

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2013</div> 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>DEXTER 401(K) RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>	
	1c Effective date of plan <u>11/01/2012</u>	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>DEXTER AXLE COMPANY</u> <u>BERNARD J. BOLKA</u> <u>2900 INDUSTRIAL PARKWAY EAST</u> <u>ELKHART, IN 46516</u>	2b Employer Identification Number (EIN) <u>36-4284104</u>	
	2c Sponsor's telephone number <u>574-295-7888</u>	
	2d Business code (see instructions) <u>336300</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.	10/11/2014	JESSICA SHETTERLY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2014	BERNARD BOLKA
	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 RETIREMENT COMMITTEE JESSICA SHETTERLY 2900 INDUSTRIAL PARKWAY EAST ELKHART, IN 46516		3b Administrator's EIN 36-4284104
		3c Administrator's telephone number 574-295-7888
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		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 1141
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 1698
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits		6c 60
d Subtotal. Add lines 6a , 6b , and 6c		6d 1758
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 0
f Total. Add lines 6d and 6e		6f 1758
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 1007
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 11
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		
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)		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	(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		b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☐ 0 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>DEXTER 401(K) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DEXTER AXLE COMPANY</u>	D Employer Identification Number (EIN) <u>36-4284104</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB & CO., INC. & AFFIL

94-1737782

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

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

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

Schwab Retirement Plan Services Co.

74-2279754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50 64	NONE	38404	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

Charles Schwab & Co. Inc. & Affil

94-1737782

(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?
33 59 62 71	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC. & AFFIL	59	0
(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.	
SEE ATTACHMENT 11-1111111	SEE ATTACHMENT	

(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan DEXTER 401(K) RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 DEXTER AXLE COMPANY		D Employer Identification Number (EIN) 36-4284104

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	99044	881
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	5316	0
(2) Participant contributions.....	1b(2)	3584	0
(3) Other.....	1b(3)	78017	100834
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	12268259	10861430
(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)	622489	1020588
(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)	29263063	35553270
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	42339772	47537003

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	176563	100882
i Acquisition indebtedness	1i		
j Other liabilities	1j	232	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	176795	100882

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	42162977	47436121
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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)	1786633	
(B) Participants	2a(1)(B)	1171553	
(C) Others (including rollovers)	2a(1)(C)	39168	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2997354
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1098	
(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)	39566	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		40664
(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)	1173065	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1173065
(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)		
(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)		5370474
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		9581557

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4244164	
(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)		4244164
f Corrective distributions (see instructions).....	2f		25845
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	38404	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		38404
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4308413

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		5273144
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: MCGLADREY LLP

(2) EIN: 42-0714325

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		2000000
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>DEXTER 401(K) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DEXTER AXLE COMPANY</u>	D Employer Identification Number (EIN) <u>36-4284104</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	<u>0</u>
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>42-1558009</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): _____

Dexter 401(k) Retirement Savings Plan

Financial Report
12.31.2013

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Independent Auditor's Report

To the Board of Directors
Dexter 401(k) Retirement Savings Plan
Elkhart, Indiana

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Dexter 401(k) Retirement Savings Plan (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 year ended December 31, 2013 and period from November 2, 2012 (inception) through December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Charles Schwab Bank, the trustee of the Plan, except for comparing this 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 assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2013 and 2012, and for the year ended December 31, 2013 and for the period from November 2, 2012 (plan inception) through December 31, 2012, 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.

To the Board of Directors
Dexter 401(k) Retirement Savings Plan

Emphasis of Matter

As discussed in Note 1 to the financial statements, the Board of Directors of the Dexter Axle Company, the Plan's sponsor, elected to spin-in, from their old parent company's 401(k) Plan all participant accounts related to active Dexter Axle Company employees effective November 1, 2012. All plan assets related to active employees of Dexter Axle Company were transferred to the Dexter 401k Retirement and Savings Plan during the Plan year ended December 31, 2012. Our opinion has not been modified with respect to this matter.

Other Matter

The supplemental schedules of reportable transactions for the period from November 2, 2012 (plan inception) through December 31, 2012, and assets (held at end of year) as of or for the year ended December 31, 2013 and for the period from November 2, 2012 (plan inception) through December 31, 2012 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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 schedules, other than that derived from the information certified or provided 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.



Elkhart, Indiana
October 7, 2014

Dexter 401(k) Retirement Savings Plan

**Statements Of Net Assets Available For Benefits
December 31, 2013 and 2012**

	2013	2012
Assets		
Investments, at fair value	<u>\$ 46,414,700</u>	<u>\$ 41,531,322</u>
Receivables:		
Notes from participants	1,020,588	622,489
Employer contributions	-	5,316
Participant contributions	-	3,584
	<u>1,020,588</u>	<u>631,389</u>
Cash	<u>-</u>	<u>99,044</u>
Total assets	47,435,288	42,261,755
Liabilities		
Due to broker	<u>-</u>	<u>98,812</u>
Net Assets Available For Benefits	<u>\$ 47,435,288</u>	<u>\$ 42,162,943</u>

See Notes to Financial Statements.

Dexter 401(k) Retirement Savings Plan

Statement Of Changes In Net Assets Available For Benefits Year Ended December 31, 2013 and the period from November 2, 2012 (plan inception) through December 31, 2012

	2013	2012
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 5,370,476	\$ (146,864)
Interest and dividends	1,174,162	588,672
	<u>6,544,638</u>	<u>441,808</u>
Interest income on notes receivable from participants	<u>38,999</u>	<u>1,383</u>
Contributions:		
Employer	1,786,633	278,743
Participants	1,210,721	177,089
	<u>2,997,354</u>	<u>455,832</u>
Total additions	<u>9,580,991</u>	<u>899,023</u>
Deductions:		
Benefits paid	4,270,009	137,161
Administrative expenses	38,637	189
Total deductions	<u>4,308,646</u>	<u>137,350</u>
Net increase	<u>5,272,345</u>	<u>761,673</u>
Transfer from Tomkins Industries, Inc. Retirement and Savings Plan	-	41,401,270
Net assets available for benefits:		
Beginning of year	<u>42,162,943</u>	-
End of year	<u>\$ 47,435,288</u>	<u>\$ 42,162,943</u>

See Notes to Financial Statements.

Dexter 401(k) Retirement Savings Plan

Notes To Financial Statements

Note 1. Plan Description

The following description of the Dexter 401(k) Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General:

The Plan was established effective November 1, 2012 by Dexter Axle Company (the "Company") and is a defined contribution plan covering substantially all full-time employees of the Company, who are immediately eligible to participate as defined by the Plan and are not a member of a unit of employees covered by a collective bargaining agreement or a non-resident alien. During the period ended December 31, 2012, approximately \$41,400,000 of active participant accounts from the predecessor's defined contribution 401(k) Plan were spun into the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Each year, individual participants may elect to contribute a percentage of their annual compensation as defined in the Plan Agreement limited to the maximum amount allowed by the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company may contribute a matching contribution determined at the discretion of the Company's Board of Directors. For the year ended December 31, 2013 and period ended December 31, 2012, the Company elected to match 100% of the first 4% of compensation that an employee contributed. Additional amounts may be contributed at the option of the Company's Board of Directors. Company contributions are invested in a manner similar to participant contributions. Contributions are subject to certain limitations. Company contributions for the year ended December 31, 2013 and for the period from November 2, 2012 (plan inception) through December 31, 2012 were approximately \$1,787,000 and 279,000 respectively.

Participant accounts:

Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's contribution, (b) Plan earnings, and charged with an allocation of Plan expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting:

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100 percent vested after six years of credited service.

Investment options:

Upon enrollment in the Plan, participants direct the investment of their contributions into a variety of investment options, as more fully described in the Plan's literature. Participants may change their investment options at any time.

Dexter 401(k) Retirement Savings Plan

Notes To Financial Statements

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.

Active 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 their vested account balance. One outstanding loan is permitted per participant at any time. The maximum loan term allowed is four years and 6 months. The loans are collateralized by the balance in the participant's account and bear interest at rates commensurate with prevailing rates. At December 31, 2013, interest rates ranged from 4.12% to 6.00%. Principal and interest are payable each pay period, primarily through payroll deduction.

Forfeitures:

Forfeitures of employer's matching contributions are used to reduce administrative expenses under the Plan. Any forfeitures remaining after administrative expenses have been paid shall be allocated to all eligible participants in the same proportion that each participant's compensation bears to the compensation of all other participants during the year. At December 31, 2013, forfeited non-vested accounts available to reduce future contributions were approximately \$2,100.

Payment of benefits:

Upon resignation or termination from the Company, a participant may elect to receive either a lump-sum amount equal to the vested value of his or her account or equal monthly/annual installments over a period not to extend beyond the year the former participant reaches age 65. In the event of a participant's death, the decedent's beneficiary may elect to receive either a lump-sum amount or equal monthly/annual installments over a period not to exceed the life expectancy of the beneficiary. Benefits are recorded when paid.

Administration of Plan assets:

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain administrative expenses are paid by the Plan sponsor and, therefore, are not reflected in the Plan's financial statements.

Note 2. Significant Accounting Policies

Basis of accounting:

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

Use of estimates:

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

Dexter 401(k) Retirement Savings Plan

Notes To Financial Statements

Investment valuation and income recognition:

The Plan's investments are reported at fair value. Fair value is the amount 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 Administrator determines the Plan's valuation policies utilizing information provided by investment advisors, the Trustee and other third parties. See Note 4 for a 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.

Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value 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 benefits.

New accounting pronouncement:

In October 2012, the FASB issued ASU 2012-04, "*Technical Corrections and Improvements*". The amendments in this update cover a wide range of Topics in the Accounting Standards Codification, including plan accounting. These amendments include technical corrections and improvements to the Accounting Standards Codification and conforming amendments related to fair value measurements. The amendments in this update will generally be effective for fiscal periods beginning after December 15, 2013 for non public entities, except for amendments in this update where there was no transition guidance which were immediately effective upon issuance. The adoption of ASU 2012-04 is not expected to have a material impact on subsequent years.

Subsequent events:

The Plan has evaluated subsequent events for potential recognition and/or disclosure through October 7, 2014 the date the financial statements were available to be issued.

Dexter 401(k) Retirement Savings Plan

Notes To Financial Statements

Note 3. Investments Certified by the Plan Trustee

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Charles Schwab, except for comparing such information certified by the trustee to information included in the Plan's financial statements and supplemental schedules. The following table presents the values of the Plan's investments as certified by the trustee at December 31, 2013 and 2012. Single investments representing more than 5% of the Plan's net assets as of December 31, 2013 and 2012 are separately identified.

	2013	2012
Money market fund:		
Schwab Value Advantage Money Market	\$ 10,861,430	\$ 12,268,259
Mutual funds:		
American Fundamental Investors R6	2,992,876	2,480,891
American Funds New Perspective R6	3,617,048	2,720,831
Dodge & Cox Balanced Fund	3,495,876	*
PIMCO Total Return Instl	6,838,785	7,623,236
Vanguard Institutional Index	6,539,715	5,283,914
Vanguard Mid Cap Index Signal	4,304,867	3,658,288
Other	7,764,103	7,495,903
	<u>\$ 46,414,700</u>	<u>\$ 41,531,322</u>

*Investment individually does not represent 5 percent or more of the net assets available for benefits in the year indicated.

Charles Schwab has certified to the completeness and accuracy of \$5,370,476 of net appreciation in the fair value of investments all related to mutual funds and \$1,174,162 in interest and dividends for the year ended December 31, 2013. Charles Schwab has also certified to the completeness and accuracy of \$146,864 of net depreciation in the fair value of investments all related to mutual funds and \$588,672 in interest and dividends for the period ended December 31, 2012.

Note 4. Fair Value Measurements

Accounting standards established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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.

Dexter 401(k) Retirement Savings Plan

Notes To Financial Statements

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

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

Money market fund: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the closing price reported on the active market on which the individual securities are traded.

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

Dexter 401(k) Retirement Savings Plan

Notes To Financial Statements

The following tables set forth by level and major classification, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

	2013			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 10,861,430	\$ -	\$ -	\$ 10,861,430
Mutual funds:				
Small Value	708,588	-	-	708,588
Large Blend	9,532,591	-	-	9,532,591
International	5,622,884	-	-	5,622,884
Mid-Cap Value	902,670	-	-	902,670
Mid-Cap Growth	1,475,030	-	-	1,475,030
Moderate Allocation	3,495,876	-	-	3,495,876
Lifestyle	376,972	-	-	376,972
Fixed Income	6,838,785	-	-	6,838,785
Large Growth	1,684,581	-	-	1,684,581
Inflation-Protected Bond	46,348	-	-	46,348
Mid-Cap Blend	4,304,867	-	-	4,304,867
Small Blend	564,078	-	-	564,078
Total assets at fair value	\$ 46,414,700	\$ -	\$ -	\$ 46,414,700

	2012			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 12,268,259	\$ -	\$ -	\$ 12,268,259
Mutual funds:				
Small Value	599,431	-	-	599,431
Large Blend	7,764,805	-	-	7,764,805
International	4,438,023	-	-	4,438,023
Mid-Cap Value	453,129	-	-	453,129
Mid-Cap Growth	1,125,413	-	-	1,125,413
Moderate Allocation	2,047,859	-	-	2,047,859
Lifestyle	25,165	-	-	25,165
Fixed Income	7,623,236	-	-	7,623,236
Large Growth	1,143,097	-	-	1,143,097
Inflation-Protected Bond	58,898	-	-	58,898
Mid-Cap Blend	3,658,288	-	-	3,658,288
Small Blend	325,719	-	-	325,719
Total assets at fair value	\$ 41,531,322	\$ -	\$ -	\$ 41,531,322

Changes in fair value levels:

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

Dexter 401(k) Retirement Savings Plan

Notes To Financial Statements

The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2013 and period ended December 31, 2012, there were no transfers between funds.

Note 5. 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 percent vested in their accounts.

Note 6. Related Party Transactions

Certain Plan investments are managed by Charles Schwab. Charles Schwab performs services for the Plan, and therefore, these transactions qualify as party-in-interest. Fees paid to Schwab by the Plan for the year ended December 31, 2013 and for the period from November 2, 2012 (plan inception) through December 31, 2012 were approximately \$39,000 and \$200 respectively.

Note 7. Tax Status and Uncertain Tax Positions

The Plan is an adopter of a non-standardized prototype plan by Charles Schwab. As such, no individual determination letter is available. The Internal Revenue Service has determined that the prototype plan was designed in accordance with applicable sections of the Internal Revenue Code. The Plan administrator believes that the Plan is designed and is being operated in compliance with applicable requirements of the Code.

The Plan's administrator has evaluated the Plan's tax positions and concluded that the Plan has maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements.

Dexter 401(k) Retirement Savings Plan

Notes To Financial Statements

Note 8. Reconciliation of Differences Between These Financial Statements and the Financial Information Required on Form 5500

The following is a reconciliation of the differences between these financial statements and the financial information shown on Form 5500:

	2013	2012
Net assets available for benefits as presented		
in these financial statements	\$ 47,435,288	\$ 42,162,943
Other	833	34
Net assets available for benefits		
as presented on Form 5500	\$ 47,436,121	\$ 42,162,977
	Year Ended	Year Ended
	December 31,	December 31,
	2013	2012
Net increase in net assets available for benefits		
as presented in these financial statements	\$ 5,272,345	\$ 42,162,943
Other	799	34
Net increase in net assets available for		
benefits as presented on Form 5500	\$ 5,273,144	\$ 42,162,977

Dexter 401(k) Retirement Savings Plan

**Schedule H, Line 4j - Schedule of Reportable Transactions
December 31, 2012**

(a) Identity of Party Involved	(b) Description of Asset Including Interest Rate and Maturity in Case of a Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Single transactions representing 5% or more of net assets available for plan benefits at beginning of year:								
Schwab Value Advantage Money Market	Money market fund	\$ 12,268,259	\$ -	N/A	\$ -	N/A	\$ 12,268,259	N/A
American Fundamental Investors R6	Mutual Fund	2,480,891	-	N/A	-	N/A	2,480,891	N/A
American Funds New Perspective R6	Mutual Fund	2,720,831	-	N/A	-	N/A	2,720,831	N/A
PIMCO Total Return Instl	Mutual Fund	7,623,236	-	N/A	-	N/A	7,623,236	N/A
Vanguard Institutional Index	Mutual Fund	5,283,914	-	N/A	-	N/A	5,283,914	N/A
Vanguard Mid Cap Index Signal	Mutual Fund	3,658,288	-	N/A	-	N/A	3,658,288	N/A

Dexter 401(k) Retirement Savings Plan

**Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)
December 31, 2013**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Schwab Value Advantage Money Market	Money Market Fund	N/A	\$ 10,861,430
	American Beacon Small Cap Value	Mutual Fund	N/A	708,588
	American Fundamental Investors R6	Mutual Fund	N/A	2,992,876
	American Funds New Perspective R6	Mutual Fund	N/A	3,617,048
	Artisan Mid Cap Value	Mutual Fund	N/A	902,670
	Columbia Acorn Fund CL Z	Mutual Fund	N/A	1,475,030
	Dodge & Cox Balanced Fund	Mutual Fund	N/A	3,495,876
	Harbor International	Mutual Fund	N/A	1,551,190
	JP Morgan SmartRetirement 2010 Instl	Mutual Fund	N/A	12,898
	JP Morgan SmartRetirement 2015 Instl	Mutual Fund	N/A	33,250
	JP Morgan SmartRetirement 2020 Instl	Mutual Fund	N/A	57,644
	JP Morgan SmartRetirement 2025 Instl	Mutual Fund	N/A	180,963
	JP Morgan SmartRetirement 2030 Instl	Mutual Fund	N/A	9,885
	JP Morgan SmartRetirement 2035 Instl	Mutual Fund	N/A	14,383
	JP Morgan SmartRetirement 2040 Instl	Mutual Fund	N/A	25,006
	JP Morgan SmartRetirement 2045 Instl	Mutual Fund	N/A	13,174
	JP Morgan SmartRetirement 2050 Instl	Mutual Fund	N/A	25,876
	JP Morgan SmartRetirement Income Instl	Mutual Fund	N/A	3,893
	PIMCO All Asset Fund Instl	Mutual Fund	N/A	454,646
	PIMCO Total Return Instl	Mutual Fund	N/A	6,838,785
	T.Rowe Price New America Growth	Mutual Fund	N/A	1,684,581
	Vanguard Inflation-Protected Secs ADM	Mutual Fund	N/A	46,348
	Vanguard Institutional Index	Mutual Fund	N/A	6,539,715
	Vanguard Mid Cap Index Signal	Mutual Fund	N/A	4,304,867
	Vanguard Small Cap Index Signal	Mutual Fund	N/A	564,078
*	Notes Receivable from Participants	Interest rates range from 4.12% to 6.00% maturing January 2014 to December 2018	N/A	1,020,588
				<u>\$ 47,435,288</u>

* Party-in-interest

N/A - Investments are participant directed; therefore, cost information is not applicable.

Dexter 401(k) Retirement Savings Plan

**Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)
December 31, 2012**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Schwab Value Advantage Money Market	Money Market Fund	N/A	\$ 12,268,259
	American Beacon Small Cap Value	Mutual Fund	N/A	599,431
	American Fundamental Investors R6	Mutual Fund	N/A	2,480,891
	American Funds New Perspective R6	Mutual Fund	N/A	2,720,831
	Artisan Mid Cap Value	Mutual Fund	N/A	453,129
	Columbia Acorn Fund CL Z	Mutual Fund	N/A	1,125,413
	Dodge & Cox Balanced Fund	Mutual Fund	N/A	2,047,859
	Harbor International	Mutual Fund	N/A	1,397,425
	JP Morgan SmartRetirement 2010 Instl	Mutual Fund	N/A	58
	JP Morgan SmartRetirement 2020 Instl	Mutual Fund	N/A	24,758
	JP Morgan SmartRetirement 2035 Instl	Mutual Fund	N/A	87
	JP Morgan SmartRetirement 2040 Instl	Mutual Fund	N/A	109
	JP Morgan SmartRetirement 2045 Instl	Mutual Fund	N/A	139
	JP Morgan SmartRetirement 2050 Instl	Mutual Fund	N/A	14
	PIMCO All Asset Fund Instl	Mutual Fund	N/A	319,767
	PIMCO Total Return Instl	Mutual Fund	N/A	7,623,236
	T.Rowe Price New America Growth	Mutual Fund	N/A	1,143,097
	Vanguard Inflation-Protected Secs ADM	Mutual Fund	N/A	58,898
	Vanguard Institutional Index	Mutual Fund	N/A	5,283,914
	Vanguard Mid Cap Index Signal	Mutual Fund	N/A	3,658,288
	Vanguard Small Cap	Mutual Fund	N/A	325,719
*	Notes Receivable from Participants	Interest rates range from 4.25% to 6.00% maturing January 2013 to July 2017	N/A	622,489
				<u>\$ 42,153,811</u>

* Party-in-interest

N/A - Investments are participant directed; therefore, cost information is not applicable.

Dexter 401(k) Retirement Savings Plan

**Schedule H, Line 4j - Schedule of Reportable Transactions
December 31, 2012**

(a) Identity of Party Involved	(b) Description of Asset Including Interest Rate and Maturity in Case of a Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Single transactions representing 5% or more of net assets available for plan benefits at beginning of year:								
Schwab Value Advantage Money Market	Money market fund	\$ 12,268,259	\$ -	N/A	\$ -	N/A	\$ 12,268,259	N/A
American Fundamental Investors R6	Mutual Fund	2,480,891	-	N/A	-	N/A	2,480,891	N/A
American Funds New Perspective R6	Mutual Fund	2,720,831	-	N/A	-	N/A	2,720,831	N/A
PIMCO Total Return Instl	Mutual Fund	7,623,236	-	N/A	-	N/A	7,623,236	N/A
Vanguard Institutional Index	Mutual Fund	5,283,914	-	N/A	-	N/A	5,283,914	N/A
Vanguard Mid Cap Index Signal	Mutual Fund	3,658,288	-	N/A	-	N/A	3,658,288	N/A

Dexter 401(k) Retirement
Attachment to Form 5500, Schedule C-Part I Line 3
December 31, 2013
EIN: 36-4284104 Plan #: 001

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)

Fund Family/Provider	EIN	Formula
Allianz Funds	33-0457728	Rate of 0.02% of average daily balance of asset(s)
American Beacon	75-2401150	Rate of 0.05% of average daily balance of asset(s)
Artisan	39-1811840	Rate of 0.40% of average daily balance of asset(s)
Columbia	93-0577450	Rate of 0.40% of average daily balance of asset(s)
Dodge & Cox	94-1441976	Rate of 0.10% of average daily balance of asset(s)
Harbor	04-2679462	Rate of 0.10% of average daily balance of asset(s)
JPMorgan	13-2624428	Rate of 0.10% of average daily balance of asset(s)
Schwab Funds	94-3106735	Rate of 0.25% of average daily balance of asset(s)
T. Rowe Price	52-2264646	Rate of 0.15% of average daily balance of asset(s)

Dexter 401(k) Retirement Savings Plan

**Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)
December 31, 2013**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Schwab Value Advantage Money Market	Money Market Fund	N/A	\$ 10,861,430
	American Beacon Small Cap Value	Mutual Fund	N/A	708,588
	American Fundamental Investors R6	Mutual Fund	N/A	2,992,876
	American Funds New Perspective R6	Mutual Fund	N/A	3,617,048
	Artisan Mid Cap Value	Mutual Fund	N/A	902,670
	Columbia Acorn Fund CL Z	Mutual Fund	N/A	1,475,030
	Dodge & Cox Balanced Fund	Mutual Fund	N/A	3,495,876
	Harbor International	Mutual Fund	N/A	1,551,190
	JP Morgan SmartRetirement 2010 Instl	Mutual Fund	N/A	12,898
	JP Morgan SmartRetirement 2015 Instl	Mutual Fund	N/A	33,250
	JP Morgan SmartRetirement 2020 Instl	Mutual Fund	N/A	57,644
	JP Morgan SmartRetirement 2025 Instl	Mutual Fund	N/A	180,963
	JP Morgan SmartRetirement 2030 Instl	Mutual Fund	N/A	9,885
	JP Morgan SmartRetirement 2035 Instl	Mutual Fund	N/A	14,383
	JP Morgan SmartRetirement 2040 Instl	Mutual Fund	N/A	25,006
	JP Morgan SmartRetirement 2045 Instl	Mutual Fund	N/A	13,174
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	JP Morgan SmartRetirement Income Instl	Mutual Fund	N/A	3,893
	PIMCO All Asset Fund Instl	Mutual Fund	N/A	454,646
	PIMCO Total Return Instl	Mutual Fund	N/A	6,838,785
	T.Rowe Price New America Growth	Mutual Fund	N/A	1,684,581
	Vanguard Inflation-Protected Secs ADM	Mutual Fund	N/A	46,348
	Vanguard Institutional Index	Mutual Fund	N/A	6,539,715
	Vanguard Mid Cap Index Signal	Mutual Fund	N/A	4,304,867
	Vanguard Small Cap Index Signal	Mutual Fund	N/A	564,078
*	Notes Receivable from Participants	Interest rates range from 4.12% to 6.00% maturing January 2014 to December 2018	N/A	1,020,588
				<u>\$ 47,435,288</u>

* Party-in-interest

N/A - Investments are participant directed; therefore, cost information is not applicable.