| Form 5500 | Annual Return/Report of Employee Benefit Plan | OMB Nos. 1210-0110 1210-0089 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **Complete all entries in accordance with the instructions to the Form 5500.** | **2013**<br>**This Form is Open to Public Inspection** |

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
UNITED MCGILL CORPORATION PAY DEFERRAL PLAN & TRUST

**1b** Three-digit plan number (PN) ▶ 004

**1c** Effective date of plan 01/01/1985

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

UNITED MCGILL CORPORATION

ONE MISSION PARK
GROVEPORT, OH 43125-1149

**2b** Employer Identification Number (EIN) 31-4399894

**2c** Sponsor's telephone number 614-829-1275

**2d** Business code (see instructions) 332300

**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. | 10/10/2014 | KATHLEEN P CAULEY |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

Preparer's telephone number (optional)

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 270 |
| **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** | 210 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 34 |
| **d** Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 244 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 244 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 230 |
| **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 3D 2T

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

**9a** Plan funding arrangement (check all that apply)
- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)
- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

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

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

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

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

**A** Name of plan
UNITED MCGILL CORPORATION PAY DEFERRAL PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
UNITED MCGILL CORPORATION

**D** Employer Identification Number (EIN)
31-4399894

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

EVERHART FINANCIAL GROUP
5890 VENTURE DRIVE
DUBLIN, OH 43017

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

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

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

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

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

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

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

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

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

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

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

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

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

CAMBRIDGE INVESTMENT RESEARCH

42-1445429

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 50 | ADVISOR | 37852 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

ASCENSUS

11-3665754

| (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? |
|---|---|---|---|---|---|---|
| 55 37 15 99 64 60 50 | RECORDKEEPER | 23469 | Yes ☒ No ☐ | Yes ☐ No ☒ | 985 | Yes ☐ No ☒ |

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

NORMAN JONES ENLOW AND CO

31-1282719

| (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? |
|---|---|---|---|---|---|---|
| 10 50 | AUDITOR | 8475 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| SCHEDULE D (Form 5500) | DFE/Participating Plan Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2013**<br>**This Form is Open to Public Inspection.** |

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

| | |
|---|---|
| **A** Name of plan<br>UNITED MCGILL CORPORATION PAY DEFERRAL PLAN & TRUST | **B** Three-digit plan number (PN) ▶ 004 |
| **C** Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>UNITED MCGILL CORPORATION | **D** Employer Identification Number (EIN)<br>31-4399894 |

## 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: MET LIFE STABLE VALUE FUND

**b** Name of sponsor of entity listed in (a): MET LIFE

| **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) |
|---|---|---|
| 58-1428634-004 | C | 756534 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

**A** Name of plan
UNITED MCGILL CORPORATION PAY DEFERRAL PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
UNITED MCGILL CORPORATION

**D** Employer Identification Number (EIN)
31-4399894

## 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) | 2247 | 0 |
| **(2)** Participant contributions | 1b(2) | 20731 | 0 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 249033 | 234680 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 1396223 | 756534 |
| **(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) | 16495326 | 20211231 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 18163560 | 21202445 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 18163560 | 21202445 |

## 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) | 153996 | |
| **(B)** Participants | 2a(1)(B) | 662362 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 816358 |
| **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) | 10067 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 10067 |
| **(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) | 279790 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 279790 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 18271 |
| (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) | | 3564660 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 4689146 |

## Expenses

| | | | |
|---|---|---|---|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1580465 | |
| (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) | | 1580465 |
| 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) | 8475 | |
| (2) Contract administrator fees | 2i(2) | 23469 | |
| (3) Investment advisory and management fees | 2i(3) | 37852 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 69796 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1650261 |

## Net Income and Reconciliation

| | | | |
|---|---|---|---|
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 3038885 |
| 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: NORMAN JONES ENLOW & CO. **(2)** EIN: 31-4399894

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

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

**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) | Retirement Plan Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500.** | **2013**<br>**This Form is Open to Public Inspection.** |

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

**A** Name of plan
UNITED MCGILL CORPORATION PAY DEFERRAL PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
UNITED MCGILL CORPORATION

**D** Employer Identification Number (EIN)
31-4399894

## 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): 45-0404698 _____

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3**

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6 a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11 a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**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):

Norman Jones Enlow & Co.

Certified Public Accountants
& Management Consultants

# INDEPENDENT AUDITORS' REPORT

**The Retirement Committee**
**United McGill Corporation Pay Deferral Plan and Trust**
**One Mission Park**
**Groveport, OH 43125-1149**

## Report on the Financial Statements

**We were engaged to audit the accompanying financial statements of United McGill Corporation Pay Deferral Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.**

## Management's Responsibility for the Financial Statements

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

## 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Frontier Trust Company, 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 years then ended, 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.**

226 North Fifth Street, Suite 500, Columbus Ohio 43215
p 614.228.4000 f 614.228.4040 **www.NJE.com**

**Other Matter**

**The supplemental schedule for the year ended December 31, 2013 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and is presented for the purpose of additional analysis, and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.**

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

**The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.**

Norman, Jones, Erlow & Co.

**Columbus, Ohio**
**September 26, 2014**

**UNITED MCGILL CORPORATION**
**PAY DEFERRAL PLAN AND TRUST**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**December 31, 2013 and 2012**

| | 2013 | 2012 |
|---|---|---|
| **ASSETS** | | |
| **Investments, at fair value** | | |
| **Mutual funds** | $ 20,211,230 | $ 16,495,327 |
| **Common trust** | 764,855 | 1,473,015 |
| | 20,976,085 | 17,968,342 |
| **Receivables** | | |
| **Employee** | - | 20,731 |
| **Employer** | - | 2,247 |
| **Notes receivable from participants** | 233,934 | 247,255 |
| **TOTAL RECEIVABLES** | 233,934 | 270,233 |
| **NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE** | 21,210,019 | 18,238,575 |
| **ADJUSTMENTS FROM FAIR VALUE TO CONTRACT VALUE** | (8,322) | (76,792) |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 21,201,697 | $ 18,161,783 |

**See independent auditors' report and notes to the financial statements.**

**UNITED MCGILL CORPORATION**
**PAY DEFERRAL PLAN AND TRUST**
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**For the Years Ended December 31, 2013 and 2012**

| | 2013 | 2012 |
|---|---|---|
| **CONTRIBUTIONS** | | |
| Employer contributions | $ 156,822 | $ 119,007 |
| Participants contributions | 662,362 | 675,139 |
| Rollover | - | 75,677 |
| | 819,184 | 869,823 |
| **INVESTMENT ACTIVITY** | | |
| Net appreciation in fair value of investments | 3,125,135 | 1,883,802 |
| Interest and dividends | 747,503 | 556,781 |
| | 3,872,638 | 2,440,583 |
| **TOTAL CONTRIBUTIONS AND INVESTMENT ACTIVITY** | 4,691,822 | 3,310,406 |
| **DEDUCTIONS** | | |
| Benefit payments | 1,585,745 | 486,314 |
| Administrative expenses | 66,163 | 65,008 |
| **TOTAL DEDUCTIONS** | 1,651,908 | 551,322 |
| **INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS** | 3,039,914 | 2,759,084 |
| **NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR** | 18,161,783 | 15,402,699 |
| **NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR** | $ 21,201,697 | $ 18,161,783 |

**See independent auditors' report and notes to financial statements.**

UNITED MCGILL CORPORATION
PAY DEFERRAL PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

## 1. DESCRIPTION OF PLAN

**The following brief description of the United McGill Corporation (the "Company") Pay Deferral Plan and Trust (the "Plan") is provided for general information purposes only. 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 all salaried full-time employees and hourly-paid full-time employees of the Company who have satisfactorily completed their 90-day probationary period. Continued eligibility is subject to the participant's completion of at least 1,000 hours of service each Plan year. The Plan is administered by the Retirement Committee (the "Plan Administrator") and the Plan's investments are held by Frontier Trust Company, (the "Trustee") as appointed by the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).**

**Participant Contributions**

**Participants may contribute (pre-tax and after tax) up to the limitations imposed by the Internal Revenue Code (IRC). The Plan accepts rollover contributions on behalf of participants from other pension or profit sharing plans. There were no rollovers received by the Plan for the year ended December 31, 2013. Rollovers of $75,677 were received by the Plan for the year ended December 31, 2012.**

**Employer Contributions**

**From January 1, 2012 to March 31, 2013, the Company employer match for employees not covered by the collective bargaining agreement was 25% of the participant's deferral (pre-tax and after-tax), not to exceed 1% of the participant's total annual compensation. On April 1, 2013, the Company elected to increase the match to 50% of the participant's deferral (pre-tax and after-tax), not to exceed 2% of the participant's total annual compensation. The match is made on the first 4% of the participant's deferral into the Plan.**

**Employer Profit Sharing Contributions**

**The Company may contribute discretionary profit-sharing contributions to the Plan for the benefit of all qualified salaried employees as authorized by the Company's Board of Directors. The Company did not authorize a discretionary contribution for the years ended December 31, 2013 and 2012.**

**Participant Accounts**

**Each participant's account is credited with the participant's contribution, employer contributions for eligible employees, and earnings, less an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.**

**Vesting**

**Participants are immediately vested in their voluntary contributions and actual earnings thereon. Participants that entered the Plan prior to January 1, 1999 are 100% vested in employer contributions, and salaried participants that entered the Plan on or after January 1, 1999 become vested in employer contributions based on years of service according to the following schedule:**

| Years of Service | Vested Percentage |
|---|---|
| Less than 2 | 0% |
| 2 but less than 3 | 20% |
| 3 but less than 4 | 40% |
| 4 but less than 5 | 60% |
| 5 but less than 6 | 80% |
| 6 or more | 100% |

## 1. DESCRIPTION OF PLAN (CONTINUED)

**Vesting (Continued)**

**Beginning December 1, 2009, hourly-paid participants that entered the Plan on or after January 1, 1999 become vested in employer contributions based on years of service according to the following schedule:**

| Years of Service | Vested Percentage |
|---|---|
| Less than 2 | 0% |
| 2 but less than 3 | 20% |
| 3 but less than 4 | 40% |
| 4 but less than 5 | 60% |
| 5 but less than 6 | 80% |
| 6 or more | 100% |

**Prior to December 1, 2009, hourly-paid participants that entered the Plan on or after January 1, 1999 became vested in employer contributions based on years of service according to a seven year vesting schedule.**

**Benefit Payments**

**Benefits are distributed in a lump-sum payment in the amount of the participant's vested balance upon the participant's retirement, termination, disability, or death. During active employment, participants may withdraw their post-tax contributions and related earnings through a hardship withdrawal. Participants may also borrow from their vested portion of employer contributions and their pretax contributions with the approval of the Plan Administrator.**

**Investment Options**

**Upon enrollment in the Plan, participants may direct their contributions and the employer contributions to any of the following investment options:**

**MetLife Stable Value Fund – Fund provides a guarantee of both principal and interest.**

**Columbia Acorn Fund Z – Funds are mostly invested in U.S. small and mid-sized companies.**

**Dodge & Cox Stock Fund – Funds are used for long-term growth of principal and income through a diversified portfolio of common stocks.**

**Columbia Mid Cap Index Z – The investment seeks to match the performance of the Standard & Poor's MidCap 400 Stock Price Index. The fund normally invests mostly in common stocks that are included in the Standard & Poor's MidCap 400.**

**Invesco Real Estate Fund – Funds are invested primarily in securities of real estate and real estate-related companies, including real estate investment trusts.**

**Dodge & Cox Balanced Fund – Fund invests in a diversified portfolio of common stocks, preferred stocks, and fixed income securities. It primarily invests in companies that appear to be temporarily undervalued by the stock market and have a favorable outlook for long-term growth.**

**Templeton Global Bond Fund A – Funds seek investments that will yield current income with capital appreciation and growth of income.**

## 1. DESCRIPTION OF PLAN (CONTINUED)

**Investment Options (Continued)**

**Vanguard 500 Index Fund Signal – Funds are invested in all, or substantially all, the stocks that make up the Standard & Poor's 500 index, holding each stock in approximately the same proportion as its weighting in the index.**

**Columbia Small Cap Index Fund Z – Funds are mostly invested in selected equities included in the Standard & Poor's Small Cap 600 Index.**

**Oppenheimer Developing Markets Y – Fund invests in equity securities of issuers whose principal activities are in at least three developing markets.**

**Vanguard Small Cap Value Index Inv – Funds are invested in securities that are tracked by the MSCI US Small Cap Value index, holding each stock in approximately the same proportion as its weighting in the index.**

**Vanguard Total International Stock – Funds are substantially invested in common stocks that make up the Total International Composite Index, while employing a form of sampling to reduce risk.**

**Vanguard Mid Cap Value Index Fund Inv – Funds are invested in a broadly diversified index of value stocks comprised of medium-size U.S. companies.**

**American Funds Cap Wld Growth Inc 5 – Funds are primarily invested in common stocks, government and corporate bonds, and cash and equivalents.**

**American Funds Europacific Growth R5 – Funds are primarily invested in securities of issuers located in Europe and the Pacific Basin. It is designed for investors seeking capital appreciation and diversification through investments in stocks of issuers based outside the United States.**

**American Funds Fundamental Invest R5 – Funds seek long-term growth of capital and income primarily through investments in common stocks.**

**American Funds Growth Fnd of Amer R5 – Funds are invested primarily in common stocks and seek to invest in companies that appear to offer superior opportunities for growth or capital.**

**Vanguard Small Cap Growth Index Fund – Funds are invested in securities that are tracked by the MSCI US Small Cap Growth index, holding each stock in approximately the same proportion as its weighting in the index.**

**Vanguard Total Bond Market Index Signal – Funds are invested primarily in bonds held by the Barclays Capital U.S. Aggregate Float Adjusted Index.**

**PIMCO Total Return Fund – Funds are invested primarily in intermediate-term bonds and aiming to avoid concentrated risk exposure.**

**Participants may change their investment options at any time.**

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**The following is a summary of significant accounting policies followed in the preparation of these financial statements. These policies conform to accounting principles generally accepted in the United States of America, and have been applied on a consistent basis.**

**Basis of Accounting**
**Except for investment income which is recorded when earned, and the fair market value of investments, the financial statements of the Plan have been prepared on the basis of cash receipts and disbursements as income, and related assets are recognized when received rather than when earned, and expenses are recognized when paid rather than when the obligations are incurred. This differs from accounting principles generally accepted in the United States of America but is permissible under the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA.**

**Use of Estimates**
**The preparation of financial statements in conformity with the cash receipts and disbursements basis of accounting 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.**

**Investment Valuation and Income Recognition**
**At December 31, 2013 and 2012, the Plan's investments in mutual funds are stated at fair value based on quoted market prices. The stable value fund is stated at the contract value.**

**Participant notes receivable are valued at their outstanding balances, which approximate fair value.**

**As described in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 946-210-45-11 and FASB ASC 946-205-50-10, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by FASB ASC 946-210-45-11 and FASB ASC 946-205-50-10, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.**

**Investments are stated at fair market value as reported by the Trustees with the exception of participant notes receivable, which are valued at cost and approximate fair value. Net unrealized appreciation (depreciation) of assets is computed as the difference between market value at the end of the Plan year and market value at the beginning of the Plan year, or cost if purchased during the year. Net realized gains on sales of investments are based on sale proceeds and the market value of assets at the beginning of the Plan year, or cost if purchased during the year. Net unrealized appreciation (depreciation) and net realized gain are recorded in the accompanying Statement of Changes in Net Assets Available for Plan Benefits as net appreciation (depreciation) in market value of investments.**

**Benefit Payments**
**Benefit payments are recorded when paid.**

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

**Administrative Expenses**

**Administrative expenses are paid by the Plan. Beginning December 1, 2009, an Administrative Fee Credit Account was established to pay fees to the record keeper from the various fund managers. The Plan pays the administrative expenses first and offsets Company contributions with the remaining funds in the account.**

**Forfeited Amounts**

**Forfeitures are used to pay administrative fees, with any remaining amounts used to reduce future employer contributions. The remaining forfeited nonvested accounts totaled $294 and $113 at December 31, 2013 and 2012, respectively. During the years ended December 31, 2013 and 2012, administrative fees paid from forfeited nonvested accounts were $2,666 and $1,461, respectively, and employer contributions were reduced by $5,841 and $4,286 from forfeited nonvested accounts, respectively.**

**Fair Value Measurements**

**FASB ASC 820-10-65 establishes a framework for measuring fair value under generally accepted accounting principles, clarifies the definition of fair value within that framework, and expands financial statement disclosures about the use of fair value measurements. The financial statement preparation and disclosure provisions are effective for financial statements issued for annual periods beginning after November 15, 2007. The Plan adopted the provisions of FASB ASC 820-10-65 at January 1, 2008.**

**The Plan adopted FASB Accounting Standards Update (ASU) 2010-06, *Improving Disclosures about Fair Value Measurements,* as of January 1, 2010. This standard requires disclosures on the amount and reason for transfers in and out of Level 1 and 2 recurring fair value measurements. The standard also requires disclosure of activities, on a gross basis, including purchases, sales, issuances and settlements, in the reconciliation of Level 3 fair value recurring measurements. The standard clarifies existing disclosure requirements on the levels of disaggregation and disclosures about inputs and valuation techniques.**

**Accounting for Uncertainty in Income Taxes**

**The Plan has adopted FASB ASC 740-10-65, regarding uncertainty in income taxes, as of January 1, 2009. The Plan evaluates all tax positions in conformity with FASB ASC 450 for contingencies, and as such would reserve for any tax positions deemed probable of not being sustained by the Internal Revenue Service (IRS). The Plan recognizes tax benefits only to the extent that the Plan believes it is "more likely than not" that its tax positions will be sustained upon IRS examination. The Plan does not have a provision for unpaid federal income taxes (liability for unrecognized tax benefits) related to uncertain tax positions in the balance sheet as it believes all tax positions taken would "more likely than not" be sustained upon IRS examination.**

**Participant Notes Receivable**

**The Plan has adopted FASB ASU 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans,* an amendment to *Plan Accounting – Defined Contribution Pension Plans* accounting guidance as of January 1, 2010. The amendments in this update require the participant loans be classified as notes receivable from participants, which are segregated from plan investments. The update also requires that participant loans be measured at their unpaid principal balance plus any accrued but unpaid interest, rather than fair value. This update was applied retrospectively to all prior periods presented.**

## 3. ASSETS HELD FOR INVESTMENT

**The following presents the fair value of investments that represent 5% or more of the Plan's net assets.**

| | 2013 | 2012 | |
|---|---|---|---|
| American Funds Growth Fund of America R5 | $ 3,137,190 | $ 2,413,162 | |
| Dodge & Cox Stock Fund | 2,464,421 | 1,999,843 | |
| PIMCO Total Return Fund | 1,930,223 | 1,864,031 | |
| Vanguard 500 Index Fund Signal | 1,524,173 | 1,294,637 | |
| Vanguard Total Bond Market Index Signal | 1,500,612 | 1,476,553 | |
| American Funds Fundamental Invest R5 | 1,428,782 | 1,031,071 | |
| Columbia Acorn Fund Z | 1,326,694 | 1,023,546 | |
| Columbia Small Cap Index Fund Z | 1,305,548 | 1,119,444 | |
| American Funds Europacific Growth R5 | 1,220,875 | 990,197 | |
| Vanguard Total International Stock | 953,696 | - | |
| MetLife Stable Value Fund | - | 1,473,015 | ** |

** Investment reported at fair value. Contract value at December 31, 2012 was $1,396,223.

## 4. FAIR VALUE

**The following are the classes of assets measured at fair value on a recurring basis during the years ended December 31, 2013 and 2012, using quoted prices in active markets for identical assets (Level 1); significant other observable inputs (Level 2); and significant unobservable inputs (Level 3):**

**The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012.**

| Description | 2013 | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
|---|---|---|---|---|
| Trading Securities | | | | |
| Conservative | $ 764,855 | $ - | $ 764,855 | $ - |
| Income | 4,149,178 | 4,149,178 | - | - |
| Growth & Income | 5,150,471 | 5,150,471 | - | - |
| Growth | 6,883,889 | 6,883,889 | - | - |
| Aggressive Growth | 4,027,692 | 4,027,692 | - | - |
| Total | $ 20,976,085 | $ 20,211,230 | $ 764,855 | $ - |

## 4. FAIR VALUE (CONTINUED)

| Description | 2012 | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
|---|---|---|---|---|
| Trading Securities | | | | |
| Conservative | $ 1,473,015 | $ - | $ 1,473,015 | $ - |
| Income | 3,757,081 | 3,757,081 | - | - |
| Growth & Income | 3,984,938 | 3,984,938 | - | - |
| Growth | 5,523,397 | 5,523,397 | - | - |
| Aggressive Growth | 3,229,911 | 3,229,911 | - | - |
| Total | $ 17,968,342 | $ 16,495,327 | $ 1,473,015 | $ - |

Earnings on the investments held by the Plan were $747,503 and $556,781 for the years ended December 31, 2013 and 2012, respectively. Net appreciation was $3,125,135 and $1,883,802 for the years ended December 31, 2013 and 2012, respectively.

## 5. PARTICIPANT NOTES RECEIVABLE

Under the terms of the Plan, participants may withdraw their contributions and related earnings from their post-tax account. Participants may also borrow from their pretax accounts at a minimum of $1,000 up to a maximum of $50,000, or 50% of the vested portion of their account balance. The loans are secured by the balance in the participants' accounts and bear interest at a rate commensurate with local market rates for similar loans (4.25 % for the years ended December 31, 2013 and 2012).

## 6. PLAN TERMINATION

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

## 7. INCOME TAX STATUS

The IRS has determined and informed the Plan Administrator by a letter dated March 31, 2008 that the Plan and related trust are designed in accordance with applicable sections of the IRC that exempts the Plan from federal tax.

## 8. SUMMARY OF INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The Plan Administrator has obtained certification from the Trustee that the information provided to the Plan Administrator by the Trustee is complete and accurate in accordance with 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. A summary of information included in the financial statements, which has been certified, is as follows:

| | December 31 | |
|---|---|---|
| | 2013 | 2012 |
| Investments, at fair value | $ 20,976,085 | $ 17,968,342 |
| Notes receivable from participants | 233,934 | 247,255 |

| | Years Ended December 31 | |
|---|---|---|
| | 2013 | 2012 |
| Net appreciation in fair value of investments | $ 3,125,135 | $ 1,883,802 |
| Interest and dividends | 747,503 | 556,781 |
| Contributions | 819,184 | 869,823 |
| Contract value adjustment | (8,322) | (76,792) |
| Benefit payments | 1,585,745 | 486,314 |
| Administrative expenses | 66,163 | 65,008 |

## 9. RISKS AND UNCERTAINTIES

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

## 10. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan entered into a benefit-responsive investment contract with Met Life Stable Value Fund (Met Life). Contributions are maintained in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at the fair value and adjusted for the difference between the fair value and contract value as reported to the Plan by Met Life. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting.

## 10. INVESTMENT CONTRACT WITH INSURANCE COMPANY (CONTINUED)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

| 2013 | | 2012 | |
|---|---|---|---|
| Investment at Fair Value | Adjustment to Contract Value | Investment at Fair Value | Adjustment to Contract Value |
| $ 764,855 | $ (8,322) | $ 1,473,015 | $ (76,792) |

| | 2013 | 2012 |
|---|---|---|
| Average yields: | | |
| Based on actual earnings | 1.36% | 5.37% |
| Based on interest rate credited to participants | 2.45% | 2.93% |

## 11. SUBSEQUENT EVENTS

In preparing these financial statements, the Plan Sponsor has evaluated events and transactions for potential recognition or disclosure through September 26, 2014, the date the financial statements were available to be issued.

## 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31:

| | 2013 |
|---|---|
| Net assets available for benefits per the financial statements | $ 21,201,697 |
| Plus: 2013 deemed distributions activity | 748 |
| Net assets available for benefits per the Form 5500 | $ 21,202,445 |

| | 2012 |
|---|---|
| Net assets available for benefits per the financial statements | $ 18,161,783 |
| Plus: 2012 deemed distributions | 1,117 |
| Plus: Accrued loan interest | 661 |
| Net assets available for benefits per the Form 5500 | $ 18,163,561 |

## 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

**The following is a reconciliation of changes in net assets available for benefits per the financial statements to Form 5500 as of December 31:**

| | 2013 |
|---|---|
| Total net increase of net assets per the financial statements | $ 3,039,914 |
| Plus: 2013 deemed distributions activity | 748 |
| Less: 2012 deemed distributions activity | (1,117) |
| Less: 2012 accrued loan interest | (661) |
| Plus: rounding | 1 |
| Total net increase of net assets per Form 5500 | $ 3,038,885 |

| | 2012 |
|---|---|
| Total net increase of net assets per the financial statements | $ 2,759,084 |
| Plus: 2012 deemed distributions activity | 1,117 |
| Plus: Accrued loan interest | 661 |
| Less: deemed distribution fees | (683) |
| Total net increase of net assets per Form 5500 | $ 2,760,179 |

UNITED MCGILL CORPORATION
PAY DEFERRAL PLAN AND TRUST
EIN: 31-4399894 FORM 5500
December 31, 2013

Schedule H, line 4i - 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 | (e) Current value |
|---|---|---|---|
| ** | American Funds | Growth Fund of America R5 | $ 3,137,190 |
| ** | Dodge & Cox | Stock Fund | 2,464,421 |
| ** | PIMCO | Total Return Fund | 1,930,223 |
| ** | Vanguard | 500 Index Fund Signal | 1,524,173 |
| ** | Vanguard | Total Bond Market Index Signal | 1,500,612 |
| ** | American Funds | Fundamental Invest R5 | 1,428,782 |
| ** | Columbia | Acorn Fund Z | 1,326,694 |
| ** | Columbia | Small Cap Index Fund Z | 1,305,548 |
| ** | American Funds | Europacific Growth R5 | 1,220,875 |
| | Vanguard | Total International Stock | 953,696 |
| | Oppenheimer | Developing Markets Y | 769,909 |
| ** | Metlife | Stable Value Fund | 764,855 |
| | Templeton | Global Bond Fund A | 665,866 |
| | Dodge & Cox | Balanced Fund | 437,039 |
| | American Funds | Cap Wld Growth Inc 5 | 303,572 |
| | Invesco | Real Estate Inst | 287,298 |
| | Vanguard | Mid Cap Value Index Fund Inv | 281,304 |
| | Vanguard | Small Cap Growth Index Fund | 256,065 |
| | Vanguard | Small Cap Value Index Inv | 229,966 |
| | Columbia | Mid Cap Index Z | 187,997 |
| | | | 20,976,085 |
| * | Notes receivable from participants | Interest ranging from 4.25 - 9.25% | 233,934 |
| | TOTAL ASSETS HELD FOR INVESTMENT | | $ 21,210,019 |

* Represents party-in-interest.

** Investments representing 5% or more of net assets available for benefits.

See independent auditors' report and notes to financial statements.

**UNITED MCGILL CORPORATION**
**PAY DEFERRAL PLAN AND TRUST**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**December 31, 2013 and 2012**

| | 2013 | 2012 |
|---|---|---|
| **ASSETS** | | |
| **Investments, at fair value** | | |
| **Mutual funds** | $ 20,211,230 | $ 16,495,327 |
| **Common trust** | 764,855 | 1,473,015 |
| | 20,976,085 | 17,968,342 |
| **Receivables** | | |
| **Employee** | - | 20,731 |
| **Employer** | - | 2,247 |
| **Notes receivable from participants** | 233,934 | 247,255 |
| **TOTAL RECEIVABLES** | 233,934 | 270,233 |
| **NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE** | 21,210,019 | 18,238,575 |
| **ADJUSTMENTS FROM FAIR VALUE TO CONTRACT VALUE** | (8,322) | (76,792) |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 21,201,697 | $ 18,161,783 |

**See independent auditors' report and notes to the financial statements.**

**UNITED MCGILL CORPORATION**
**PAY DEFERRAL PLAN AND TRUST**
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**For the Years Ended December 31, 2013 and 2012**

| | 2013 | 2012 |
|---|---|---|
| **CONTRIBUTIONS** | | |
| Employer contributions | $ 156,822 | $ 119,007 |
| Participants contributions | 662,362 | 675,139 |
| Rollover | - | 75,677 |
| | 819,184 | 869,823 |
| **INVESTMENT ACTIVITY** | | |
| Net appreciation in fair value of investments | 3,125,135 | 1,883,802 |
| Interest and dividends | 747,503 | 556,781 |
| | 3,872,638 | 2,440,583 |
| **TOTAL CONTRIBUTIONS AND INVESTMENT ACTIVITY** | 4,691,822 | 3,310,406 |
| **DEDUCTIONS** | | |
| Benefit payments | 1,585,745 | 486,314 |
| Administrative expenses | 66,163 | 65,008 |
| **TOTAL DEDUCTIONS** | 1,651,908 | 551,322 |
| **INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS** | 3,039,914 | 2,759,084 |
| **NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR** | 18,161,783 | 15,402,699 |
| **NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR** | $ 21,201,697 | $ 18,161,783 |

**See independent auditors' report and notes to financial statements.**

**Attachment to 2013 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** UNITED MCGILL CORPORATION PAY DEFERRAL PLAN & TRUST **EIN:** 31-4399894
**Plan Sponsor's Name** UNITED MCGILL CORPORATION **PN:** 004

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | American Funds | American Funds Growth Fund of Amer R5 | 0 | 3,137,190 |
| | American Funds | American Funds Fundamental Invs R5 | 0 | 1,428,782 |
| | Vanguard | Vanguard 500 Index Signal | 0 | 1,524,173 |
| | Dodge & Cox | Dodge & Cox Stock Fund | 0 | 2,464,421 |
| | Columbia | Columbia Acorn Z | 0 | 1,326,694 |
| | Columbia | Columbia Mid Cap Index Z | 0 | 187,998 |
| | Vanguard | Vanguard Mid-Cap Value Index Inv | 0 | 281,304 |

**Attachment to 2013 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** UNITED MCGILL CORPORATION PAY DEFERRAL PLAN & TRUST **EIN:** 31-4399894
**Plan Sponsor's Name** UNITED MCGILL CORPORATION **PN:** 004

| (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 |
|---|---|---|---|---|
| | Vanguard | Vanguard Small-Cap Growth Index Inv | 0 | 256,066 |
| | Columbia | Columbia Small Cap Index Z | 0 | 1,305,548 |
| | Vanguard | Vanguard Small-Cap Value Index Inv | 0 | 229,966 |
| | Dodge & Cox | Dodge & Cox Balanced Fund | 0 | 437,039 |
| | Invesco | Invesco Real Estate Fund R5 | 0 | 287,298 |
| | American Funds | American Funds EuroPacific Gr R5 | 0 | 1,220,875 |
| | Vanguard | Vanguard Total Intl Stock Index Inv | 0 | 953,695 |

**Attachment to 2013 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** UNITED MCGILL CORPORATION PAY DEFERRAL PLAN & TRUST **EIN:** 31-4399894
**Plan Sponsor's Name** UNITED MCGILL CORPORATION **PN:** 004

| (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 |
|---|---|---|---|---|
| | Oppenheimer | Oppenheimer Developing Markets Y | 0 | 769,909 |
| | American Funds | American Funds Capital World G/I R5 | 0 | 303,572 |
| | PIMCO | PIMCO Total Return Admin | 0 | 1,930,223 |
| | Vanguard | Vanguard Total Bond Market Index Signal | 0 | 1,500,612 |
| | Templeton | Templeton Global Bond A | 0 | 665,866 |
| | MetLife | MetLife GAC-25053 Class 65 | 0 | 756,534 |
| | Participant Loan Account | Various Rates and Maturities | 0 | 234,680 |