

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan; or ☐ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>OMEGA SOLUTIONS, L.L.C. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2000</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>OMEGA SOLUTIONS, L.L.C.</u> <u>48621 HAYES ROAD</u> <u>SHELBY TWP, MI 48315</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>38-3490527</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>586-566-6489</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>38-3490527</u>	2c Sponsor's telephone number <u>586-566-6489</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>38-3490527</u>					
2c Sponsor's telephone number <u>586-566-6489</u>					
2d Business code (see instructions) <u>561300</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	10/16/2014 Date	DAVID OTTO Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address OMEGA SOLUTIONS, L.L.C. 48621 HAYES ROAD SHELBY TWP, MI 48315		3b Administrator's EIN 38-3490527
		3c Administrator's telephone number 586-566-6489
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 680
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 3643
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits		6c 26
d Subtotal. Add lines 6a , 6b , and 6c		6d 3669
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 0
f Total. Add lines 6d and 6e		6f 3669
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 435
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules		b General Schedules
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

A Name of plan <u>OMEGA SOLUTIONS, L.L.C. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OMEGA SOLUTIONS, L.L.C.</u>	D Employer Identification Number (EIN) <u>38-3490527</u>

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
37 64 18 19 58 15 67 49 59 60 63	INVESTMENT CO	37414	Yes ☒ No ☐	Yes ☐ No ☒	37414	Yes ☐ No ☒

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

ROYAL ALLIANCE ASSOC INC

ONE WORLD FINANCIAL CENTER 14 FLR
NEW YORK, NY 10281

(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?
49 99	ADVISOR	24529	Yes ☒ No ☐	Yes ☐ No ☒	24529	Yes ☐ No ☒

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

REHMANN FINANCIAL GROUP

2330 EAST PARIS AVE SE
GRAND RAPIDS, MI 49546

(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 49 99 37 64 15 63	THIRD PARTY ADMIN	23374	Yes ☒ No ☐	Yes ☐ No ☒	23374	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)

UHY LLP

12900 HALL ROAD STE 500
STERLING HEIGHTS, MI 48313

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	10808	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
NATIONWIDE	15 64	32274
(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.
REHMANN FINANCIAL GROUP 2330 EAST PARIS AVE SE GRAND RAPIDS, MI 49546	ADMIN SERVICES FEE	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
(c) Enter amount of indirect compensation		
NATIONWIDE	15 49 59 60 63	4048
(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.
BLACKROCK FUNDS 1345 AVENUE OF AMERICAS NEW YORK, NY 10105	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
(c) Enter amount of indirect compensation		
NATIONWIDE	15 49 59 60 63	3984
(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.
AMERICAN FUNDS GROUP 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	MUTUAL FUND PAYMENTS	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: FENNER MELSTROM & DOOLING, PLC	b EIN: 38-1402622
c Position: INDEPENDENT AUDITOR	
d Address: 355 S OLD WOODWARD STE 200 BIRMINGHAM, MI 48009	e Telephone: 248-258-8900

Explanation: HIRED NEW AUDITING FIRM

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
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>OMEGA SOLUTIONS, L.L.C. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OMEGA SOLUTIONS, L.L.C.</u>	D Employer Identification Number (EIN) <u>38-3490527</u>	

Part I	Asset and Liability Statement
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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)	28938	100
(2) Participant contributions.....	1b(2)	12523	400
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	240589	246718
(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)	4166718	6116617
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4448768	6363835

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4448768	6363835
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	74940	
(B) Participants	2a(1)(B)	360399	
(C) Others (including rollovers)	2a(1)(C)	1166146	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1601485

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)	13177	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13177

(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(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)		1015086
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2629748

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	595354	
(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)		595354
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)	39378	
(2) Contract administrator fees	2i(2)	29624	
(3) Investment advisory and management fees	2i(3)	50325	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		119327
j Total expenses. Add all expense amounts in column (b) and enter total	2j		714681

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1915067
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: JASON CLAWSON PC

(2) EIN: 27-4097479

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 <u>OMEGA SOLUTIONS, L.L.C. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OMEGA SOLUTIONS, L.L.C.</u>	D Employer Identification Number (EIN) <u>38-3490527</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-1592130</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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

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: 0.0% 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): _____

OMEGA SOLUTIONS, LLC 401(k) PLAN AND TRUST

**Financial Statements as of December 31, 2013
Supplemental Schedule as of December 31, 2013
and Independent Auditor's Report**

OMEGA SOLUTIONS, LLC 401(k) PLAN AND TRUST

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION **FOR THE YEAR ENDED DECEMBER 31, 2013**

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Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Omega Solutions, LLC 401(k) Plan and Trust

Report on Financial Statements

We were engaged to audit the accompanying financial statements of Omega Solutions, LLC 401(k) Plan and Trust, which comprise of the statements of net assets available for benefits as of December 31, 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013.

Management's Responsibility for the Financial Statements

The Plan's management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; 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. 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 Nationwide Financial Service, Inc., the insurer of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the insurer holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the Insurer as of December 31, 2013, and for the year ended December 31, 2013 that the information provided to the Plan Administrator by the Insurer is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis of 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.

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 this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Insurer, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in blue ink, appearing to read 'J. Clausen', with a long horizontal flourish extending to the right.

Jason F. Clausen, P.C.
St. Clair Shores, MI
October 14, 2014

OMEGA SOLUTIONS, LLC 401(k) PLAN AND TRUST
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2013

Assets

Investments (At Fair Value)

Mutual funds \$ 6,116,617

Receivables:

Employer contributions 100

Employee contributions 400

Notes receivable 246,718

Total receivables 247,218

Total assets 6,363,835

Net Assets Available for Benefits \$ 6,363,835

See Independent Auditor's Report and Notes to the Financial Statements

OMEGA SOLUTIONS, LLC 401(k) PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2013

Additions

Participant contributions	\$ 360,399
Participant rollovers	1,166,146
Employer contributions	74,940
Investment income:	
Interest and dividends	13,177
Net appreciation in fair value of investments	<u>1,015,086</u>
Total Additions	<u>2,629,748</u>

Deductions

Benefits paid to participants	595,354
Administrative expenses	<u>119,327</u>
Total Deductions	<u>714,681</u>

Increase in Net Assets	1,915,067
Net Assets Available for Benefits	
Beginning of year	<u>4,448,768</u>
End of year	<u><u>\$ 6,363,835</u></u>

See Independent Auditor's Report and Notes to the Financial Statements

OMEGA SOLUTIONS, LLC 401(k) PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2013

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Omega Solutions, LLC 401(k) Plan and Trust (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 purpose of the Plan is to provide future retirement benefits for all eligible employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan offers a 401(k) and profit sharing option to multiple employers. The companies participating in this multiple employer plan include the following: Alpha Staffing, Belle Maer Harbor, Compressor Engineering, Inc., Diamond Hospitality, LLC, Dining Management, LLC, Filippa's Wine Barrel, Gibson's Television Service, Inc., Gibson's Video Service, Inc., Refurbished Electronics Warehouse, Inc., Glass Works International, Inc., Infinity Yacht Charters, LLC, Lean Technical Services, LLC, Mechanical Control Systems, Inc., Independent System Services d/b/a Multi Media, Muni-Deals, LLC, Omega Solutions, LLC, Overhead Door and Fireplace Company, Inc., PRN Services, Inc., Logistics, Inc. d/b/a Reliable Delivery, S&G Prototype, Inc., Set and Service Resources, LLC, and Tachyon Corp. All participating employers of this multiple employer plan have signed participation agreements that enable them to accept or modify the elections of a master plan document to meet their needs. Each company's adopted plan agreement should be referenced by the participants for additional information regarding plan specifications.

CUSTODIAN

Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, FSB is the Plan's custodian. The custodian invests all employee and employer contributions, as well as earnings thereon, pursuant to the terms of the Plan.

CONTRIBUTIONS

The Plan allows participants to elect to defer a portion of their compensation up to the maximum amount currently allowed by law, plus any catch-up contributions as allowed for by the Internal Revenue Service and the plan document. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). The plan was amended effective March 1, 2011 to allow participants the option to make Roth after-tax deferrals, as elected by each employer. The employer may contribute a discretionary percentage of the amount deferred by the employee. Contributions are accumulated and invested, as directed by participants, in a trust fund held by the custodian.

PARTICIPANT ACCOUNTS

Each participant's account is credited with an allocation of (a) the Company's contribution; (b) the employees' voluntary contributions, transfer contributions, and rollover contributions; and (c) Plan earnings. The accounts are charged for any withdrawals, distributions, and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

See Independent Auditor's Report and Accompanying Notes to Financials

OMEGA SOLUTIONS, LLC 401(k) PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2013

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

VESTING

Participants are fully vested immediately with respect to employee contributions, rollovers and earnings thereon. Each plan provides vesting of employer contributions; see specific participation agreements for service criteria, vesting percentages, and the policies regarding vesting upon termination.

INVESTMENTS

Participants direct the investment of their contributions under options offered by the Plan.

FORFEITED ACCOUNTS

Forfeitures for individual employers are used to pay plan expenses. At December 31, 2013, unallocated forfeitures totaled \$1,486. Forfeitures used to pay plan expenses during the year ended December 31, 2013 totaled \$5.

PAYMENT OF VESTED BENEFITS

Participants, or their beneficiaries are entitled to receive the entire amount of their interest in the Plan upon retirement, death, total or permanent disability, employment termination reaching the age of 59½ or qualifying for "hardship distribution" as defined in the Plan. Hardship distributions are only elected by the specific participation agreements. A participant will be considered to have suffered a disability if he or she is permanently unable to perform his or her customary duties for the employer due to a mental or physical condition which can be expected to result in death, or be of a long continued and indefinite duration as determined by the Plan administrator. If the participant's vested balance is less than \$1,000, the entire sum will be distributed as soon as possible following the participant's separation from service. At December 31, 2013, all requested distributions had been paid as of the Plan year end.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are permitted under the Plan. The rules are covered in a separate application form and promissory note and must be applied for through the plan administrator. All notes are limited to 50% of the Participant's vested account balance, provided the note does not exceed \$50,000. The \$50,000 maximum amount will be reduced by the participant's highest outstanding loan balance in the previous 12 months, even if amounts have been repaid. The term of the loan may not exceed five years unless for purchase of a qualified principle residence. The notes are secured by the balance in the participant's account.

OMEGA SOLUTIONS, LLC 401(k) PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2013

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of significant accounting policies followed in the preparation of these financial statements.

BASIS OF ACCOUNTING

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

USE OF ESTIMATES

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

PAYMENT OF BENEFITS

Benefits are recorded when paid.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments represent the Plan's interest in the fair value of the net assets of mutual and money market funds as determined by the custodian of the Plan, at December 31, 2013. Investment transactions are reflected on a trade-date basis. Gains and losses on investment transactions are based on average costs. Dividend income is recorded on the ex-dividend date. Investment income represents the Plan's pro rata share of the aggregate income of the investments. Investment income also includes the net appreciation (depreciation) in the fair value of its investments, which consists of realized gains or losses and the unrealized appreciation (depreciation) of those investments.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principle balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2013. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

ADMINISTRATIVE EXPENSES

The Plan pays administrative expenses to the extent that the company does not pay for them. Personnel and facilities of the Company have been used by the Plan for its accounting and other activities at no charge to the plan.

SUBSEQUENT EVENTS

Plan management has performed a review of events subsequent to the statements of net assets available for benefits date through the date of this report.

See Independent Auditor's Report and Accompanying Notes to Financials

OMEGA SOLUTIONS, LLC 401(k) PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2013

NOTE 3 - INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by the Plan's custodian, Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, FSB, a division of Nationwide Bank, in accordance with 29 CFR 2520.108-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

Investments at fair value, December 31, 2013	\$ 6,116,617
Unrealized and realized gains and loss on investments	\$ 1,015,086

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

Money market funds	\$ 524,260
Mutual Funds:	
American Funds Europacific Growth	330,593
American Funds Growth Fund of America	698,813
Black Rock Equity Dividend	672,965
Nationwide Trust Inv Destinations Mod Consv	924,870
Nationwide Trust Inv Destinations Moderate	389,697
Vanguard Mid Cap Growth Index	<u>372,633</u>
	\$ <u>3,913,831</u>

NOTE 4 - FAIR VALUE MEASUREMENTS

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

- | | |
|---------|--|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include <ul style="list-style-type: none">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in inactive markets; |

See Independent Auditor's Report and Accompanying Notes to Financials

OMEGA SOLUTIONS, LLC 401(k) PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2013

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

- 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 this asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value:

Money market funds: Valued at the fair value of the fund at the close of the stock market on the last business day of the year.

Mutual Funds: Valued at the accumulated unit value of the units held by the Plan at the end of the year.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2013:

Description		Level 1		Level 2		Level 3		Total
Money market funds	\$	-	\$	524,260	\$	-	\$	524,260
Mutual funds		-		5,592,357		-		5,592,357
Deposits in transfer		-		500		-		500
Participant notes		-		-		246,718		246,718
Total investment at fair value	\$	<u>-</u>	\$	<u>6,117,117</u>	\$	<u>246,718</u>	\$	<u>6,363,835</u>

See Independent Auditor's Report and Accompanying Notes to Financials

OMEGA SOLUTIONS, LLC 401(k) PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2013

NOTE 5 - TAX STATUS

The Plan uses a prototype plan sponsored by Daily Access Corporation. The Internal Revenue Service had determined and informed the custodian by a letter dated May 11, 2011, that the prototype plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan had been amended since receiving the determination letter, however, the Plan administrator and the Plan's tax counsel believes that the Plan was designed and was operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the plan's financial statements.

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 applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

During the year ended December 31, 2013, there were transactions involving the investment of plan assets in investment funds maintained by Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, parties-in-interest as defined in Section 3(14) of ERISA. Direct fees for professional and administrative services provided to the Plan in the amount of \$39,378 were paid to Nationwide Financial Services Inc. during the year ended December 31, 2013. Direct fees for audit services provided to the Plan in the amount of \$9,806 were paid to UHY LLP during the year ended December 31, 2013. Other direct fees for Plan administration provided to the Plan in the amounts of \$19,818 were paid to Rehmann Financial Group, LLC, and \$19 to Clarke Lanzen Skalla Investment Firm, LLC, both parties-in-interest as defined in Section 3(14) of ERISA, during year ended December 31, 2013. Indirect fees for administration services provided to the Plan in the amount of \$22,221 were paid to Nationwide Trust Company, FSB, a division of Nationwide Bank, during the year ended December 31, 2013. Indirect fees for administration services provided to the Plan in the amount of \$3,556 were paid to Rehmann Financial Group, LLC, during the year ended December 31, 2013. Other indirect fees for investment management services provided to the Plan in the amount of \$24,530 were paid to Royal Alliance Association, Inc., a party-in-interest as defined in Section 3(14) of ERISA, during the year ended December 31, 2013.

OMEGA SOLUTIONS, LLC 401(k) PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2013

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the plan sponsor has the right under the Plan to amend, modify, terminate, or partially terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested and the net assets would be distributed to the participants according to the participant's account balances. Although they have not expressed any intent to do so, the participating employers have the right under the Plan to terminate their participation in the Plan. In this event, the participants of that participating employer would become 100% vested.

NOTE 8 - INVESTMENT RISKS AND UNCERTAINTIES

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

NOTE 9 - CORRECTIVE DISTRIBUTIONS

Various employers failed the Actual Deferral Percentage Test (ADP Test) for the year ended December 31, 2013. Timely refunds of excess contributions totaling \$70,972 were made to various participants in order to satisfy the relevant nondiscrimination provisions of the Plan. All required refunds were distributed by March 15, 2014.

OMEGA SOLUTIONS, LLC 401(k) PLAN AND TRUST

**SUPPLEMENTAL INFORMATION
FOR THE YEAR ENDED DECEMBER 31, 2013**

OMEGA SOLUTIONS, LLC 401(k) PLAN AND TRUST
SCHEDULE H, LINE 41 - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2013
EIN: 38-3490527 PN: 001

a.	b. Issuer	c. Description	d. Cost	e. Current Value
*	Nationwide Financial Services, Inc.	Black Rock Energy Resource A	\$ -	\$ 2,574
*	Nationwide Financial Services, Inc.	Fidelity Advisor JPN A	-	14,568
*	Nationwide Financial Services, Inc.	American Funds EuroPacific	-	330,593
*	Nationwide Financial Services, Inc.	Buf Midcap	-	8,698
*	Nationwide Financial Services, Inc.	Dodgecox Int'l	-	8,895
*	Nationwide Financial Services, Inc.	Fidelity Advance Free 2025	-	5,327
*	Nationwide Financial Services, Inc.	Harbor Int	-	4,125
*	Nationwide Financial Services, Inc.	Heartland Value	-	16,837
*	Nationwide Financial Services, Inc.	Lazard Emerging	-	171,344
*	Nationwide Financial Services, Inc.	Lord Abbott Midcap Value	-	8,725
*	Nationwide Financial Services, Inc.	OppenheimerDeveloping Markets	-	13
*	Nationwide Financial Services, Inc.	PRU Global Real	-	179,884
*	Nationwide Financial Services, Inc.	Scout Int'l	-	8,069
*	Nationwide Financial Services, Inc.	Vanguard SMCP	-	147,140
*	Nationwide Financial Services, Inc.	AdvisorOne Amerigo	-	3,459
*	Nationwide Financial Services, Inc.	AdvisorOne Clermont	-	1,284
*	Nationwide Financial Services, Inc.	AdvisorOne Descartes	-	1,518
*	Nationwide Financial Services, Inc.	AdvisorOne Sel Alloc	-	1,201
*	Nationwide Financial Services, Inc.	AdvisorOne Sel App	-	1,216
*	Nationwide Financial Services, Inc.	American Funds Growth	-	698,813
*	Nationwide Financial Services, Inc.	Black Rock Equity Div	-	672,965
*	Nationwide Financial Services, Inc.	BUF Growth	-	33,703
*	Nationwide Financial Services, Inc.	Dodgecox St	-	9,640
*	Nationwide Financial Services, Inc.	Fidelity Advance Free 2015	-	55
*	Nationwide Financial Services, Inc.	Fidelity Advance Free 2030	-	69,349
*	Nationwide Financial Services, Inc.	Fidelity Advance Free 2035	-	483
*	Nationwide Financial Services, Inc.	Fidelity Advance Free 2040	-	29,068
*	Nationwide Financial Services, Inc.	Franklin MSF Mutual Global Disc	-	35,871
*	Nationwide Financial Services, Inc.	Harbor Cap App	-	9,210
*	Nationwide Financial Services, Inc.	Nationwide Inv Dest Aggressive	-	198,648
*	Nationwide Financial Services, Inc.	Nationwide Inv Dest Mod Aggressive	-	207,426
*	Nationwide Financial Services, Inc.	Nationwide S&P 500	-	252,388
*	Nationwide Financial Services, Inc.	PRNCPL High Yield	-	102,128
*	Nationwide Financial Services, Inc.	Royce Spec Eq Investment	-	8,744
*	Nationwide Financial Services, Inc.	VIC Small Co Opp	-	110,151
*	Nationwide Financial Services, Inc.	Vanguard Midcap	-	372,633
*	Nationwide Financial Services, Inc.	Vanguard Sel Val	-	9,507
*	Nationwide Financial Services, Inc.	Vangard Smallcap	-	223,070
*	Nationwide Financial Services, Inc.	AdvisorOne Enhanced Inc	-	272
*	Nationwide Financial Services, Inc.	AdvisorOne Liahona	-	1,369
*	Nationwide Financial Services, Inc.	Black Rock Global Allocation	-	28,664
*	Nationwide Financial Services, Inc.	Black Rock High Yield	-	45,866
*	Nationwide Financial Services, Inc.	Fidelity Advance Free 2020	-	9,773
*	Nationwide Financial Services, Inc.	Natixis Loomis INVMTGBD A	-	2,916
*	Nationwide Financial Services, Inc.	Nationwide Inv Dest Mod Conservative	-	924,870
*	Nationwide Financial Services, Inc.	Nationwide Inv Dest Mod	-	389,697
*	Nationwide Financial Services, Inc.	OppenheimerIntl BDPIMCO TTL RT	-	32,947
*	Nationwide Financial Services, Inc.	Pimco Total Return Institutional	-	128,350
*	Nationwide Financial Services, Inc.	T. Rowe Price Spectrum	-	10,652
*	Nationwide Financial Services, Inc.	AdvisorOne Flex	-	262
*	Nationwide Financial Services, Inc.	Nationwide Inv Dest Conservative	-	3,607
*	Nationwide Financial Services, Inc.	Prudential St Cor Bd	-	53,790
*	Nationwide Financial Services, Inc.	Nationwide MMF	-	524,260
Total Registered Investment Companies				<u>\$ 6,116,617</u>
Participant Loans		4.25% - 10.00%		246,718
Receivables				<u>500</u>
Total investments				<u>\$ 6,363,835</u>

*-Indicates a party-in-interest.

Note: Information on cost of the investments is excluded as all investments are participant directed.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a single-employer plan; ☒ a multiple-employer plan; or ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ an amended return/report; ☐ the final return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information —enter all requested information											
1a Name of plan OMEGA SOLUTIONS, L.L.C. 401(K) PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan 01/01/2000</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2b Employer Identification Number (EIN) 38-3490527</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Sponsor's telephone number 586-566-6489</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) 561300</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/2000		2b Employer Identification Number (EIN) 38-3490527		2c Sponsor's telephone number 586-566-6489		2d Business code (see instructions) 561300	
1b Three-digit plan number (PN) ▶	001										
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2b Employer Identification Number (EIN) 38-3490527											
2c Sponsor's telephone number 586-566-6489											
2d Business code (see instructions) 561300											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) OMEGA SOLUTIONS, L.L.C. 48621 HAYES ROAD SHELBY TWP MI 48315											

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

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

SIGN HERE	 Signature of plan administrator	<u>10/15/14</u> Date	DAVID OTTO Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	<u>10/15/14</u> Date	DAVID OTTO Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address OMEGA SOLUTIONS, L.L.C. 48621 HAYES ROAD SHELBY TWP MI 48315	3b Administrator's EIN 38-3490527 3c Administrator's telephone number 586-566-6489
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 680
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 3643
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 26
d Subtotal. Add lines 6a , 6b , and 6c	6d 3669
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 3669
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 435
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

OMEGA SOLUTIONS, LLC 401(k) PLAN AND TRUST
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DECEMBER 31, 2013
EIN: 38-3490527 PN: 001

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