

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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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>R.W. SCREW PRODUCTS, INC 401(K) PROFIT SHARING PLA</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/27/1966</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-0906760</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>330-837-9211</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>332700</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>05/27/1966</u>		2b Employer Identification Number (EIN) <u>34-0906760</u>		2c Sponsor's telephone number <u>330-837-9211</u>		2d Business code (see instructions) <u>332700</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>05/27/1966</u>											
2b Employer Identification Number (EIN) <u>34-0906760</u>											
2c Sponsor's telephone number <u>330-837-9211</u>											
2d Business code (see instructions) <u>332700</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>R W SCREW PRODUCTS, INC.</u> <u>999 OBERLIN RD SW</u> <u>MASSILLON, OH 44647</u>											

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

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

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	223
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	222
b Retired or separated participants receiving benefits		6b	
c Other retired or separated participants entitled to future benefits.....		6c	5
d Subtotal. Add lines 6a , 6b , and 6c		6d	227
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	227
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	155
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 2H 2J 2K			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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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 R.W. SCREW PRODUCTS, INC 401(K) PROFIT SHARING PLA	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 R W SCREW PRODUCTS, INC.	D Employer Identification Number (EIN) 34-0906760

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

(a) Name of insurance carrier
PHOENIX LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0493340	67814	J00033791	1	01/01/2013	12/31/2013

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JOHN A PACKAL, CLU, CHFC 24600 CENTER RIDGE RD, SUITE 125 WESTLAKE, OH 44145

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4****5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ► [COMPUTE STANDARD RATES PER THOUSAND](#)**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ►

e Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ►**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ► ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ►**b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**

►

(6) Total additions **7c(6)** **0****d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**

►

(5) Total deductions **7e(5)** **0****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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 R.W. SCREW PRODUCTS, INC 401(K) PROFIT SHARING PLA	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 R W SCREW PRODUCTS, INC.	D Employer Identification Number (EIN) 34-0906760	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

STIFEL NICOLAUS & CO INC

43-0538770

(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?
28 51		52348	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

FIRSTMERIT BANK

34-0382247

(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?
21 64		50623	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VOLPE, BROWN & COMPANY, LLC

26-3039379

(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		18011	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)

ANTHONY TUCILLO, LLC

54-2120155

(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?
29 50		5000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>R.W. SCREW PRODUCTS, INC 401(K) PROFIT SHARING PLA</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>R W SCREW PRODUCTS, INC.</u>		D Employer Identification Number (EIN) <u>34-0906760</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2956	2125920
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	241581	228487
(2) U.S. Government securities	1c(2)	131102	2641441
(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)	128706	50595
(B) Common.....	1c(4)(B)	1655973	1409005
(5) Partnership/joint venture interests	1c(5)	2858989	33518
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(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)	9595071	10518318
(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	14614378	17007284

Liabilities

g Benefit claims payable	1g	346672	0
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	346672	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14267706	17007284
---	-----------	----------	----------

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)	235956	
(B) Participants	2a(1)(B)	342501	
(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)		578457
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	40	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	269	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		309
(2) Dividends: (A) Preferred stock	2b(2)(A)	5570	
(B) Common stock	2b(2)(B)	67131	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	391856	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		464557
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6989044	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5990704	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		998340
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	774169	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		774169

		(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)		87223
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2903055

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	37496	
(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)		37496
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)	73633	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	52348	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		125981
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		163477

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2739578
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: BRUNER COX LLP

(2) EIN: 34-0641962

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

Financial Statements and Supplemental Schedules
R. W. Screw Products, Inc. 401(k) Profit Sharing Plan
December 31, 2013



Business Consultants and
Certified Public Accountants

brunercox.com

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Business Consultants and
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
R. W. Screw Products, Inc. 401(k) Profit Sharing Plan
Massillon, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of R. W. Screw Products, Inc. 401(k) Profit Sharing Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by FirstMerit Bank, N.A., 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 certification from the trustee as of December 31, 2013, and for the year ended December 31, 2013, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

To the Trustees
R. W. Screw Products, Inc. 401(k) Profit Sharing Plan

Other Matters

2012 Financial Statements

The financial statements of the Plan as of and for the year ended December 31, 2012, were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed the predecessor auditors not to perform and they did not perform any auditing procedures with respect to the information certified by the trustee. Their report, dated September 30, 2013, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements; and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Supplemental Schedules

The supplemental schedules of (1) Schedule H, line 4i - Schedule of Assets (Held At End of Year) and (2) Schedule H, line 4j - Schedule of Reportable Transactions as of or for the year ended December 31, 2013, 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 is 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.

A handwritten signature in black ink that reads "Bruner Cox LLP". The signature is written in a cursive, flowing style.

Akron, Ohio
October 10, 2014

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

R. W. SCREW PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

December 31, 2013 and 2012

	2013	2012
ASSETS		
Investments, at fair value		
Common stocks	\$ 1,409,005	\$ 1,655,973
Preferred equity securities	50,595	128,706
Mutual funds	10,218,735	9,314,726
Hedge funds	33,518	2,858,989
Money market funds	2,869,927	372,683
Common collective trust	299,584	280,345
	<u>14,881,364</u>	<u>14,611,422</u>
 Cash	 <u>2,125,920</u>	 <u>2,956</u>
 Net assets available for benefits	 <u><u>\$ 17,007,284</u></u>	 <u><u>\$ 14,614,378</u></u>

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

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

R. W. SCREW PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

For the year ended December 31, 2013

ADDITIONS TO NET ASSETS

Contributions	
Employer	\$ 235,956
Participants	342,501
Interest	309
Dividends	464,557
Net appreciation in fair value of investments	<u>1,859,732</u>

Total additions to net assets 2,903,055

DEDUCTIONS FROM NET ASSETS

Benefits paid to participants	384,168
Administrative expenses	73,633
Investment expenses	<u>52,348</u>

Total deductions from net assets 510,149

Net increase in net assets available for benefits 2,392,906

NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR 14,614,378

NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR \$ 17,007,284

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

NOTES TO FINANCIAL STATEMENTS

R. W. SCREW PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

Note 1. Description of the Plan

The following description of the R. W. Screw Products, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The plan is a defined contribution plan covering all employees of R. W. Screw Products, Inc. (the Plan Sponsor and Company) who have completed 1 year of service and have attained age 18. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 50 percent of pretax annual compensation, as defined in the plan. Participants may also contribute amounts representing distributions from other qualified plans. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investments of their contributions, plus the company's "safe harbor" contributions into various investment options offered by the plan. The plan currently offers various investment options for participants. The company contributes the sum of 100% of the amount of the employees' salary reductions that are not in excess of 3% of compensation, plus 50% of the amount of the employees' salary reductions that exceed 3% of compensation but not in excess of 5% of compensation. Additional discretionary profit sharing amounts may be contributed at the option of the company and are invested in a portfolio of investments as directed by the company. There were no additional discretionary contributions made in 2013. Contributions are subject to certain statutory limitations.

Participant Accounts

Each participant's account is credited with the participant's and the company's "safe harbor" contributions and allocations of (a) the company's discretionary contribution, (b) plan earnings, and (c) forfeitures of terminated participants' non-vested accounts, and charged with an allocation of administrative 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 vested account.

NOTES TO FINANCIAL STATEMENTS

R. W. SCREW PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

Note 1. Description of the Plan (Continued)

Vesting

Participants are vested immediately in their contributions and the company's "safe harbor" contributions plus actual earnings thereon. Vesting in the company's discretionary profit sharing contribution portion of their accounts is based on years of continuous service. A participant's vested percentage for the company's discretionary profit sharing contribution is determined under the following schedule.

Years of service	Vested percentage
0 - 1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Payment of Benefits

On termination of service due to death, disability, retirement or termination, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts

At December 31, 2013 and 2012 forfeited nonvested accounts totaled \$2,924 and \$2,670, respectively. These accounts may be made available to reinstate previously forfeited account balances of former participants, used to reduce future employer contributions, or pay administrative expenses of the plan. The remaining forfeitures will be allocated to participants in the same manner as the company's discretionary profit sharing contributions. There were no forfeitures used in 2013.

Note 2. Significant Accounting Policies

The accompanying financial statements reflect the application of certain accounting policies described in this note.

Basis of Accounting

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

NOTES TO FINANCIAL STATEMENTS

R. W. SCREW PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

Note 2. Significant Accounting Policies (Continued)

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 asset 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. The statements of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value if an adjustment is necessary. There is not a material difference between contract and fair value at December 31, 2013 and 2012.

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 reported amounts of net assets and changes in net assets, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

Plan expenses are primarily paid by the Plan.

Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan.

NOTES TO FINANCIAL STATEMENTS

R. W. SCREW PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

Note 2. Significant Accounting Policies (Continued)

Recent Accounting Pronouncements

In October 2012, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update 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, except for amendments in this Update where there was no transition guidance which were immediately effective upon issuance. The adoption of immediately effective amendments was not significant to these financials. The adoption of ASU 2012-04 is not expected to have a material impact on subsequent periods.

Reclassifications

Certain information previously reported in the financial statements has been reclassified to conform with the current year's presentation.

Note 3. Investments

All investment information, including investments held as of December 31, 2013 and 2012, interest and dividend income and net appreciation in fair value of investments for the year ended December 31, 2013, included in the Plan's financial statements and supplemental schedules, was prepared by or derived from information provided by FirstMerit Bank, N.A., the trustee, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that the information provided to the plan administrator by the trustee related to the investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the investments

Investments that represent 5% or more of the Plan's net assets available for benefits as of December 31 are as follows:

	2013	2012	
* Federated US Tres Cash RSV-I	\$ 2,641,440	\$ 131,102	**
* Pimco All Assets All Auth-IS	945,087	1,141,288	
* Campbell Fund Trust	-	** 789,744	
* Pabrai Investment Fund 4 LP	-	** 968,114	

* nonparticipant directed

** investment less than 5% of the Plan's net assets but presented for comparative purposes

NOTES TO FINANCIAL STATEMENTS

R. W. SCREW PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

Note 3. Investments (Continued)

During 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$1,859,732 as follows:

Money market funds	\$ 211
Common stocks	472,015
Perferred equity securities	5,427
Hedge funds	684,613
Mutual funds	697,466
	<u>\$ 1,859,732</u>

Note 4. Nonparticipant-Directed Investments and Cash

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments and cash are as follows:

	2013	2012
Money market fund	\$ 2,641,440	\$ 131,102
Common equity securities	1,409,005	1,655,973
Preferred equity securities	50,595	128,706
Mutual funds	4,024,881	4,424,310
Hedge funds	33,518	2,858,989
Cash	2,125,920	2,956
	<u>\$ 10,285,359</u>	<u>\$ 9,202,036</u>

	Year ended December 31, 2013
Changes in net assets	
Interest	\$ 269
Dividends	219,770
Net appreciation	1,181,905
Investment expenses	(52,348)
Benefits paid to participants	(213,048)
Administrative expenses	(53,225)
	<u>\$ 1,083,323</u>

NOTES TO FINANCIAL STATEMENTS

R. W. SCREW PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

Note 5. Fair Value Measurements

The FASB topic *Fair Value Measurements and Disclosures*, provides the 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 fair value hierarchy under this FASB topic are described as follows:

- | | |
|---------|--|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets;• Inputs other than quoted prices that are observable for the asset or liability;• Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

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

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

Common Stocks and Preferred Equity Securities: Valued at the closing price reported on the active market on which the individual securities are traded.

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

Hedge Funds: The individual hedge funds held are valued as follows:

NOTES TO FINANCIAL STATEMENTS

R. W. SCREW PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

Note 5. Fair Value Measurements (Continued)

During 2013, the Campbell Fund Trust (Campbell) investment was liquidated. The fair value of the Plan's investment in Campbell was \$789,744 at December 31, 2012, which was determined by the Plan's pro rata share of the net asset value of the underlying investments at year end. Campbell traded a portfolio primarily focused on financial futures and forwards, with a secondary emphasis on metals, energy and agricultural products. Monthly redemptions were permitted upon 10 business days' advance written notice.

During 2013, the Cundill Global Value L.P. (Cundill) investment was liquidated. The fair value of the Plan's investment was \$412,685 at December 31, 2012, which was determined by the Plan's pro rata share of the net asset value of the underlying investments at year end. Cundill invested in global and domestic common and preferred stocks. Redemptions of all or any portion of their partnership interests were permitted quarterly with at least 60 days advance written notice to the general partner.

The fair value of the Plan's investment in the limited partnership, Financial Stocks Limited Partnership (Financial), which is \$33,518 and \$688,446 at December 31, 2013 and 2012, respectively, is determined by the Plan's pro rata share of the net asset value of the underlying investments at year end. Financial invests in global and domestic financial services companies. Redemptions of all or any portion of their partnership interests are permitted on the last day of any fiscal year or on the last day of a calendar quarter upon consent of the general partner.

During 2013, the Pabrai Investment Fund 4, L.P. (Pabrai) investment was liquidated. The fair value of the Plan's investment was \$968,114 at December 31, 2012, which was determined by the Plan's pro rata share of the net asset value of the underlying investments at year end. Pabrai invested in global and domestic marketable securities. Redemptions of all or any portion of their partnership interests were permitted on the last day of any fiscal year with at least 60 days advance notice to the general partner.

Money Market Funds: Valued using amortized cost which approximates fair value.

Common Collective Trust: Valued at fair value based on the unit prices quoted by the fund, representing the fair value of the underlying investments.

The preceding methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

NOTES TO FINANCIAL STATEMENTS

R. W. SCREW PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

Note 5. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

Assets at fair value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 1,409,005	\$ -	\$ -	\$ 1,409,005
Preferred equity securities	50,595	-	-	50,595
Mutual funds				
Equity funds	6,655,739	-	-	6,655,739
Fixed income funds	3,562,996	-	-	3,562,996
Common collective trust	-	299,584	-	299,584
Hedge funds	-	-	33,518	33,518
Money market funds	2,869,927	-	-	2,869,927
Total assets at fair value	\$ 14,548,262	\$ 299,584	\$ 33,518	\$ 14,881,364

Assets at fair value as of December 31, 2012				
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 1,655,973	\$ -	\$ -	\$ 1,655,973
Preferred equity securities	128,706	-	-	128,706
Mutual funds				
Equity funds	5,281,740	-	-	5,281,740
Fixed income funds	4,032,986	-	-	4,032,986
Common collective trust	-	280,345	-	280,345
Hedge funds	-	-	2,858,989	2,858,989
Money market funds	372,683	-	-	372,683
Total assets at fair value	\$ 11,472,088	\$ 280,345	\$ 2,858,989	\$ 14,611,422

NOTES TO FINANCIAL STATEMENTS

R. W. SCREW PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

Note 5. Fair Value Measurements (Continued)

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31:

		2013			
		Fair value	Unfunded commitment	Redemption frequency	Redemption notice period
Investment					
	Common collective trust (a)	<u>\$ 299,584</u>	<u>\$ -</u>	Daily	None
		2012			
		Fair value	Unfunded commitment	Redemption frequency	Redemption notice period
Investment					
	Common collective trust (a)	<u>\$ 280,345</u>	<u>\$ -</u>	Daily	None

- (a) This category includes a common collective trust which seeks to provide stability of principal and high current income. To achieve its investment objective, the fund invests in guaranteed investment contracts (GICs) and synthetic guaranteed investment contracts (synthetic GICs). GICs represent deposits which guarantee a stated interest rate for the term of the contracts. It is the policy of the Fund to use its best efforts to maintain a stable net asset value of \$10.00 per unit; although no guarantee that the Fund will be able to maintain this value. Investments in this category can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment(s) in this category has been estimated using the net asset value per share of the underlying investment(s).

Level 3 Gains and Losses

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

	Hedge funds
Balance, beginning of year	\$ 2,858,989
Realized gains (losses)	823,207
Unrealized gains (losses) relating to instruments still held at the reporting date	(138,594)
Sales	(3,510,084)
Balance, end of year	<u>\$ 33,518</u>

NOTES TO FINANCIAL STATEMENTS

R. W. SCREW PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

Note 5. Fair Value Measurements (Continued)

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the statement of changes in net assets available for benefits.

Changes in Fair Value Levels

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

Plan management has evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2013, there were no significant transfers in or out of Levels 1, 2 or 3.

Note 6. Plan Termination

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

Note 7. Tax Status

The plan obtained its latest determination letter dated September 22, 2010, in which the Internal Revenue Service stated that the plan is operating in accordance with the applicable requirements of the Internal Revenue Code (IRC). Although the plan has been amended since receiving the determination letter, the plan administrator and the plan's counsel believe that the plan is designed and is operating in accordance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination, including the resolution of appeals or litigation processes, if any. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2013 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

NOTES TO FINANCIAL STATEMENTS

R. W. SCREW PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

Note 8. Reconciliation of Financial Statements to 5500

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

	2013	2012
Net assets available for benefits as presented in these financial statements	\$ 17,007,284	\$ 14,614,378
Adjustment of benefits paid to participants	-	(346,672)
Net assets available for benefits as presented in Form 5500	\$ 17,007,284	\$ 14,267,706

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

Benefits paid to participants per the financial statements	\$ 384,168
Add: Amounts allocated to withdrawing participants at December 31, 2013	-
Less: Amounts allocated to withdrawing participants at December 31, 2012	(346,672)
Benefits paid to participants per Form 5500	<u>\$ 37,496</u>

Note 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.

Note 10. Subsequent Events

Effective March 7, 2014, all Plan assets were transferred to Reliance Trust Company, who also became the trustee to the Plan at that time. At this same time, the Plan Service Provider was changed from First Merit to MassMutual.

The Plan has evaluated subsequent events through October 10, 2014, the date the financial statements were available to be issued.

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

R. W. SCREW PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

EIN 34-0906760

PN 001

December 31, 2013

(a)	(b)	(c)	(d)	(e)
<i>Identity of issue, borrower, lessor or similar party</i>	<i>Description of investment including maturity date, rate of interest, collateral and par or maturity value</i>	<i>Cost</i>	<i>Current value</i>	
Money Market Fund				
Federated US Tres Cash Rsv-I	2,641,441 shares	\$ 2,641,440	\$ 2,641,440	
Total Money Market Fund		2,641,440	2,641,440	
Common Equity Securities				
Aflac Inc	1,125 shares	50,332	75,148	
Apple Inc	77 shares	36,092	43,199	
Ares Capital Corp	1,475 shares	24,736	26,211	
Babcock & Wilcox	1,000 shares	29,530	34,190	
BGC Partners CL A	9,625 shares	62,395	58,231	
Centurylink Inc	650 shares	25,350	20,703	
Corning Inc	5,600 shares	79,897	99,792	
Directv	325 shares	20,305	22,445	
Golub Capital BD	1,575 shares	24,755	30,098	
Intel Corp	1,350 shares	29,389	35,039	
Marvell Technology Group Ltd	4,425 shares	48,963	63,632	
National Bancshares Corp Ohio	15,454 shares	92,961	300,117	
Occidental Pete Corp	300 shares	24,555	28,530	
Sandridge Energy Inc	8,325 shares	75,584	50,533	
Seagate Technology PLC	4,325 shares	140,715	242,892	
Sprott Resource Corp	19,050 shares	94,378	41,262	
Starwood Property Trust Inc Reit	5,375 shares	101,662	148,888	
Western Digital Corp	1,050 shares	51,322	88,095	
Total Common Equity Securities		1,012,921	1,409,005	
Preferred Equity Securities				
Chesapeake Energy 4.500% Conv Pfd	550 shares	46,127	50,595	
Total Preferred Equity Securities		46,127	50,595	

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

R. W. SCREW PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

**EIN 34-0906760
PN 001**

December 31, 2013

(a)	(b) <i>Identity of issue, borrower, lessor or similar party</i>	(c) <i>Description of investment including maturity date, rate of interest, collateral and par or maturity value</i>	(d) <i>Cost</i>	(e) <i>Current value</i>
Mutual Funds				
	Allianzgi Nfj Dv Int & Prem Strat Fd	3,650 shares	\$ 60,264	\$ 64,641
	Doubleline Multi-Asset Gr-I	17,890 shares	176,395	182,832
	FPA Crescent Fund-I	12,792 shares	310,968	421,610
	Ivy Asset Strategy Fund-I	9,497 shares	197,024	306,553
	Pimco Eqs Long/Short-Ins	24,831 shares	265,842	296,486
	Pimco Global Multi Asset-Ins	19,205 shares	213,643	197,809
	WFA Absolute Return Fund - Adm	4,738 shares	50,819	52,873
	Wintergreen Fund	13,654 shares	175,331	240,313
	American Strategic Income Pt	5,375 shares	60,019	48,321
	Diamond Hill Strategic Inc I	15,775 shares	155,319	176,053
	Doubleline Total Ret BD-I	27,709 shares	307,351	298,699
	Eaton Vance Short Dur Div In	1,625 shares	25,106	24,814
	FPA New Income Fund Inc	26,568 shares	288,794	272,855
	Franklin Templeton Ltd Duration Inc	1,975 shares	25,043	25,655
	Pimco All Assets All Auth-Is	95,463 shares	1,000,714	945,087
	Pimco Unconstrained Bond Fund-Ins	35,058 shares	388,445	388,791
	Templeton Global Income Fd Inc	10,250 shares	97,044	81,489
	Total Mutual Funds		3,798,121	4,024,881
Hedge Fund				
	Financial Stocks Limited Partnership	1 share	17,578	33,518
	Total Hedge Fund		17,578	33,518
	Total Non-Participant Directed		\$ 7,516,187	\$ 8,159,439
Money Market Fund				
	Fidelity Retirement Money Market		**	\$ 228,487
	Total Money Market Fund			228,487

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

R. W. SCREW PRODUCTS, INC. 401(K) PROFIT SHARING PLAN

**EIN 34-0906760
PN 001**

December 31, 2013

(a)	(b) <i>Identity of issue, borrower, lessor or similar party</i>	(c) <i>Description of investment including maturity date, rate of interest, collateral and par or maturity value</i>	(d) <i>Cost</i>	(e) <i>Current value</i>
Mutual Funds				
	American Funds American Balanced RS		**	\$ 562,076
	American Century Equity Income Inv		**	502,068
	American Century Ultrar Inv		**	167,807
	American Century Strat Allc: Cnsv Inv		**	208,180
	American Century International Gr Inv		**	129,493
	DWS Global Growth S		**	148,814
	Federated Equity Income A		**	368,248
	Fidelity Advisor Freedom 2040R I		**	292,408
	Fidelity Advisor Freedom 2030R I		**	314,489
	Fidelity Advisor Freedom 2020R I		**	369,832
	Fidelity Advisor Freedom 2010R I		**	106,815
	Fidelity Advisor Equity Growth Instl		**	220,205
	Fidelity Advisorr Growth & Income I		**	228,314
	Fidelity Advisorr Balanced I		**	82,236
	Franklin Small-Mid Cap Growth Adv		**	296,438
	MFSR Mid Cap Growth I		**	95,299
	MFSR Massachusetts Investors Gr Stk I		**	277,699
	White Oak Select Growth		**	63,916
	Oppenheimer International Growth A		**	327,153
	Vanguard Small Cap Index Inv		**	131,132
	Federated Gnma Instl		**	100,750
	Federated US Govt 1-3 Yr Instl		**	188,683
	Federated US Govt 2-5 Yr Instl		**	175,201
	Federated Total Return Govt Bd Svc		**	141,716
	Loomis Sayles Bond Retail		**	262,680
	Pimco Total Return Instl		**	432,202
	Total Mutual Funds			6,193,854
Common Collective Trust				
	Cap Preservation Fnd CI-Isp		**	299,584
	Total Common Collective Trust			299,584
	Total Participant Directed			\$ 6,721,925
	Total Investments			\$ 14,881,364

** Cost omitted for participant-directed investments

The above information has been certified by First Merit Bank, N.A., the trustee, as complete and accurate.

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

R. W. SCREW 401(K) PROFIT-SHARING PLAN
EIN 34-0906760
PN 001

For the year ended December 31, 2013

(a) <i>Identity of party involved</i>	(b) <i>Description of asset</i>	(c) <i>Purchase price</i>	(d) <i>Selling price</i>	(e) <i>Cost of asset</i>	(f) <i>Current value of asset on transaction date</i>	(g) <i>Net gain or (loss)</i>
Series of Transactions						
*Firstmerit Bank, N.A.	Cundill Global Value L.P.	\$ -	\$ 522,385	\$ 287,501	\$ 522,385	\$ 234,884
*Firstmerit Bank, N.A.	Federated US Tres Cash Rsv - I	2,449,599	1,518,690	3,968,289	3,968,289	-
Individual Transactions						
*Firstmerit Bank, N.A.	Campbell Fund Trust	-	821,441	709,346	821,441	112,095
*Firstmerit Bank, N.A.	Financial Stocks Limited Partnership	-	636,849	8,789	636,849	628,060
*Firstmerit Bank, N.A.	Federated US Tres Cash Rsv - I	1,072,993	-	1,072,993	1,072,993	-
*Firstmerit Bank, N.A.	Federated US Tres Cash Rsv - I	637,365	-	637,365	637,365	-
*Firstmerit Bank, N.A.	Federated US Tres Cash Rsv - I	549,817	-	549,817	549,817	-
*Firstmerit Bank, N.A.	Federated US Tres Cash Rsv - I	-	680,745	680,745	680,745	-
*Firstmerit Bank, N.A.	Pabrai Investment Fund 4, L.P.	-	1,304,409	621,713	1,304,409	682,696

*Party-in-interest to the Plan

The above information has been certified by First Merit Bank, N.A., the trustee, as complete and accurate.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1510-0110
1510-0089**2013****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

- A** This return/report is for: ☒ a multiemployer plan; ☐ a multiple-employer plan; or
☒ 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 R.W. SCREW PRODUCTS, INC 401(K) PROFIT SHARING PLA		1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	05/27/1966
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) R W SCREW PRODUCTS, INC. 999 OBERLIN RD SW MASSILLON OH 44647		2b Employer Identification Number (EIN)	34-0906760
		2c Sponsor's telephone number	330-837-9211
		2d Business code (see instructions)	332700

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	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Jeffrey V. Leitch</i>	10-10-14	JEFFREY LEITCH
	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)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2013)
v. 130118

3a Plan administrator's name and address ☒ 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: a Sponsor's name	4b EIN 4c PN
---	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	223
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	222
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	5
d Subtotal. Add lines 6a, 6b, and 6c	6d	227
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	227
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	155
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 2H 2J 2K

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	--

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

a Pension Schedules	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) ☒ 1 A (Insurance Information)
	(4) ☒ C (Service Provider Information)
	(5) ☐ D (DFE/Participating Plan Information)
	(6) ☐ G (Financial Transaction Schedules)

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

**R. W. SCREW 401(K) PROFIT-SHARING PLAN
EIN 34-0906760
PN 001**

For the year ended December 31, 2013

(a) <i>Identity of party involved</i>	(b) <i>Description of asset</i>	(c) <i>Purchase price</i>	(d) <i>Selling price</i>	(e) <i>Cost of asset</i>	(f) <i>Current value of asset on transaction date</i>	(g) <i>Net gain or (loss)</i>
Series of Transactions						
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*Firstmerit Bank, N.A.	Financial Stocks Limited Partnership	-	636,849	8,789	636,849	628,060
*Firstmerit Bank, N.A.	Federated US Tres Cash Rsv - I	1,072,993	-	1,072,993	1,072,993	-
*Firstmerit Bank, N.A.	Federated US Tres Cash Rsv - I	637,365	-	637,365	637,365	-
*Firstmerit Bank, N.A.	Federated US Tres Cash Rsv - I	549,817	-	549,817	549,817	-
*Firstmerit Bank, N.A.	Federated US Tres Cash Rsv - I	-	680,745	680,745	680,745	-
*Firstmerit Bank, N.A.	Pabrai Investment Fund 4, L.P.	-	1,304,409	621,713	1,304,409	682,696

*Party-in-interest to the Plan

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