductions.

309 MONROE, INC.
INCENTIVE SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE A...DESCRIPTION OF PLAN (CONT.):

PAYMENT OF BENEFITS. Upon termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or in annual installments over a certain period of time. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

FORFEITURES. Forfeitures represent the nonvested portion of withdrawing participant accounts. Forfeitures for 2013 and 2012 reallocated to participants' accounts were \$18 and \$251, respectively.

NOTE B...SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

1. BASIS OF ACCOUNTING

The financial statements of the Plan are prepared under the accrual method of accounting.

2. INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are stated 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. The Plan's Administrative Committee determines the Plan's valuation policies utilizing information provided by the Plan trustee, investment advisers and custodians. See Note D for further 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

3. NOTES RECEIVABLE FROM PARTICIPANTS

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

4. PAYMENT OF BENEFITS

Benefits are recorded when paid.

5. ADMINISTRATIVE EXPENSES

The Company absorbs most of the administrative expenses related to professional service fees on behalf of the Plan. Expenses absorbed by the Company have not been reflected in the financial statements.

309 MONROE, INC.
INCENTIVE SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE B...SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT.):

6. USE OF ESTIMATES

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

7. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 3, 2014, the date which the financial statements were available for issue.

NOTE C...INVESTMENTS:

The Plan's investments are held by Bank of America, N.A. Investments that represent five percent or more of the Plan's net assets are separately identified.

	<u>2013</u>	<u>2012</u>
Interest bearing cash:		
Merrill Lynch Retirement Bank Account	\$ 951,776	\$ 949,792
Money funds	35,984	0
Mutual funds:		
PIMCO Total Return Fund Class A	898,271	612,039
Other	6,291,539	4,190,905
Total mutual funds	<u>7,189,810</u>	<u>4,802,944</u>
Participant directed brokerage account:		
Interest bearing cash	5,288	170,190
Common stock	5,357,858	6,722,542
Money funds	172,495	227,662
Mutual funds	104,564	91,275
Total participant directed brokerage account	<u>5,640,205</u>	<u>7,211,669</u>
TOTAL INVESTMENTS.....	<u>\$13,817,775</u>	<u>\$12,964,405</u>

During 2013, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by \$1,598,460 as follows:

NET CHANGE IN FAIR VALUE

Mutual funds	\$ 696,643
Common stock	<u>901,817</u>
NET CHANGE IN FAIR VALUE.....	<u>\$ 1,598,460</u>

309 MONROE, INC.
INCENTIVE SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE D...FAIR VALUE MEASUREMENTS:

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

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

Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Common stocks: valued at the closing price reported on the active market on which the individual securities are traded.

Money funds: valued at the closing price reported in the active market in which the individual securities are traded.

309 MONROE, INC.
INCENTIVE SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE D...FAIR VALUE MEASUREMENTS (CONT.):

Mutual funds: valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's fair value measurements at December 31, 2013 and 2012.

	Fair Value Measurements at December 31, 2013			
	Quoted Prices in Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs	Total
	Level 1	Level 2	Level 3	
Interest bearing cash	\$ 951,776	\$ 0	\$ 0	\$ 951,776
Money funds	35,984	0	0	35,984
Mutual funds:				
Blend funds	448,806	0	0	448,806
Bond funds	2,360,746	0	0	2,360,746
Growth funds	2,784,498	0	0	2,784,498
Value funds	1,595,760	0	0	1,595,760
Total mutual funds	7,189,810	0	0	7,189,810
Participant directed brokerage account:				
Interest bearing cash	5,288	0	0	5,288
Common stock:				
Bank loan	172,806	0	0	172,806
Basic materials	167,630	0	0	167,630
Commodities	9,209	0	0	9,209
Communication services	134,023	0	0	134,023
Consumer cyclical	338,426	0	0	338,426
Consumer defensive	512,962	0	0	512,962
Corporate bond	167,856	0	0	167,856
Diversified emerging mkt	8,228	0	0	8,228
Diversified Pacific/Asia	3,985	0	0	3,985
Emerging markets bond	145,222	0	0	145,222
Energy	281,865	0	0	281,865
Europe stock	4,351	0	0	4,351
Financial services	484,106	0	0	484,106
Foreign large value	5,884	0	0	5,884
Global real estate	5,559	0	0	5,559
Healthcare	541,900	0	0	541,900
High yield bond	76,942	0	0	76,942

309 MONROE, INC.
INCENTIVE SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE D...FAIR VALUE MEASUREMENTS (CONT.):

	Fair Value Measurements at December 31, 2013			
	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
Participant directed brokerage account (cont.):				
Common stock (cont.):				
Industrials	\$ 627,827	\$ 0	\$ 0	\$ 627,827
Inflation-protected bond	1,758	0	0	1,758
Intermediate government	1,440	0	0	1,440
Intermediate-term bond	331,489	0	0	331,489
Large value	5,796	0	0	5,796
Mid-cap value	13,962	0	0	13,962
Miscellaneous	5,805	0	0	5,805
Preferred stock	81,097	0	0	81,097
Real estate	16,306	0	0	16,306
Short-term bond	119,096	0	0	119,096
Single currency	3,525	0	0	3,525
Small growth	108,632	0	0	108,632
Technology	692,199	0	0	692,199
Utilities	236,001	0	0	236,001
World allocation	6,014	0	0	6,014
World bond	34,298	0	0	34,298
World stock	11,659	0	0	11,659
Total common stock	<u>5,357,858</u>	<u>0</u>	<u>0</u>	<u>5,357,858</u>
Money funds	172,495	0	0	172,495
Mutual funds:				
Blend	38,678	0	0	38,678
Commodities	9,511	0	0	9,511
Growth	1,342	0	0	1,342
Value	41,645	0	0	41,645
World bond	13,388	0	0	13,388
Total mutual funds	<u>104,564</u>	<u>0</u>	<u>0</u>	<u>104,564</u>
Total participant directed brokerage account	<u>5,640,205</u>	<u>0</u>	<u>0</u>	<u>5,640,205</u>
TOTAL ASSETS AT FAIR VALUE	<u>\$13,817,775</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$13,817,775</u>

309 MONROE, INC.
INCENTIVE SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE D...FAIR VALUE MEASUREMENTS (CONT.):

	Fair Value Measurements at December 31, 2012			
	Quoted Prices in Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs	Total
	Level 1	Level 2	Level 3	
Interest bearing cash	\$ 949,792	\$ 0	\$ 0	\$ 949,792
Mutual funds:				
Blend funds	228,913	0	0	228,913
Bond funds	1,693,729	0	0	1,693,729
Growth funds	1,770,046	0	0	1,770,046
Value funds	1,110,256	0	0	1,110,256
Total mutual funds	4,802,944	0	0	4,802,944
Participant directed brokerage account:				
Interest bearing cash	170,190	0	0	170,190
Common stock:				
Basic materials	347,801	0	0	347,801
Blend	8,906	0	0	8,906
Commodities	13,747	0	0	13,747
Consumer goods	333,665	0	0	333,665
Emerging markets bond	225,966	0	0	225,966
Financial	608,728	0	0	608,728
Healthcare	591,199	0	0	591,199
High yield bond	160,357	0	0	160,357
Industrial goods	176,170	0	0	176,170
Inflation-protected bond	105,141	0	0	105,141
Intermediate government	79,723	0	0	79,723
Intermediate-term bond	1,258,295	0	0	1,258,295
Long government fund	51,502	0	0	51,502
Long-term bond	263,598	0	0	263,598
Services	758,140	0	0	758,140
Short-term bond	427,951	0	0	427,951
Single currency	4,295	0	0	4,295
Technology	956,578	0	0	956,578
Utilities	260,992	0	0	260,992
Value	10,292	0	0	10,292
World bond	79,496	0	0	79,496
Total common stock	6,722,542	0	0	6,722,542
Money funds	227,662	0	0	227,662

309 MONROE, INC.
INCENTIVE SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE D...FAIR VALUE MEASUREMENTS (CONT.):

	Fair Value Measurements at December 31, 2012			
	Quoted Prices	Significant	Significant	Total
	in Active	Other	Unobservable	
	Markets for Identical Assets Level 1	Observable Inputs Level 2	Inputs Level 3	
Participant directed brokerage account (cont.):				
Mutual funds:				
Blend	\$ 35,428	\$ 0	\$ 0	\$ 35,428
Commodities	10,458	0	0	10,458
Growth	2,532	0	0	2,532
Value	29,765	0	0	29,765
World bond	13,092	0	0	13,092
Total mutual funds	<u>91,275</u>	<u>0</u>	<u>0</u>	<u>91,275</u>
Total participant directed brokerage account	<u>7,211,669</u>	<u>0</u>	<u>0</u>	<u>7,211,669</u>
TOTAL ASSETS AT FAIR VALUE	<u>\$12,964,405</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$12,964,405</u>

NOTE E...UNAUDITED INFORMATION:

For 2013 and 2012, the financial information included in the Plan financial statements, except for contributions receivable, contributions, and benefits paid to participants, has been derived from information certified as complete and accurate by Bank of America, N.A., in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE F...PLAN TERMINATION:

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

NOTE G...TAX STATUS:

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore the Plan is qualified and the related trust is tax-exempt.

309 MONROE, INC.
INCENTIVE SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE G...TAX STATUS (CONT.):

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

NOTE H...ESTIMATED BENEFITS PAID IN 2014:

The amount of estimated benefits applied for prior to December 31, 2013 and that are to be paid by December 31, 2014 is \$35,984.

NOTE I...RISKS AND UNCERTAINTIES:

The Plan invests in various types of 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 the amounts reported in the statement of net assets available for plan benefits.

NOTE J...RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

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

	<u>2013</u>	<u>2012</u>
Net assets available for benefits per the financial statements	\$14,425,727	\$13,592,450
Refundable contributions	10,535	0
Amounts allocated to withdrawing participants	<u>(35,984)</u>	<u>0</u>
Net assets available for benefits per the Form 5500.....	<u>\$14,400,278</u>	<u>\$13,592,450</u>

The following is a reconciliation of participants' contributions per the financial statements for the year ending December 31, 2013 to Form 5500:

Participants' contributions per the financial statements	\$ 560,941
Add: Refundable contributions	<u>10,535</u>
Participants' contributions per Form 5500.....	<u>\$ 571,476</u>

309 MONROE, INC.
INCENTIVE SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE J...RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONT.):

The following is a reconciliation of benefits paid to participants per the financial statements for the year ending December 31, 2013 to Form 5500:

Benefits paid to participants per the financial statements	\$ 1,892,806
Add: Refundable contributions returned	0
Add: Amounts allocated to withdrawing participants at December 31, 2013	35,984
Less: Amounts allocated to withdrawing Participants at December 31, 2012	<u>0</u>
Benefits paid to participants per Form 5500.....	<u>\$ 1,928,790</u>

Refundable contributions are recorded on the Form 5500 as corrective distributions in the period in which they are returned to the participants.

Amounts allocated to withdrawing participants are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to December 31, 2013, but not yet paid as of that date.

NOTE K...RECLASSIFICATION:

Certain amounts shown on the statements ending December 31, 2012 have been reclassified to conform to the December 31, 2013 presentation.

SUPPLEMENTAL INFORMATION

FINANCIAL SCHEDULES

SCHEDULE H, LINE 4i
(FORM 5500)

2013

For calendar plan year 2013
309 MONROE, INC.
309 MONROE, INC. INCENTIVE SAVINGS PLAN

EIN: 34-0894044
PLAN: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(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
*	merrill lynch retirement bank account	money market account		951,776
*	bif money fund	money fund		35,984
*	american century equity income fund a	48,634.0827 shares mutual fund		417,280
*	blackrock equity dividend inv fund a	28,067.8477 shares mutual fund		681,487
*	blackrock global allocation fund a	2,732.7716 shares mutual fund		58,290
*	columbia seligman comms & info fund a	709.8277 shares mutual fund		35,442
*	goldman sachs mid cap value fund a	11,274.8017 shares mutual fund		496,993
*	goldman sachs small cap value fund a	4,290.1928 shares mutual fund		228,366
*	ing mid cap opportunities fund a	17,656.5564 shares mutual fund		422,874
*	ivy asset strategy fund y	2,459.0329 shares mutual fund		78,886
*	ivy high income fund y	74,432.1931 shares mutual fund		643,094
*	jpmorgan small cap equity fund a	3,745.1009 shares mutual fund		167,144
*	lord abbett dev growth fund a	619.8505 shares mutual fund		15,974
*	massachusetts investors growth stock fund a	21,408.8128 shares mutual fund		488,763
*	oppenheimer global fund a	4,281.5396 shares mutual fund		337,300
*	pimco income fund a	51,588.7577 shares mutual fund		632,478
*	pimco total return fund a	84,029.1104 shares mutual fund		898,271
*	principal investors sam balanced fund a	1,502.9198 shares mutual fund		23,461
*	principal investors sam flexible income fund a	11,358.6003 shares mutual fund		138,689
*	prudential jennison 20/20 focus a	17,782.2186 shares mutual fund		304,965
*	templeton global bond fund a	2,102.7017 shares mutual fund		27,630
*	the managers bond fund	5,827.7540 shares mutual fund		159,273
*	thornburg international growth fund a	17,717.7318 shares mutual fund		382,171
*	thornburg international value fund a	17,552.6883 shares mutual fund		550,979
*	participant-directed brokerage account	5,640,204.6311 units self direct accounts		5,640,205
*	participant loans	maturity dates vary, interest rates ranging from 4.25% to 8.50%	0	518,559
			x	14,336,334

x - Cost omitted for participant directed investments.

SEE INDEPENDENT AUDITOR'S REPORT.