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

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HOURLY EMPLOYEES' PENSION PLAN OF ROLLEX CORPORATION

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1983

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

ROLLEX CORPORATION

800 CHASE AVENUE
ELK GROVE VILLAGE, IL 60007

2b Employer Identification Number (EIN)
36-3435871

2c Sponsor's telephone number
847-437-3000

2d Business code (see instructions)
332900

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 [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	392
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**	80
b	Retired or separated participants receiving benefits	**6b**	33
c	Other retired or separated participants entitled to future benefits	**6c**	278
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	391
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	391
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
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:
1A 1I 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	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
HOURLY EMPLOYEES' PENSION PLAN OF ROLLEX CORPORATION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ROLLEX CORPORATION

D Employer Identification Number (EIN)
36-3435871

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2013

2 Assets:

a Market value	**2a**	5978754
b Actuarial value	**2b**	5978754

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	**3a**	33	574682
b For terminated vested participants	**3b**	278	4029874
c For active participants:			
(1) Non-vested benefits	**3c(1)**		0
(2) Vested benefits	**3c(2)**		2338913
(3) Total active	**3c(3)**	81	2338913
d Total	**3d**	392	6943469

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.21 %
6 Target normal cost	**6**	23659

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

	10/07/2014
Signature of actuary	Date
LARRY BUTCHER	14-05843
Type or print name of actuary	Most recent enrollment number
VERISIGHT, INC.	312-488-6756
Firm name	Telephone number (including area code)
135 S. LASALLE ST. SUITE 2225 CHICAGO, IL 60603	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	81375
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	81375
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.25 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		25848
	b Interest on (a) using prior year's effective interest rate of 6.93 % except as otherwise provided (see instructions)		1791
	c Total available at beginning of current plan year to add to prefunding balance		27639
	d Portion of (c) to be added to prefunding balance		27639
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	27639

Part III Funding Percentages

14	Funding target attainment percentage	14	85.70 %
15	Adjusted funding target attainment percentage	15	85.70 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.83 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/10/2013	169748				
09/09/2014	97492				
			Totals ► 18(b)	267240	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	248753

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.94%	6.15%	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	23659
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	992354	219877
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	243536

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	243536
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	248753

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	5217
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
HOURLY EMPLOYEES' PENSION PLAN OF ROLLEX CORPORATION

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-3435871

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

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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)

THE NORTHERN TRUST COMPANY

36-1561860

(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?
19	NONE	36475	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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
HOURLY EMPLOYEES' PENSION PLAN OF ROLLEX CORPORATION

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ROLLEX CORPORATION

D Employer Identification Number (EIN)
36-3435871

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE S & P 500 INDEX FUND

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-001	C	1045560

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE AGGREGATE BOND INDEX FND

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-029	C	1106462

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT TERM INVESTMNT FND

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-084	C	459760

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE ALLCOUNTRYWORLD EXUS IDX

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-113	C	486523

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE GLOBAL REALESTATE IDXFND

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-082	C	179991

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE INTERNATIONAL EQUITY FND

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-073	C	507911

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE LARGE CAP FUND

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-6275604-142	C	1075562

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE MID CAP FUND

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN 06-6275604-144	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 349332

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SMALL CAP FUND

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN 06-6275604-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 411834

a Name of MTIA, CCT, PSA, or 103-12 IE: MFB COLLECT EMERGING MARKETS INDEX

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN 45-6138589-040	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51217

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE DAILY 1-5 YEAR CREDIT

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN 45-6138589-123	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 534580

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
HOURLY EMPLOYEES' PENSION PLAN OF ROLLEX CORPORATION

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-3435871

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	130000	97492
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1829	3214
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	5046983	6208732
(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)	807366	826931
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5986178	7136369
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1545	151593
k Total liabilities (add all amounts in lines 1g through1j)	1k	1545	151593
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5984633	6984776

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)	267240	
(B) Participants	2a(1)(B)		
(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)		267240
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)	24736	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		24736
(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)		910563
(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)		-17128
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1185411
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	148793	
(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)		148793
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)	36475	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		36475
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		185268
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1000143
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:

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

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

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.

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

A Name of plan
HOURLY EMPLOYEES' PENSION PLAN OF ROLLEX CORPORATION

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-3435871

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

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** 1

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

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):

Hourly Employees' Pension Plan of Rollex Corporation

Financial Report
December 31, 2013

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McGladrey

Independent Auditor's Report

To the Trustees
Hourly Employees' Pension Plan of Rollex Corporation

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hourly Employees' Pension Plan of Rollex Corporation (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

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 matters described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified or provided by The Northern Trust Company, the custodian 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 custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the custodian as of December 31, 2013 and 2012, and for the years then ended, that the information provided to the Plan Administrator by the custodian 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.

Member of the RSM International network of independent accounting, tax and consulting firms.

Emphasis of a Matter

As further discussed in Note 1 to the financial statements, the Plan was amended on December 14, 2012 to freeze eligibility for the Plan and future benefit accruals as of certain future dates. Our disclaimer of opinion has not been modified with respect to this matter.

Other Matters

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2013, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is 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 schedule.

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

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

McGladrey LLP

Schaumburg, Illinois
October 9, 2014

Hourly Employees' Pension Plan of Rollex Corporation

Statements of Net Assets Available for Benefits
December 31, 2013 and 2012

	2013	2012
Assets		
Investments, at fair value:		
Mutual funds	**$ 826,931**	$ 807,366
Common collective trust funds	**6,208,732**	5,046,983
	7,035,663	5,854,349
Receivables:		
Employer's contribution	**97,492**	130,000
Accrued income	**3,214**	1,829
	100,706	131,829
Total Assets	**7,136,369**	5,986,178
Liabilities		
Due to broker	**151,593**	1,545
Net Assets Available for Benefits	**$ 6,984,776**	$ 5,984,633

See Notes to Financial Statements.

Hourly Employees' Pension Plan of Rollex Corporation

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2013 and 2012

	2013	2012
Additions to net assets attributed to:		
Investment income:		
Dividends	**$ 24,736**	$ 24,753
Net appreciation (depreciation) in fair value of investments:		
Mutual funds	**(17,128)**	69,416
Common collective trust funds	**910,563**	558,183
	918,171	652,352
Employer's contribution	**267,240**	130,000
Total additions	**1,185,411**	782,352
Deductions from net assets attributed to:		
Benefits paid to participants and beneficiaries	**148,793**	391,244
Administrative expenses	**36,475**	35,070
Total deductions	**185,268**	426,314
Net increase	**1,000,143**	356,038
Net assets available for benefits:		
Beginning of year	**5,984,633**	5,628,595
End of year	**$ 6,984,776**	$ 5,984,633

See Notes to Financial Statements.

Note 1. Description of Plan

The following description of the Hourly Employees' Pension Plan of Rollex Corporation (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 benefit pension plan covering all union members of Rollex Corporation (the Company and Plan Sponsor) who have completed one year of service and have attained the age of 21. Eligible employees begin to participate on the January 1 or July 1 following completion of the service requirement. Valuations are performed at the beginning of each year, using the prior year's employee data. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Trustees are responsible for the oversight of the Plan.

On November 15, 2012, the Plan Sponsor notified all eligible union employees of its decision to freeze eligibility for the Plan for employees hired on or after November 1, 2012 and to freeze benefit accruals under the Plan effective January 1, 2013 for all plan participants that have been credited with 20 years of service or more as of December 31, 2012. For those participants who have not been credited with 20 years of credited service prior to December 31, 2012, their benefit accruals shall freeze upon the earlier of the date they achieve 20 years of credited service or the second freeze date of December 31, 2014. On December 14, 2012, the Plan Sponsor adopted a resolution and executed the amendment of the Plan. These amendments have no impact in the accumulated plan benefits reported as of December 31, 2012 which was prepared using January 1, 2013 census and are not expected to have an impact in future periods.

Pension benefits: The pension benefit to which a participant is entitled is based on average monthly compensation, which is determined based on the average of a participant's compensation from the Company for the three highest consecutive years of the last five years of employment. The term compensation means total wages paid to a participant during the plan year, and excludes certain overtime premium pay, bonuses and taxable employee benefits, such as the value of life insurance in excess of $50,000. Eligible compensation is limited to $255,000 and $250,000 in 2013 and 2012, respectively, as indexed by the Internal Revenue Code (IRC).

The monthly retirement benefit, known as the Normal Retirement Benefit, is 20% of the average monthly compensation reduced by 1/25 for each year of credited service less than 25. A participant is credited with a year of service for each year in which at least 1,000 hours are worked.

Normal retirement age is the later of age 65 or the fifth anniversary of participation in the Plan. Early retirement age is age 55 if the participant has completed 20 years of service.

The Plan provides that the normal form of benefit payment is a straight life annuity. Other forms of benefit payments are available at the option of the participant, including a lump-sum payment in lieu of monthly retirement benefit payments.

Death and disability benefits: Should a married participant die before retirement, the spouse would be entitled to a death benefit under the Plan equal to the amount payable as a preretirement survivor annuity. Participants who become totally disabled receive a benefit equal to the present value of the accrued benefit as of the date of disability.

Vesting: The vested portion of the accrued benefit will be distributed after death, disability or retirement. A participant becomes 100% vested upon completion of five years of service.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The accompanying financial statements have been prepared on the accrual basis of accounting.

Estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of plan assets and liabilities and changes therein; disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Sponsor's management determines the Plan's valuation policies utilizing information provided by the plan custodian. See Note 7 for discussion of fair value measurements.

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

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits are paid to *(a)* retired or terminated employees or their beneficiaries, *(b*) beneficiaries of employees who have died, and *(c)* present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

Payment of benefits: Benefits are recorded when paid. Benefits payable upon retirement are based on years of service and average compensation as defined in the Plan. The Plan has not made required benefit payments to certain former employees age 65 and over because plan management has been unable to locate the participants. Plan management has hired a locator service firm to find these participants and is also utilizing the Plan's actuary to maintain proper qualification of the Plan until these benefit payments are resolved.

The Pension Protection Act of 2006 (PPA) as amended by the Worker, Retiree and Employer Recovery Act of 2008 (WRERA) imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The "At-Risk" status is referred to as the Funding Target Attainment Percentage (FTAP). A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). The 2013 AFTAP for the Plan is 85.71%. Because the Plan's AFTAP equals or exceeds 80%, the Plan is not subject to any benefit restrictions.

Administrative expenses: Fees for custodian services are paid by the Plan. Other administrative expenses are paid by the Company and are not reflected in the accompanying financial statements.

Note 2. Summary of Significant Accounting Policies (Continued)

Recent accounting pronouncement: In October 2012, the Financial Accounting Standards Board (FASB) issued Accounting Standard Update (ASU) 2012-04, *Technical Corrections and Improvements*. The amendments in this update cover a wide range of topics in the Account Standards Codification (ASC), including plan accounting. These amendments include technical corrections and improvements to the ASC 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 immediately effective amendments was not significant to these financial statements. The adoption of ASU 2012-04 is not expected to have a material impact on subsequent periods.

Subsequent events: The Plan Administrator has evaluated subsequent events for potential recognition and/or disclosure through October 9, 2014, the date the financial statements were available to be issued.

Note 3. Actuarial Present Valuation of Accumulated Plan Benefits

The accumulated plan benefits information as of December 31, 2012, is as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits:	
Retirees and beneficiaries	$ 540,679
Terminated vested participants	3,812,795
Vested active participants	2,371,806
Total actuarial present value of accumulated plan benefits	$ 6,725,280

During 2012, changes to the actuarial present value of accumulated plan benefits were as follows:

Actuarial present value of accumulated benefits, beginning of year	$ 6,086,794
Benefits accumulated and experience (gains)/losses	110,741
Benefits paid	(391,244)
Assumption changes	506,607
Increase for interest	412,382
Actuarial present value of accumulated benefits, end of year	$ 6,725,280

The significant actuarial assumptions used in determining the actuarial present value of accumulated plan benefits are as follows:

Factor	Assumption
Expected long-term rate of return on plan assets	6% for 2012 and 7% for 2011
Life expectancy of participants	IRS 2013 Combined Mortality Tables for 2012 and IRS 2012 Combined Mortality Tables for 2011
Retirement age	Later of attained age 65 and 5 years of plan participation

These actuarial assumptions assume that the Plan will continue. In the event of plan termination, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Note 3. Actuarial Present Valuation of Accumulated Plan Benefits (Continued)

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2013 and 2012. Had the valuations been performed as of December 31, 2012 and 2011, there would be no material differences.

Note 4. Funding Policy

The Company's funding policy is to make contributions to ensure all employees' benefits will be fully provided for by the time they retire. The Company determines contribution amounts based on the Plan's funding status and recommendations from the Plan's actuary. The Company contributes at least the amount necessary to satisfy the minimum funding requirements of ERISA, as identified in the plan year's actuarial valuation. Contributions may exceed the minimum funding requirement. The required contributions for 2013 and 2012 were $243,536 and $105,651, respectively. The Company contributed $267,240 and $130,000 for the 2013 and 2012 plan years, respectively.

Note 5. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the plan agreement to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

A. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire during that three year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

B. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations (discussed below).

C. All other vested benefits (that is, vested benefits not insured by the PBGC).

D. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

Note 6. Investments

The following table presents those investments that represent 5% or more of the Plan's net assets at December 31, 2013 and 2012:

	2013	2012
Common collective trust funds:		
NT Collective Aggregate Bond Index Fund - Lending	$ 1,106,462	$ 1,130,722
NT Collective All Country World Index ex-U.S. Equity Fund - Lending	486,523	355,754
NT Collective S&P 500 Equity Index Fund - Lending	1,045,560	903,044
NT Collective Small Cap Fund	411,834	336,066
NT Collective Short-Term Investment Fund	459,760	*
NT Collective Large Cap Fund	1,075,562	921,537
NT Collective International Equity Fund - Non Lending	507,911	344,820
NT Collective Daily 1 - 5 Year Credit Bond Index Fund - Non Lending	534,580	359,597
NT Collective Mid Cap Fund	349,332	*
Mutual funds:		
PIMCO High Yield Institution Fund	*	310,502

* Balance did not exceed 5% or more of net assets

Note 7. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

Note 7. Fair Value Measurements (Continued)

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 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.

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.

Common collective trust funds: Valued based on the NAV of units of the common collective trust. The NAV, as provided by the custodian, is used as a practical expedient to estimating fair value. The NAV is based upon the fair value of the underlying investments comprising the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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

	2013			
Asset Category	Level 1	Level 2	Level 3	Total
Mutual funds				
Equities - Emerging Markets	$ 296,741	$ -	$ -	$ 296,741
Fixed Income:				
Treasury Inflation Protected Securities Funds	109,538	-	-	109,538
Corporate Bonds	328,423	-	-	328,423
Commodity Linked Funds	92,229	-	-	92,229
Common collective trust investment funds:				
Collective Funds for Employee Benefit Trusts	-	2,344,639	-	2,344,639
Short-Term Investment Fund	-	459,760	-	459,760
Domestic Equities	-	1,045,560	-	1,045,560
Fixed Income	-	1,641,042	-	1,641,042
International Equities	-	717,731	-	717,731
	$ 826,931	$ 6,208,732	$ -	$ 7,035,663

Note 7. Fair Value Measurements (Continued)

	2012			
Asset Category	Level 1	Level 2	Level 3	Total
Mutual funds				
Equities - Emerging Markets	$ 192,099	$ -	$ -	$ 192,099
Fixed Income:				
Treasury Inflation Protected Securities Funds	114,004	-	-	114,004
Corporate Bonds	310,502	-	-	310,502
Commodity Linked Funds	190,761	-	-	190,761
Common collective trust investment funds:				
Collective Funds for Employee Benefit Trusts	-	1,861,170	-	1,861,170
Short-Term Investment Fund	-	208,575	-	208,575
Domestic Equities	-	903,044	-	903,044
Fixed Income	-	1,490,319	-	1,490,319
International Equities	-	583,875	-	583,875
	$ 807,366	$ 5,046,983	$ -	$ 5,854,349

The following table summarizes investments at fair value based on NAV per share (or its equivalent) as of December 31, 2013 and 2012:

Investment	2013 Fair Value	2012 Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Northern Trust Company of Connecticut Collective Funds for Employee Benefit Trusts (a)	$ 2,344,639	$ 1,861,170	$ -	Monthly	None
Northern Trust Global Investments Collective Funds Trust					
Short-Term Investment Fund (b)	459,760	208,575	-	Daily	None
Domestic Equities (c)	1,045,560	903,044	-	See (c)	See (c)
Fixed Income (d)	1,641,042	1,490,319	-	See (d)	See (d)
International Equities (e)	717,731	583,875	-	See (e)	See (e)
	$ 6,208,732	$ 5,046,983	$ -		

(a) The Northern Trust Company of Connecticut (NTCC) Collective Funds for Employee Benefit Trusts is comprised of four funds, each with its own investment objective. The Plan invests in the following funds with the following investment objectives:

- NT Collective Large Cap Fund - The policy of the fund is to invest in U.S. equity markets directly or through funds including, but not limited to, collective funds, using one or more advisors to recommend specific investments. While U.S. securities will be the predominant asset class, this fund may invest in other asset classes from time to time, including but not limited to, short-term investment funds and cash equivalents. Characteristically, the fund will have a large market capitalization core orientation and may be highly concentrated in specific sectors or securities.

Note 7. Fair Value Measurements (Continued)

- NT Collective Mid Cap Fund - The policy of the fund is to invest in U.S equity markets directly or through funds including, but not limited to, collective funds, using one or more advisors to recommend specific investments. While U.S. securities will be the predominant asset class, this fund may invest in other asset classes from time to time, including but not limited to, short-term investment funds and cash equivalents. Characteristically, the fund will have a mid market capitalization core orientation and may be highly concentrated in specific sectors or securities.
- NT Collective Small Cap Fund - Invest in small market capitalization securities by using a group of professional advisors to provide advice on specific securities. Small market capitalization is the predominant asset class. The fund may also invest in cash equivalents and investment grade bonds.
- NT Collective International Equity Fund – Non Lending - Invest in non-U.S. securities markets or in securities of companies that predominantly derive their revenues from non-U.S. markets. A portion of the assets may be allocated to emerging markets or cash equivalents.

Withdrawal notifications received during the month are recorded at the unit value determined on the next valuation and are executed on a monthly basis.

(b) The Collective Short-Term Investment Fund is composed of high-grade money market instruments with short maturities. The fund's objective is to provide an investment vehicle for cash reserves while offering a competitive rate of return. Liquidity is emphasized to provide for redemption of units on any business day. Principal preservation is also a prime objective. High quality securities are used in this fund. Within quality, maturity and sector diversification guidelines, investments are made in those securities with the most attractive yields. Admissions and withdrawals are daily. Interest is accrued daily and distributed monthly.

(c) The NT Collective S&P Equity – Index Fund – Lending - The primary objective of the Daily S&P 500 Equity Index Fund, a collective fund for qualified plans, is to approximate the risk and return characterized by the S&P 500 Index. This Index is commonly used to represent the large cap segment of the U.S. equity market. To achieve its objective, the fund employs a replication technique, which generally seeks to hold each index constituent in its proportional index weight. The fund may make limited use of futures and/or options for the purpose of maintaining equity exposure.

There are no redemption notices required for this fund traditionally. However this fund participated in securities lending and Northern Trust had instituted a twice monthly redemption process to allow clients to withdraw money from the pools (instituted during the credit crisis in 2010). In order to redeem the fund, a request must be made for the greater of $1 million or 25% of the position (whichever is greater). The actual amount of the redemption is based on the available liquidity of the underlying lending pool.

(d) The Plan invests in the following fixed income funds with the following investment objectives:

- The Plan invests in the NT Collective Aggregate Bond Index Fund - Lending. The primary objective of the Fund, a collective fund for qualified plans, is to provide investment results that approximate the overall performance of the Barclay's Capital Aggregate Bond Index. The fund may hold units of participation in any fixed income collective fund established and maintained by the Trustee or any of its affiliates. The fund may make limited use of interest rate futures and/or options for the purpose of maintaining market exposure. This fund may participate in securities lending. In order to redeem, a request must be made for the greater of $1 million or 25% of the position (whichever is greater). The actual amount of the redemption is based on the available liquidity of the underlying lending pool.

Note 7. Fair Value Measurements (Continued)

- The Plan invests in the NT Collective Daily 1 – 5 Year Credit Bond Index Fund – Non Lending. The primary objective of the 1-5 Year Credit Bond Index Fund, a collective fund for qualified plans, is to provide investment results that approximate overall performance of the Barclay's Capital U.S. 1-5 Year Credit Bond Index. The Fund may make limited use of interest rate futures and/or options for the purpose of maintaining market exposure. This Fund may not participate in securities lending.

(e) The Plan invests in the following international equity funds with the following investment objectives:

- The primary objective of the NT Collective Global Real Estate Index Fund, a collective fund for qualified plans, is to provide investment results that approximate the overall performance of the Financial Times Stock Exchange (FTSE) European Public Realtors Association (EPRA)/National Association of Real Estate Investment Trusts (NAREIT) Global Real Estate Index. The fund may make limited use of futures and/or options for the purpose of maintaining equity exposure. This fund may participate in securities lending.
- The primary objective of the NT Collective All Country World Index (ACWI) ex-U.S. Equity Fund, a collective fund for qualified plans, is to approximate the risk and return characterized by the MSCI ACWI ex-U.S. Index. This Index is commonly used to represent the global non-U.S. equity markets. To achieve its objective, the fund employs a replication technique, which generally seeks to hold each index constituent in its proportional index weight. The fund may make limited use of futures and/or options for the purpose of maintaining equity exposure. This fund may participate in securities lending.
- The primary objective of the NT Collective Emerging Markets Index Fund – Lending, a collective fund for qualified plans, is to provide investment results that replicate the overall performance of the MSCI Emerging Equity Index. The Fund may make limited use of futures and/or options for the purpose of maintaining equity exposure. This fund may participate in securities lending.

Change 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 end of the reporting period.

Plan management 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, there were no significant transfers in or out of Level 3.

Note 8. Tax Status

Effective January 1, 2010, the Plan adopted a non-standardized form of a prototype plan sponsored by Datair Employee Benefit Systems Inc. The prototype plan has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions 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 be sustained upon examination by the federal, state, or local tax authorities. 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.

Note 9. Information Certified and Provided by The Northern Trust Company

The following is a summary of the Plan's asset information as of December 31, 2013 and 2012, and for the years then ended, included throughout the Plan's financial statements and supplemental schedule that was prepared by or derived from information provided by The Northern Trust Company, the custodian, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that information provided to the Plan Administrator by the custodian related to the following assets is complete and accurate. Accordingly, 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, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets:

	2013	2012
Investments held by the Plan's custodian at fair value:		
Mutual funds	$ 826,931	$ 807,366
Common collective trust funds	6,208,732	5,046,983
Accrued income	3,214	1,829
	$ 7,038,877	$ 5,856,178

The Plan's custodian also certified to the completeness and accuracy of $893,435 and $627,599 of net appreciation in fair value of investments and $24,736 and $24,753 of dividends related to the aforementioned assets for the years ended December 31, 2013 and 2012, respectively.

Note 10. Party-in-Interest Transactions

The Plan's investments are managed by The Northern Trust Company, the custodian of the Plan. Therefore, the following transactions qualify as party-in-interest. Fees paid by the Plan to the Northern Trust Company for investment management and other administrative expenses were $36,475 and $35,070 for the years ended December 31, 2013 and 2012, respectively.

The Plan is administered by the Company pursuant to the terms and conditions of the Plan and Trust. The Company pays for administrative expenses of the Plan, except for investment expenses. In addition, certain administrative functions are performed by officers or employees of the Company for which no compensation is paid by the Plan.

Note 11. 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 possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

HOURLY EMPLOYEES' PENSION PLAN OF ROLLEX CORPORATION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

ROLLEX CORPORATION

D Employer Identification Number (EIN)

36-3435871

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2013

2	Assets:			
	a Market value		**2a**	5,978,754
	b Actuarial value		**2b**	5,978,754
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	33	574,682
	b For terminated vested participants	**3b**	278	4,029,874
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		2,338,913
	(3) Total active	**3c(3)**	81	2,338,913
	d Total	**3d**	392	6,943,469
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.21 %
6	Target normal cost		**6**	23,659

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

10/07/2014
Date

Larry Butcher
Type or print name of actuary

14-05843
Most recent enrollment number

VERISIGHT, Inc.
Firm name

(312) 488-6756
Telephone number (including area code)

135 S. Lasalle St.
Suite 2225
Chicago IL 60603
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	81,375
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	81,375
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.25 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		25,848
	b Interest on (a) using prior year's effective interest rate of 6.93 % except as otherwise provided (see instructions)		1,791
	c Total available at beginning of current plan year to add to prefunding balance		27,639
	d Portion of (c) to be added to prefunding balance		27,639
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	27,639

Part III Funding Percentages

14	Funding target attainment percentage	14	85.70 %
15	Adjusted funding target attainment percentage	15	85.70 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.83 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/10/2013	169,748				
09/09/2014	97,492				
			Totals ▶ 18(b)	267,240	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	248,753

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.94 %	6.15 %	6.76 %	

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	31a	23,659
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	992,354	219,877
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	243,536

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	243,536
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	248,753
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	5,217
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Summary of Methods

Valuation date:	January 1, 2013.
Actuarial cost method:	Unit Credit Cost Method pursuant to Code Section 430 of the Pension Protection Act of 2006 (PPA).
Actuarial value of assets:	The actuarial value of assets is equal to the fair market value of assets as of the valuation date.
Changes since last valuation:	There were no changes since the last valuation.

Primary Assumptions

Interest (Minimum Funding and ASC 960):	IRC 430(h) Funding Segment Rates for January 2013 (including MAP21 Provisions); 4.94% per year for 1st segment, 6.15% for 2nd segment, and 6.76% thereafter.
Mortality (Minimum Funding and ASC 960):	IRS 2013 Combined Static Mortality Table.
Lump Sum Assumptions:	
Percent Electing:	100% of active and terminated vested participants are assumed to elect a lump sum form of payment. Lump sums are assumed payable immediately upon retirement.
Interest (Minimum Funding and ASC 960):	IRC 417(e)(3) Segment Rates for Novemeber 2012; 0.99% per year for 1st segment, 3.50% for 2nd segment, and 4.60% thereafter.
Mortality (Minimum Funding and ASC 960):	2012 Applicable Mortality Table.
Salary increases:	3.00% per year.
Taxable wage base increases:	None.
Retirement:	Normal retirement age (65) or the 5th anniversary of initial plan entry, if later.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Primary Assumptions (continued)

Withdrawal:	None.
Disability:	None.
Percentage married:	Males 100%, females 100%.
Age difference:	Husbands are assumed to be the same age as their wives.
Maximum benefit:	Limited as set forth by IRC Section 415.
Maximum compensation:	Limited as set forth by IRC Section 401(a)(17).
Expenses:	None - paid outside of the plan trust.
Changes since the last valuation:	The mortality table and interest rate were updated as required by the Pension Protection Act of 2006 (PPA). The mortality table was changed from the IRS 2012 Combined Static Mortality Table to the IRS 2013 Combined Static Mortality Table. The interest rate was changed from the IRC 430(h) Funding Segment Rates for December 2011 (5.54%, 6.85% and 7.52%) to the IRC 430(h) Funding Segment Rates for December 2012 (4.94%, 6.15% and 6.76%). All other assumptions are identical to the assumptions used in the prior valuation.

Schedule SB, Part V – Summary of Plan Provisions

This summary of plan provisions as of January 1, 2013 has been prepared for valuation purposes only. It outlines the major plan provisions used to perform the actuarial valuation.

Plan effective date:	January 1, 1983 as amended and restated effective January 1, 2010.
Plan year anniversary date:	January 1.
Eligibility requirements for plan participation:	Minimum age: 21 Months of service: 12
Plan entry date:	The earlier of the first day of the plan year or the first day of the seventh month of such plan year coinciding with or next following the date the eligibility requirements are met. Employees hired on or after November 1, 2012 shall not enter the Plan. Accordingly, Employees who have not entered the Plan as of January 1, 2014, will not be eligible to participate in the Plan.
Normal Retirement Date:	The first day of the month coincident with or next following the date the participant attains normal retirement age. Normal retirement age is defined as the later of age 65 and the 5th anniversary of the date participation in the plan commenced.
Credited Service:	One year for each Plan Year in which at least 1,000 hours of service is completed. Credited service is limited to 20 as of 12/31/2012, and frozen as of 12/31/2014
Eligibility / Vesting Service:	One year for each Plan Year in which at least 1,000 hours of service is completed.
Average annual compensation:	Monthly compensation averaged over the 3 Plan Years of the last 5 which produce the highest monthly average.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Normal retirement benefit:	The Normal Retirement Benefit is based on a formula equal to 20% of eligible compensation reduced for less than 25 years of service.
Normal form of benefit:	A married participant shall receive their benefit on a reduced basis with 50% of such benefit payable to their spouse following the participant's death unless they elect an optional form. A single participant shall receive their benefit on a life annuity basis (i.e., normal form).
Vesting schedule:	A participant is 20% vested after 2 years of service and the percentage vested increases 20% per year thereafter up to 100% vested with 6 years of service. Fully vested upon death and disability.
Accrued benefit:	The Normal Retirement Benefit multiplied by a fraction, the numerator of which is Years of Service at termination or retirement and the denominator of which is the Years of Service projected to Normal Retirement. The minimum plan benefit is $400 reduced prorata for service less than 25 years.
Early retirement benefit:	Eligible upon attainment of age 55 with 20 years of Vesting Service. The monthly benefit, if paid on a life annuity basis, is equal to the accrued normal retirement pension payable at age 65 adjusted by plan actuarial equivalence to the Early Retirement Date.
Qualified pre-retirement survivor annuity:	Eligible upon death of an active participant. All vested participants (whether actively employed or not) are automatically covered in the event of their death before their pension payments begin. For an active participant who dies while eligible for early or normal retirement, the benefit is a lifetime annuity to the spouse determined as though the participant had retired on their date of death with an immediate benefit reduced for early retirement and payment under the 50% Spouse's annuity form. For vested participants (whether or not active) whose death occurs prior to attaining their Earliest Retirement Age, the surviving spouse shall receive a benefit commencing on the first day of the month following the participant's Earliest Retirement Age determined as though the participant had separated from service on the date of death (if they had not already separated), survived to their Earliest Retirement Age, retired with an immediate benefit reduced for early commencement and payment under the 50% Spouse's annuity form.
Forms of payment:	Lump sum; 50%, 75% and 100% joint and survivor annuity; 10 years certain and life annuity.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Changes Since Last Actuarial Valuation

Summary of any changes in principal eligibility or benefit provisions since the last valuation:

The plan was amended as of November 1, 2012 to not allow any new participants in the plan. Additionally, Credited service is limited to 20 as of 12/31/2012, and frozen as of 12/31/2014

Description of any significant events:

To the best of our knowledge, there were no significant events that occurred during the year.

Benefits not included in the valuation:

Early retirement and disability benefits were not explicitly valued, but the omission is not material. To the best of our knowledge, no other benefits were excluded from the valuation.

Statement of changes in assumptions and/or methods and justifications for such changes:

The mortality table and interest rate were updated as required by the Pension Protection Act of 2006 (PPA) including the Moving Ahead for Progress in the 21st Century Act (MAP-21). The mortality table was changed from the IRS 2012 Combined Static Mortality Table to the IRS 2013 Combined Static Mortality Table. The interest rate was changed from the Segment Rates for January 2012 (5.54%, 6.85%, and 7.52%) to the Segment Rates for January 2013 (4.94%, 6.15%, and 6.76%).

Schedule SB Attachment (Form 5500) - 2013 Plan Year
Hourly Employees' Pension Plan of Rollex Corporation
EIN: 36-3435871 PN: 001

Schedule SB, line 19 - Discounted Employer Contributions

Required Quarterlies and Final True-Up	Due Date	Contribution Amount	Date Made	Late Contribution	Late Period (Days)	Late Contrib Discounted to 1/1/2013	Timely Contribution	Timely Contrib Discounted to 1/1/2013	Total Contrib Discounted to 1/1/2013
42,437	4/15/2013	42,437	10/10/2013	42,437	178	39,608	0	0	39,608
42,437	7/15/2013	42,437	10/10/2013	42,437	87	40,065	0	0	40,065
42,437	10/15/2013	42,437	10/10/2013	-	-	-	42,437	40,507	40,507
42,437	1/15/2014	42,437	10/10/2013	-	-	-	42,437	40,507	40,507
-	9/15/2014	97,492	9/9/2014	-	-	-	97,492	88,066	88,066
		267,240							

	1. Lines 19c & 37 of 2013 Schedule SB	248,753
	2. 2013 Minimum Required Contribution at 1/1/2013	243,536
Valuation Date	3. Line 38 of 2013 Schedule SB: (1) - (2)	5,217
Effective Interest Rate	1/1/2013	
Penalty Interest Rate (if applicabl	6.21%	
	11.21%	

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Participants are assumed to retire at their Normal Retirement Age, which is the later of age 65 and five years of plan participation.

Schedule SB, line 32 – Schedule of Amortization Bases

Date Established	Original Amortization Period	Original Shortfall Amort Installment Base	Shortfall Amort Installment	Remaining Amort Period	PV Factor	Remaining Shortfall Amort Installment Base
1/1/2009	7	670,977	113,410	3	2.860992	324,465
1/1/2011	7	(350,760)	(56,682)	5	4.550898	(257,954)
1/1/2012	7	436,039	74,007	6	5.292892	391,711
1/1/2013	7	534,132	89,142	7	5.991896	534,132
		Shortfall Amortization Charge	$219,877	Funding Shortfall for Amortization		$992,354

Schedule SB, line 26 – Schedule of Active Participant Data

The following table shows the distribution of the plan's active participant population by age and service and other demographic statistics.

Years of Credited Service

Age	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	0	0	0	0	0	0	0	0	0	0
25 - 29	1	0	0	0	0	0	0	0	0	1
30 - 34	0	0	0	1	0	0	0	0	0	1
35 - 39	0	0	1	3	0	0	0	0	0	4
40 - 44	0	0	0	6	7	0	0	0	0	13
45 - 49	0	0	4	3	10	4	0	0	0	21
50 - 54	0	0	0	5	5	3	3	0	0	16
55 - 59	0	0	1	1	1	6	4	2	0	15
60 - 64	0	1	0	0	2	1	2	4	0	10
65 - 69	0	0	0	0	0	0	0	0	0	0
Over 70	0	0	0	0	0	0	0	0	0	0
Total	1	1	6	19	25	14	9	6	0	81

Average Age	49.83
Average Past Service	22.80

Schedule SB, line 24 – Change in Actuarial Assumptions

There have been no changes in non-prescribed actuarial assumptions since the last valuation.

Schedule SB, line 25 – Change in Method

There have been no changes in funding methods since the last valuation.

Hourly Employees' Pension Plan of Rollex Corporation

EIN: 36-3435871
Plan Number: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2013

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		Shares of mutual funds:		
*	Northern Funds	Multi-Manager Emerging Markets Equity Fund	$ 120,647	$ 140,613
*	Northern Funds	Multi-Manager Global Listed Infrastructure Fund	71,718	79,788
	PIMCO Funds	High Yield Institutional Fund	321,065	328,423
	PIMCO Funds	Commodity Real Return Strategy Institutional Fund	131,431	92,229
	FLEXSHARES Trust	IBOXX 5 Year Target Duration Index Fund	57,904	54,714
	FLEXSHARES Trust	IBOXX 3 Year Target Duration Index Fund	56,012	54,824
	FLEXSHARES Trust	Global Upstream National Residual Index Fund	70,305	76,340
			829,082	826,931
		Shares of common collective trust investment funds:		
*	The Northern Trust Company	NT Collective Aggregate Bond Index Fund - Lending	700,982	1,106,462
*	The Northern Trust Company	NT Collective All Country World Index ex-U.S. Equity Fund - Lending	275,000	486,523
*	The Northern Trust Company	NT Collective Global Real Estate Index Fund - Lending	105,000	179,991
*	The Northern Trust Company	NT Collective S&P 500 Equity Index Fund - Lending	544,212	1,045,560
*	The Northern Trust Company	NT Collective Emerging Markets Index Fund - Lending	50,000	51,217
*	The Northern Trust Company	NT Collective Daily 1 - 5 Year Credit Bond Index Fund - Non Lending	519,250	534,580
*	The Northern Trust Company	NT Collective Short-Term Investment Fund	459,760	459,760
*	The Northern Trust Company	NT Collective International Equity Fund - Non Lending	285,000	507,911
*	The Northern Trust Company	NT Collective Large Cap Fund	454,498	1,075,562
*	The Northern Trust Company	NT Collective Mid Cap Fund	130,629	349,332
*	The Northern Trust Company	NT Collective Small Cap Fund	188,916	411,834
			3,713,247	6,208,732
			$ 4,542,329	$ 7,035,663

* Indicates a party-in-interest as defined by ERISA.

The above information has been certified by The Northern Trust Company, the custodian, as complete and accurate.

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

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HOURLY EMPLOYEES' PENSION PLAN OF ROLLEX CORPORATION

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1983

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

ROLLEX CORPORATION

800 CHASE AVENUE
ELK GROVE VILLAGE, IL 60007

2b Employer Identification Number (EIN) 36-3435871

2c Sponsor's telephone number 847-437-3000

2d Business code (see instructions) 332900

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		10-13-14	JOHN FOLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10-13-14	JOHN FOLEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	392
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**	80
b	Retired or separated participants receiving benefits	**6b**	33
c	Other retired or separated participants entitled to future benefits	**6c**	278
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	391
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	391
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
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:
1A 1G 1I 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	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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) [X]	**R** (Retirement Plan Information)	**(1)** [X]	**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) [ ] ___	**A** (Insurance Information)
		(4) [X]	**C** (Service Provider Information)
(3) [X]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(5)** [X]	**D** (DFE/Participating Plan Information)
		(6) [ ]	**G** (Financial Transaction Schedules)