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
OTG MANAGEMENT, LLC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

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

OTG MANAGEMENT, LLC

335 W BUTLER AVE STE 120
CHALFONT, PA 18914-2329

2b Employer Identification Number (EIN)
27-4175739

2c Sponsor's telephone number
215-997-0667

2d Business code (see instructions)
541600

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2014	THOMAS IACOPELLI
	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:

a Sponsor's name
OTG CONSOLIDATED HOLDING, INC.

4b EIN
20-8623294

4c PN
001

5	Total number of participants at the beginning of the plan year	**5**	1698
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**	1651
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	38
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1689
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	1689
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	228
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:
2F 2G 2J 2K 3D 2T 2E 3H

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service 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 OTG MANAGEMENT, LLC. 401(K) PROFIT SHARING PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 OTG MANAGEMENT, LLC	**D** Employer Identification Number (EIN) 27-4175739

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)

T. ROWE PRICE RPS, INC.

52-1309931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 25 28 37 38 49 50 52 57 59 62 63 64 65	NONE	1464	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

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

A Name of plan
OTG MANAGEMENT, LLC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OTG MANAGEMENT, LLC

D Employer Identification Number (EIN)
27-4175739

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	347631	379517
(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)	40674	67396
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	768360	1790879
(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	1156665	2237792
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1156665	2237792

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)	406499	
	(B) Participants	2a(1)(B)	676795	
	(C) Others (including rollovers)	2a(1)(C)	37824	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1121118
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	58	
	(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)	964	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1022
	(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)	51157	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		51157
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		186383
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1359680
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	274556	
(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)		274556
f Corrective distributions (see instructions)	2f		2533
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1464	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1464
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		278553
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1081127
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: WEISER MAZARS LLP **(2)** EIN: 13-1459550

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			

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
OTG MANAGEMENT, LLC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OTG MANAGEMENT, LLC

D Employer Identification Number (EIN)
27-4175739

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 04-3583801

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

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: 00% 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):

WeiserMazars LLP

OTG Management, LLC 401(k) Profit Sharing Plan

Financial Statements and Supplemental Schedule
December 31, 2013 and 2012

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MAZARS

WeiserMazars

Independent Auditors' Report

To the Plan Administrator of
OTG Management, LLC 401(k) Profit Sharing Plan

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of the OTG Management, LLC 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

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

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by State Street Bank and Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2013 and 2012 and for the year ended December 31, 2013, that the information provided to the plan administrator by the 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.

WeiserMazars LLP
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Other Matter
The supplemental schedule of assets (held at end of year) as of December 31, 2013, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



October 10, 2014

OTG Management, LLC 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

	2013	2012
Assets		
Investments at fair value	$ 2,170,396	$ 1,115,991
Receivables		
Notes receivable from participants	67,396	40,674
Employer contributions	14,369	9,545
Participant contributions	24,202	-
Total receivables	105,967	50,219
Total assets	2,276,363	1,166,210
Liabilities		
Excess participant contributions payable	-	2,377
Net assets available for benefits	$ 2,276,363	$ 1,163,833

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

OTG Management, LLC 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2013

Additions	
Additions to net assets attributable to:	
Investment income	
Net appreciation in fair value of investments	$ 186,383
Dividend income	51,215
Total investment income	237,598
Interest on notes receivable from participants	964
Contributions:	
Participants	700,997
Employer	411,323
Rollovers	37,824
Total contributions	1,150,144
Total additions	1,388,706
Deductions	
Deductions from net assets attributable to:	
Benefits paid to participants	274,712
Administrative expenses	1,464
Total deductions	276,176
Net increase	1,112,530
Net assets available for benefits	
Beginning of year	1,163,833
End of year	$ 2,276,363

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

1. Plan Description

The following brief description of the OTG Management, LLC 401(k) Profit Sharing Plan (the "Plan") is for general information only. Participants should refer to the summary plan description and plan document for more complete information.

General

The Plan is a defined contribution plan and it is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Employees of OTG Consolidated Holdings, Inc., and its subsidiaries and affiliated companies (collectively referred to as the "Company" or "Employer") are eligible to participate in the Plan.

The Plan was established on January 1, 2006 and then subsequently amended and restated on January 1, 2009 and July 1, 2012. Effective January 1, 2013, the Plan was amended and restated to change the plan name from OTG Consolidated Holding, Inc. 401(k) Profit Sharing Plan to OTG Management, LLC 401(k) Profit Sharing Plan, revise certain participant eligibility criteria and to include the Company's election to make basic matching contributions under the ADP Test Safe Harbor provisions.

Eligibility

All full-time employees of the Company are eligible for participation in the Plan on the first day of the month following the completion of six months of service.

Contributions

Participant contributions are made on a pre-tax basis, not to exceed statutory limits. The Company may make discretionary matching contributions to the Plan in accordance with the provisions contained in the Plan document. No discretionary matching employer contributions were made by the Company for the year ended December 31, 2013.

Effective January 1, 2013, the Company is required to make a safe harbor matching contribution equal to 100% of a participant's salary deferral contributions up to 3% of their compensation and 50% of the participant's salary deferral contributions that exceed 3% of their compensation not to exceed 5%.

Participant Accounts

Each participant's account is credited with their deferred contributions, employer contributions and earnings thereon. Contributions are invested based upon the percent allocation elected by the participant into one or more of the investment options available to the Plan.

Notes Receivable from Participants

Each participant is permitted to borrow from their account an amount not to exceed 50% of their vested account balance up to a maximum of $50,000. Loan terms may not exceed five years, except to purchase a primary residence, the term of which cannot exceed ten years. Loans are measured at their unpaid principal balance plus any accrued, but unpaid interest. The loans are collateralized by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator. Interest rates at December 31, 2013 ranged from 4.25% to 6.0%.

Vesting

Participants are fully vested at all times in their elective deferrals and the Company's matching contributions, plus earnings thereon.

Payment of Benefits
A participant's vested interest in the Plan's assets is distributable generally upon termination, disability, retirement or death. Participants may withdraw from their individual accounts pursuant to specific guidelines as set forth in the Plan.

Administrative Expenses
Substantially all expenses related to the administration of the Plan are paid by the Company.

2. Summary of Significant Accounting Policies

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

Investment Valuation and Income Recognition
Plan investments are reflected in the accompanying statements of net assets available for benefits at fair value. The sales and purchases of investment securities, and gains and losses on the sale of investments, are recognized at the trade date. Net appreciation (depreciation) includes the Plan's gains (and losses) on investments bought and sold as well as held during the year. Interest income is recorded as earned on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits
Benefits are recorded when paid. Excess participant contributions payable generally represent the distribution of certain assets to employees in order for the Plan to comply with ERISA non-discrimination rules.

Subsequent Events
The Plan has evaluated subsequent events through October 10, 2014, the date the financial statements were available for issuance. All subsequent events that required recognition or disclosure have been incorporated in these financial statements.

3. Information Certified by the Plan's Custodian

The following is a summary of the investment information and notes receivable from participants regarding the Plan as of December 31, 2013 and 2012, and for the year ended December 31, 2013, included in the Plan's financial statements and supplemental schedule, that was prepared or derived from information provided by State Street Bank and Trust Company, the Plan's custodian and furnished to the plan administrator. The plan administrator has obtained a certification from the custodian that such information is complete and accurate.

Information relating to investments and notes receivable from participants held by the custodian at December 31, is as follows:

	2013	2012
Money Market Funds:		
T. Rowe Price Prime	$ 327,809 *	$ 347,631 *
T. Rowe Price U.S. Treasury Money	51,708	60,365 *

	2013		2012	
Mutual Funds:				
T. Rowe Price Total Equity Market	2,725		4,920	
T. Rowe Price Growth Stock	35,424		23,144	
T. Rowe Price High Yield	4,430		4,567	
T. Rowe Price Equity Income	29,083		14,836	
T. Rowe Price Emerging Stock	6,807		21,139	
T. Rowe Price Global Stock	15,694		6,956	
T. Rowe Price Mid-Cap Value	24,928		13,509	
T. Rowe Price Spectrum International	1,773		3,436	
T. Rowe Price Small-Cap Value	6,516		2,502	
T. Rowe Price Mid-Cap Growth	24,297		11,394	
T. Rowe Price International Equity Index	8,434		19,662	
T. Rowe Price New Horizons	36,649		2,593	
T. Rowe Price Capital Appreciation	2,839		1,218	
T. Rowe Price Retirement 2010	14,046		12,550	
T. Rowe Price Retirement 2015	20,441		2,891	
T. Rowe Price Retirement 2020	114,922	*	68,392	*
T. Rowe Price Retirement 2025	98,962		37,907	
T. Rowe Price Retirement 2030	251,904	*	115,550	*
T. Rowe Price Retirement 2035	131,055	*	87,150	*
T. Rowe Price Retirement 2040	343,895	*	132,287	*
T. Rowe Price Retirement 2045	152,797	*	17,764	
T. Rowe Price Retirement 2050	189,401	*	13,766	
T. Rowe Price Retirement 2055	54,536		6,702	
T. Rowe Price New Income	72,884		20,725	
T. Rowe Price Retirement Income	95,800		58,808	*
T. Rowe Price Health Sciences	21,205		3,245	
T. Rowe Price Balanced	3,355		382	
T. Rowe Price Short-Term Bond	16,030		-	
T. Rowe Price U.S Treasury Long-Term	1,435		-	
T. Rowe Price U.S Treasury Intermediate	3,352		-	
T. Rowe Price Inflation Protected Bond	5,260		-	
Notes receivable from participants	67,396		40,674	
	$ 2,237,792		$ 1,156,665	

*Investments representing 5% or more of the Plan's net assets available for benefits.

The custodian also certified the following for the year ended December 31, 2013:

Net appreciation in fair value of investments	$ 186,383
Dividend income	$ 51,215
Interest on notes receivable from participants	$ 964

4. Fair Value Measurements

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques need to maximize the use of observable inputs and minimize the use of unobservable inputs. Valuation techniques used to measure fair value are defined 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: (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in inactive markets; (c) inputs other than quoted prices that are observable for the assets or liabilities; and (d) 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.

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

- Money market funds: Valued at cost plus accrued interest, which approximates fair value.

- Mutual funds: Shares held by the Plan at year-end are valued at quoted prices in an active market.

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

Investments at fair value as of December 31, 2013 are as follows:

	Level 1	Level 2	Level 3	Total
Money Market Funds				
Capital Preservation	$ 327,809	$ -	$ -	$ 327,809
Ultrashort Government	51,708	-	-	51,708
Mutual Funds				
Diversified Emerging Markets	6,807	-	-	6,807
Foreign Large-Cap Blend	10,207	-	-	10,207
Balanced	3,355	-	-	3,355
Health	21,205	-	-	21,205
High Yield Bond	4,430	-	-	4,430
Inflation-Protected Bond	5,260	-	-	5,260
Intermediate-Term Bond	72,884	-	-	72,884
Intermediate Government	3,352	-	-	3,352
Large-Cap Value	29,083	-	-	29,083
Large-Cap Blend	2,725	-	-	2,725
Large-Cap Growth	35,424	-	-	35,424
Long Government	1,435	-	-	1,435
Mid-Cap Growth	24,297	-	-	24,297
Mid-Cap Value	24,928	-	-	24,928
Moderate Risk Allocation	98,639	-	-	98,639
Short-Term Bond	16,030	-	-	16,030
Small-Cap Blend	6,516	-	-	6,516
Small-Cap Growth	36,649	-	-	36,649
Target Date 2010 - 2015	34,487	-	-	34,487
Target Date 2020 - 2025	213,884	-	-	213,884
Target Date 2030 - 2035	382,959	-	-	382,959
Target Date 2040 - 2045	496,692	-	-	496,692
Target Date 2050 - 2055	243,937	-	-	243,937
World Stock	15,694	-	-	15,694
	$ 2,170,396	$ -	$ -	$ 2,170,396

Investments at fair value as of December 31, 2012 are as follows:

	Level 1	Level 2	Level 3	Total
Money Market Funds				
Capital Preservation	$ 347,631	$ -	$ -	$ 347,631
Ultrashort Government	60,365	-	-	60,365

	Level 1	Level 2	Level 3	Total
Mutual Funds				
Diversified Emerging Markets	21,139	-	-	21,139
Foreign Large-Cap Blend	23,098	-	-	23,098
Balanced	382	-	-	382
Health	3,245	-	-	3,245
High Yield Bond	4,567	-	-	4,567
Intermediate-Term Bond	20,725	-	-	20,725
Large-Cap Value	14,836	-	-	14,836
Large-Cap Blend	4,920	-	-	4,920
Large-Cap Growth	23,144	-	-	23,144
Mid-Cap Growth	11,394	-	-	11,394
Mid-Cap Value	13,509	-	-	13,509
Moderate Risk Allocation	60,026	-	-	60,026
Small-Cap Blend	2,502	-	-	2,502
Small-Cap Growth	2,593	-	-	2,593
Target Date 2010 - 2015	15,441	-	-	15,441
Target Date 2020 - 2025	106,299	-	-	106,299
Target Date 2030 - 2035	202,700	-	-	202,700
Target Date 2040 - 2045	150,051	-	-	150,051
Target Date 2050 - 2055	20,468	-	-	20,468
World Stock	6,956	-	-	6,956
	$ 1,115,991	$ -	$ -	$ 1,115,991

5. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the plan sponsor by a letter dated March 31, 2008, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2013 and 2012, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

6. Party-In-Interest Transactions

State Street Bank and Trust Company, the custodian of the Plan, manages certain plan investments, therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan for administrative services amounted to $1,464 for the year ended December 31, 2013.

7. Risks and Uncertainties

The Plan provides for various investment options to the participants in any combination of money market and mutual funds that invest in marketable securities. Such investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain securities and the level of uncertainty related to changes in the value of these securities, it is at least reasonably possible that changes in the market conditions in the near term could materially affect participants' account balances and the value of investments reported in the financial statements.

8. Plan Termination

Although it has not expressed any intention to do so, the Company has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of the Plan's termination, all participant's account balances shall be 100% vested and the account balances will be distributed to the participants by the Plan's trustee.

9. Excess Participant Contributions Payable

At December 31, 2012, corrective distributions of $2,377 are recorded as a liability in the statement of net assets available for benefits, in order to satisfy the actual deferral percentage testing requirement.

10. Reconciliation of Financial Statements to Form 5500

The Form 5500 was prepared on a cash basis for the plan as of December 31, 2013 and 2012. The financial statements were prepared on the accrual basis.

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

	2013	2012
Net assets available for benefits per the financial statements	$ 2,276,363	$ 1,163,833
Employer contributions receivable	(14,369)	(9,545)
Participants contributions receivable	(24,202)	-
Excess participant contributions	-	2,377
Net assets available for benefits Schedule H of Form 5500	$ 2,237,792	$ 1,156,665

The following is a reconciliation between the statement of changes in net assets available for benefits per the accompanying financial statements and the Form 5500 for the year ended December 31, 2013:

Net increase per the financial statements	$ 1,112,530
Add employer contributions receivable at December 31, 2012	9,545
Less excess participant contributions payable at December 31, 2012	(2,377)
Less employer contributions receivable at December 31, 2013	(14,369)
Less employee contributions receivable at December 31, 2013	(24,202)
Net increase per Schedule H of Form 5500	$ 1,081,127

OTG Management, LLC 401(k) Profit Sharing Plan

Schedule of Assets (Held at End of Year)
(Line 4i of Schedule H to the 2013 Form 5500)
EIN: 27-4175739 - Plan Number: 001
December 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	T. Rowe Price	Prime		$ 327,809
*	T. Rowe Price	U.S. Treasury Money		51,708
*	T. Rowe Price	Total Equity Market		2,725
*	T. Rowe Price	Growth Stock		35,424
*	T. Rowe Price	High Yield		4,430
*	T. Rowe Price	Equity Income		29,083
*	T. Rowe Price	Emerging Stock		6,807
*	T. Rowe Price	Global Stock		15,694
*	T. Rowe Price	Mid-Cap Value		24,928
*	T. Rowe Price	Spectrum International		1,773
*	T. Rowe Price	Small-Cap Value		6,516
*	T. Rowe Price	Mid-Cap Growth		24,297
*	T. Rowe Price	International Equity Index		8,434
*	T. Rowe Price	New Horizons		36,649
*	T. Rowe Price	Capital Appreciation		2,839
*	T. Rowe Price	Retirement 2010		14,046
*	T. Rowe Price	Retirement 2015		20,441
*	T. Rowe Price	Retirement 2020		114,922
*	T. Rowe Price	Retirement 2025		98,962
*	T. Rowe Price	Retirement 2030		251,904
*	T. Rowe Price	Retirement 2035		131,055
*	T. Rowe Price	Retirement 2040		343,895
*	T. Rowe Price	Retirement 2045		152,797
*	T. Rowe Price	Retirement 2050		189,401
*	T. Rowe Price	Retirement 2055		54,536
*	T. Rowe Price	New Income		72,884
*	T. Rowe Price	Retirement Income		95,800
*	T. Rowe Price	Health Sciences		21,205
*	T. Rowe Price	Balanced		3,355
*	T. Rowe Price	Short-Term Bond		16,030
*	T. Rowe Price	U.S Treasury Long-Term		1,435
*	T. Rowe Price	U.S Treasury Intermediate		3,352
*	T. Rowe Price	Inflation Protected Bond		5,260
	Participant Loans	Interest ranging from 4.25% to 6.00%		67,396
				$ 2,237,792

(*) Party-in-interest to the Plan

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Schedule H, Line 4i				
Schedule of Assets (Held At End of Year)				
Name of Plan:				
►	O T G MANAGEMENT LLC 401(K) PROFIT SHARING PLAN			
Employer Identification Number:►		27-4175739		
For plan year (beginning/ending):►		1/1/2013 - 12/31/2013	Plan number:	001
(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	T. ROWE PRICE GROWTH STOCK	MUTUAL FUND		35,424
	T. ROWE PRICE NEW HORIZONS	MUTUAL FUND		36,648
	T. ROWE PRICE NEW INCOME	MUTUAL FUND		72,884
	T. ROWE PRICE PRIME RESERVE	INTEREST-BEARING CASH		327,809
	T. ROWE PRICE SMALL-CAP VALUE	MUTUAL FUND		6,516
	T. ROWE PRICE U.S. TRSRY MONEY	INTEREST-BEARING CASH		51,708
	T. ROWE PRICE SHORT-TERM BOND	MUTUAL FUND		16,030
	T. ROWE PRICE HIGH YIELD	MUTUAL FUND		4,430
	T. ROWE PRICE MID-CAP GROWTH	MUTUAL FUND		24,297
	T. ROWE PRICE U.S. TRSRY INTERM	MUTUAL FUND		3,352
	T. ROWE PRICE U.S. TRSRY LONG TERM	MUTUAL FUND		1,435
	T. ROWE PRICE BALANCED	MUTUAL FUND		3,355
	T. ROWE PRICE EQUITY INCOME	MUTUAL FUND		29,083
	T. ROWE PRICE CAPITAL APPRECIATION	MUTUAL FUND		2,839
	T. ROWE PRICE EMERGING MARKETS	MUTUAL FUND		6,807
	T. ROWE PRICE GLOBAL STOCK	MUTUAL FUND		15,694
	T. ROWE PRICE HEALTH SCIENCES	MUTUAL FUND		21,205
	T. ROWE PRICE MID-CAP VALUE	MUTUAL FUND		24,928
	T. ROWE SPECTRUM INTERNATIONAL	MUTUAL FUND		1,773
	T. ROWE PRICE TOTAL EQ MARK	MUTUAL FUND		2,726
	T. ROWE PRICE INTERNATIONAL EQ IND	MUTUAL FUND		8,434
	T. ROWE PRICE RETIREMENT 2010	MUTUAL FUND		14,046
	T. ROWE PRICE RETIREMENT 2020	MUTUAL FUND		114,922
	T. ROWE PRICE RETIREMENT 2030	MUTUAL FUND		251,904
	T. ROWE PRICE RETIREMENT 2040	MUTUAL FUND		343,895

	T. ROWE PRICE RETIREMENT INC	MUTUAL FUND		95,800
	T. ROWE INFLATION PROTECTED BOND	MUTUAL FUND		5,260
	T. ROWE PRICE RETIREMENT 2015	MUTUAL FUND		20,441
	T. ROWE PRICE RETIREMENT 2025	MUTUAL FUND		98,962
	T. ROWE PRICE RETIREMENT 2035	MUTUAL FUND		131,055
	T. ROWE PRICE RETIREMENT 2045	MUTUAL FUND		152,797
	T. ROWE PRICE RETIREMENT 2050	MUTUAL FUND		189,401
	T. ROWE PRICE RETIREMENT 2055	MUTUAL FUND		54,536
	PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 4.25% - 6.00%		67,396