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;
- [X] 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
SECURITY PLASTICS DIVISION NMC/LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 02/08/2002

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

NATIONAL MOLDING, LLC

14427 NW 60TH AVENUE
MIAMI LAKES, FL 33014-2806

2b Employer Identification Number (EIN)
42-1758140

2c Sponsor's telephone number
305-364-7768

2d Business code (see instructions)
326100

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.	10/16/2014	STELLA V. LAURELLA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

NATIONAL MOLDING, LLC

14427 NW 60TH AVENUE
MIAMI LAKES, FL 33014-2806

3b Administrator's EIN
42-1758140

3c Administrator's telephone number
305-364-7768

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**	189
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**	160
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	169
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	169
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	60
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 3D

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

9a Plan funding arrangement (check all that apply)

(1)	X	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)	X	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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

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

A Name of plan
SECURITY PLASTICS DIVISION NMC/LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
42-1758140

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

1 Coverage Information:

(a) Name of insurance carrier

GUARDIAN INSURANCE & ANNUITY CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-2656036	78778	606692	57	01/01/2013	12/31/2013

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
17584	0

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

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

BARBARA LEVINE
1025 WESTCHESTER AVE
WHITE PLAINS, NY 10604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17584			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	707444
5	Current value of plan's interest under this contract in separate accounts at year end	5	2518576

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ OTHER-GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	741018
c	Additions: (1) Contributions deposited during the year	7c(1)	42726		
	(2) Dividends and credits	7c(2)	23120		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)	84535		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	150381
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	891399
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	134680		
	(2) Administration charge made by carrier	7e(2)	35		
	(3) Transferred to separate account	7e(3)	49240		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	183955
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	707444

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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
SECURITY PLASTICS DIVISION NMC/LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
42-1758140

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).. . . . . [X] 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

GUARDIAN INSURANCE & ANNUITY CO

13-2656306

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

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

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)

ROSENFELD/TORTU RETIREMENT PLANNING

13-3750275

(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 37 38	THIRD PARTY ADMIN.	18459	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GUARDIAN INSURANCE & ANNUITY CO INC

13-2656036

(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?
60 62 63 64	RECORD KEEPER	0	Yes [X] No [ ]	Yes [X] No [ ]	10108	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 [ ]

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
GUARDIAN INSURANCE & ANNUITY CO.	60 63	1380

(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.
JP MORGAN DISTRIBUTION SERVICES INC 1111 POLARIS PARKWAY COLUMBUS, OH 43240	.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

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

A Name of plan
SECURITY PLASTICS DIVISION NMC/LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NATIONAL MOLDING, LLC

D Employer Identification Number (EIN)
42-1758140

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

a Name of MTIA, CCT, PSA, or 103-12 IE: THE GUARDIAN SEPARATE ACCOUNT L

b Name of sponsor of entity listed in (a): THE GUARDIAN INSURANCE & ANNUITY CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-2656036-000	P	3226020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

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

A Name of plan
SECURITY PLASTICS DIVISION NMC/LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
42-1758140

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)	3180	3072
(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)	162882	147173
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2101768	2518576
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	760018	707444
(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	3027848	3376265
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	0	0
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	3027848	3376265

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)		
(B) Participants	2a(1)(B)	205457	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		205457
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)	6457	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6457
(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)		
(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)		348942
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		560856
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	188822	
(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)		188822
f Corrective distributions (see instructions)	2f		18463
g Certain deemed distributions of participant loans (see instructions)	2g		93
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	5061	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5061
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		212439
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		348417
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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BDO USA, LLP **(2)** EIN: 13-5381590

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
SECURITY PLASTICS DIVISION NMC/LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
42-1758140

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): 13-2656036

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):

Security Plastics Division NMC/LLC 401(k) Plan

Financial Statements
and Supplemental Schedule
As of December 31, 2013 and 2012
and for the Year Ended December 31, 2013

The report accompanying these financial statements was issued by BDO USA, LLP, a Delaware limited liability partnership and the U.S. member of BDO International Limited, a UK company limited by guarantee.

BDO

Security Plastics Division NMC/LLC 401(k) Plan

Financial Statements
and Supplemental Schedule
As of December 31, 2013 and 2012
and for the Year Ended December 31, 2013

Security Plastics Division NMC/LLC 401(k) Plan

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BDO

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1801 Market Street, Suite 1700
Philadelphia, PA 19103

Independent Auditor's Report

To the Plan Administrator of the
Security Plastics Division NMC/LLC 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Security Plastics Division NMC/LLC 401(k) 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

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Guardian Insurance & Annuity Company, Inc., the custodian 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 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.

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

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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.

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 ("DOL") 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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BDO USA, LLP

Philadelphia, Pennsylvania
October 13, 2014

Financial Statements

Security Plastics Division NMC/LLC 401(k) Plan

Statements of Net Assets Available for Benefits

December 31,	2013	2012
Assets		
Investments, at fair value		
Pooled separate accounts	$ 2,518,576	$ 2,101,768
Guaranteed investment contract	707,444	741,018
Total Investments	3,226,020	2,842,786
Receivables		
Notes receivable from participants	147,173	162,882
Contribution receivable - participants	3,072	3,180
Total Receivables	150,245	166,062
Liabilities		
Excess contributions payable	14,004	-
Net Assets Available for Benefits, at fair value	3,362,261	3,008,848
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	18,140	19,000
Net Assets Available for Benefits	$ 3,380,401	$ 3,027,848

See accompanying notes to financial statements.

Security Plastics Division NMC/LLC 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2013

Additions to Net Assets:	
Net appreciation in fair value of investments	$ 367,082
Total Investment Income	367,082
Interest Income on Notes Receivable from Participants	6,457
Contributions	
Participants	191,453
Total Contributions	191,453
Total Additions	564,992
Deductions from net assets attributed to:	
Benefits paid to participants	(188,822)
Corrective distributions	(18,463)
Deemed distributions of notes receivable	(93)
Fees	(5,061)
Total Deductions	(212,439)
Net Increase	352,553
Net Assets Available for Benefits, beginning of year	3,027,848
Net Assets Available for Benefits, end of year	$ 3,380,401

See accompanying notes to financial statements.

1. Description of Plan

The following description of the Security Plastics Division NMC/LLC 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, effective February 8, 2002, is a defined contribution plan covering all full-time employees of the National Molding, LLC (the "Company") who have one year of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Although it has not expressed intent to do so, the Company has the right to amend or terminate the Plan subject to provisions set forth in ERISA. In the event of the Plan's termination participants will become 100% vested in their accounts.

Contributions

Each year, participants may contribute up to the lesser of $17,500 (or other IRS permitted amounts) or up to 18% of their eligible compensation. Catch-up contributions of up to $5,500 are permitted for participants who have attained age 50 before the end of the Plan year. Participants may also contribute amounts representing rollovers from other qualified plans.

During the plan years ended December 31, 2013 and 2012, a total of $14,004 and $18,463 in employee contributions were made to the Plan by Plan participants in excess of amounts allowed by IRS nondiscrimination rules. Excess contributions were returned to participants subsequent to year end.

The Company's matching contribution, if any, shall be determined by the company with respect to each plan year. The matching contribution, if any, is contributed to each eligible participant in accordance with an Internal Revenue Service ("IRS") acceptable nondiscriminatory formula. For the year ended December 31, 2013, there were no employer matching contributions.

Investment Options

Individual participants direct the investment of their contribution into various investment options offered by the Plan. The Plan currently offers an insurance investment contract and pooled separate accounts as investment options for participants. Participants are allowed to make changes to their investment elections daily.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company matching contribution and discretionary contribution (if any), and allocations of Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings, deferrals, or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company contributions portion of their accounts plus earnings thereon is based on years of continuous service. A participant vests in Company contributions at a rate of 20% each year after achieving one year of service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 2.25%; interest rates range from 3.25% to 5.50% at December 31, 2013. Principal and interest is paid ratably through payroll deductions over periods up to 5 years.

Payment of Benefits

Under the provisions of the Plan, a participant may elect to receive distributions from the Plan upon attaining the age of 59 ½, retirement, termination of employment, or if they become permanently disabled. Amounts equal to the value of the participant's account are available to a participant's beneficiary in the event of their death. All distributions are subject to the provisions of the Plan document. Distributions are only made in a lump sum payment.

Expenses

The expenses of the Plan are paid out of funds of the Plan unless paid by the Company. For the year ended December 31, 2013, total Plan expenses were $17,272 (of which $12,201 was paid by the Company). For the year ended December 31, 2013, asset charges and commissions of $36,043 were directly deducted from the plan assets and included in net appreciation in fair value of investments.

Forfeitures

If a participant's employment with the Company ends for any reason other than retirement, permanent disability, or death, nonvested portions of the Company contributions and earnings thereon are forfeited. Forfeitures or terminated participants' nonvested accounts are first used to reduce Company contributions to the Plan in accordance with the Plan document.

For the year ended December 31, 2013, there were no forfeitures of nonvested participant accounts and no forfeitures were used to reduce Company matching contributions.

2. Summary of Significant Accounting Policies

This summary of significant accounting policies of the Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are representations of the Plan's management who is responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America, and have been consistently applied in the preparation of the financial statements.

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the use of estimates and assumptions made by management affecting the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates and those differences may be material.

Investment Valuation and Income Recognition

Investments are reported at fair value (see Note 5). 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 exit price).

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Capital gain distributions are included in dividend income. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statements of Net Assets Available for Benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Notes Receivable from Participants

Notes receivable from participants are stated at their unpaid principal balance plus any accrued interest, which approximates fair value. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

All expenses of maintaining the plan are paid either by the Company or the Plan and are expensed as incurred.

3. Information Certified by the Custodian

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. The Company appointed Guardian Insurance & Annuity Company ("Guardian") as custodian and recordkeeper of the Plan. Accordingly, Guardian certified the completeness and accuracy of investments reported on the Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012, as well as on the supplemental schedule of investments (held at end of year) as of December 31, 2013 and the net appreciation in fair value of investments and interest for the year ended December 31, 2013.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

4. Investments

The following table presents investments that represent 5% or more of the Plan's net assets available for benefits at December 31:

	2013	2012
Guaranteed Investment Contract	$ 707,444	$ 741,018
JP Morgan Small Cap Equity Fund	319,333	232,858
Janus Balanced Fund	217,759	179,388
Goldman Sachs Mid Cap Value Fund	232,414	175,751
Stadion Moderate Growth Fund	199,179	*
Fidelity Advisor Stock Selector Mid Cap Fund	171,360	*
RS Emerging Markets Fund	*	175,606
Goldman Sachs Short - Duration Government Fund	*	169,048

* Less than 5% of Plan's net assets

During the year ended December 31, 2013, the Plan's Investments (including realized gains and losses on investments bought and sold, as well as held during the year) in pooled separate accounts appreciated (depreciated) in value by $367,082 as follows:

	2013
Mid & large capital stock	$ 231,910
Fixed income	(4,791)
Small capital stock	119,190
Money market funds	(1,486)
Guaranteed investment contract	22,259
	$ 367,082

The Plan's investment fund options provide participants with a variety of investment alternatives with differing levels of risk, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect participant account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

5. Fair Value Measurements

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification Topic 820, *Fair Value Measurement* ("ASC 820"), provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

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

Pooled separate accounts - Underlying investments are valued based on daily quoted market prices, which represent the published daily net asset value of shares held by the Plan at year end.

Guaranteed investment contract - Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The valuation methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, 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 different fair value measurement at the reporting date.

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

	December 31, 2013			
Assets	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Mid & large capital stock	$ -	$ 1,661,631	$ -	$ 1,661,631
Fixed income	-	344,058	-	344,058
Small capital stock	-	455,870	-	455,870
Money market funds	-	57,017	-	57,017
Guaranteed investment contract	-	707,444	-	707,444
Total	$ -	$ 3,226,020	$ -	$ 3,226,020

	December 31, 2012			
Assets	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Mid & large capital stock	$ -	$ 1,044,973	$ -	$ 1,044,973
Fixed income	-	589,342	-	589,342
Small capital stock	-	322,001	-	322,001
Money market funds	-	145,452	-	145,452
Guaranteed investment contract	-	741,018	-	741,018
Total	$ -	$ 2,842,786	$ -	$ 2,842,786

There were no plan liabilities required to be recorded at fair value at December 31, 2013 and 2012.

6. Investment Contract with Insurance Company

In 2002, the Plan entered into a benefit-responsive investment contract with Guardian. The contract provides for a Fixed Rate Investment Option ("FRIO") and a Variable Investment Option. The FRIO account provided an effective annual interest rate of 3% for the year ended December 31, 2013 with a 3% guaranteed minimum interest rate. Contributions are deposited in the general account of Guardian. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting. The Variable Investment Option invests in shares of the Separate Account. Deposits are made according to the Contract owner's allocation instructions; the maximum allocation to the FRIO is $1,000,000.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the Statements of Net Assets Available for Benefits at fair value with an adjustment to contract value in arriving at Net Assets Available for Benefits. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against value for credit risk of the contract issuer or otherwise. The contract value of the investment contract after adjustment at December 31, 2013 and 2012 was $725,584 and $760,018 respectively.

Certain events limit the ability of the plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. As of December 31, 2013, the Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date except in the event that the contract's investment value falls under $10,000, or in the event that the Plan is terminated.

7. Related Party Transactions

Certain Plan investments include pooled separate accounts and a guaranteed investment contract managed by Guardian. These transactions qualify as party-in-interest transactions. Notes receivable from participants also qualify as party-in-interest transactions.

8. Income Tax Status

The IRS issued an opinion letter on March 31, 2008 which indicated that the prototype non-standardized plan adopted by the Company was designed and amended in compliance with the applicable provisions of the IRC. The Plan administrator believes the Plan, as amended, is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code ("IRC") and the related trust was tax-exempt at December 31, 2013.

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 federal and state taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013 and 2012 and for the year ended December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

9. Reconciliation of Financial Statements to Schedule H of the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2013 and 2012 to the Form 5500:

As of December 31,	2013	2012
Net assets available for benefits per the financial statements	$ 3,380,401	$ 3,027,848
Excess contributions payable	14,004	-
Adjustment from fair value to contract value	(18,140)	-
Net Assets Available for Benefits Per the Form 5500	**$ 3,376,265**	$ 3,027,848

The following is a reconciliation of changes in net assets available for benefits per the financial statements at December 31, 2013 to the Form 5500:

Year ended December 31,	2013
Changes in net assets available for benefits per the financial statements	$ 352,553
Plus: Excess contributions payable	14,004
Less: Adjustment from fair value to contract value	(18,140)
Changes in Net Assets Available for Benefits Per the Form 5500	**$ 348,417**

10. Subsequent Events

The Plan has evaluated events and transactions subsequent to the Plan's year-end through the time that these financial statements were available to be issued on October 13, 2014. Except for the matters discussed below, the Plan is not aware of any events or transactions that occurred subsequent to the Plan's year end but prior to October 13, 2014 that would require recognition or disclosure in its financial statements.

Effective March 1, 2014, the Plan was amended and restated as the National Molding, LLC 401(k) Plan and changed its custodian from Guardian to the Standard Insurance Company ("Standard"). This conversion triggered a blackout period beginning February 28, 2014 and continued through March 13, 2014, during which time participants were not able to transfer amounts between funds, request contribution allocations or request distributions. Contributions made during the blackout period were allocated to their respective investments in individual participant accounts and were not affected by the blackout. In connection with the change in the Plan's name and change in custodian for the Plan, the assets of a plan also sponsored by National Molding, LLC, the Advanced Alloy/NMC Corp Pension Plan were merged into the Plan with all of its assets of approximately $1,230,000 transferring into the Plan on February 28, 2014.

Also effective March 14, 2014, the Plan was amended to change the entry date for eligible employees to participate in the Plan to be the first day of the first quarter following the date eligibility requirements were met.

Supplemental Schedule

Security Plastics Division NMC/LLC 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
as of December 31, 2013
Employer Identification Number 42-1758140 - Plan Number 002

(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
Pooled separate accounts:				
*	The Guardian Insurance and Annuity Company	JPMorgan Small Cap Equity Fund	(1)	$ 319,333
*	The Guardian Insurance and Annuity Company	Goldman Sachs Mid Cap Value Fund	(1)	232,414
*	The Guardian Insurance and Annuity Company	Janus Balanced Fund	(1)	217,759
*	The Guardian Insurance and Annuity Company	Stadion Moderate Growth Fund	(1)	199,179
*	The Guardian Insurance and Annuity Company	Fidelity Advisor Stock Selector Mid Cap Fund	(1)	171,360
*	The Guardian Insurance and Annuity Company	Goldman Sachs Short-Duration Government Fund	(1)	163,179
*	The Guardian Insurance and Annuity Company	RS Emerging Markets Fund	(1)	154,506
*	The Guardian Insurance and Annuity Company	RS Small Cap Equity Fund	(1)	111,702
*	The Guardian Insurance and Annuity Company	MFS Government Securities Fund	(1)	104,684
*	The Guardian Insurance and Annuity Company	American Century Equity Income Fund	(1)	94,885
*	The Guardian Insurance and Annuity Company	Benefit Stadion Conservative ETF Trust	(1)	85,689
*	The Guardian Insurance and Annuity Company	Benefit Stadion Growth ETF Trust	(1)	83,847
*	The Guardian Insurance and Annuity Company	RS Large Cap Alpha Fund	(1)	61,406
*	The Guardian Insurance and Annuity Company	Invesco Charter Fund	(1)	45,101
*	The Guardian Insurance and Annuity Company	Dreyfus Intermediate Term Income Fund	(1)	40,264
*	The Guardian Insurance and Annuity Company	SSgA Short Term Investment Fund	(1)	36,373
*	The Guardian Insurance and Annuity Company	T. Rowe Price Growth Stock	(1)	34,700
*	The Guardian Insurance and Annuity Company	American Century Ultra Investor Fund	(1)	33,989
*	The Guardian Insurance and Annuity Company	JPMorgan Mid Cap Growth Fund	(1)	32,398
*	The Guardian Insurance and Annuity Company	Janus Global Research Fund	(1)	29,874
*	The Guardian Insurance and Annuity Company	American Century Strategic Allocation Conservative Inv	(1)	24,122
*	The Guardian Insurance and Annuity Company	Dreyfus Opportunistic Midcap Val	(1)	23,975
*	The Guardian Insurance and Annuity Company	American Century Prime Money Market	(1)	20,643
*	The Guardian Insurance and Annuity Company	MFS New Discovery Fund	(1)	20,238
*	The Guardian Insurance and Annuity Company	Lord Abbett Value Opportunities	(1)	19,247
*	The Guardian Insurance and Annuity Company	Columbia Mid Cap Growth Fund	(1)	19,244
*	The Guardian Insurance and Annuity Company	Delaware VIP Emerging Markets Fund	(1)	16,375
*	The Guardian Insurance and Annuity Company	Templeton Foreign Fund	(1)	15,425
*	The Guardian Insurance and Annuity Company	Franklin Growth Fund	(1)	13,573

Security Plastics Division NMC/LLC 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
as of December 31, 2012
Employer Identification Number 42-1758140 - Plan Number 002

(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
*	The Guardian Insurance and Annuity Company	Templeton Global Bond Fund	(1)	12,393
*	The Guardian Insurance and Annuity Company	RS Investment Quality Bond Fund	(1)	12,161
*	The Guardian Insurance and Annuity Company	Janus Overseas Fund	(1)	9,137
*	The Guardian Insurance and Annuity Company	American Century Heritage	(1)	9,070
*	The Guardian Insurance and Annuity Company	Fidelity Advisor Value Strategies Fund	(1)	7,084
*	The Guardian Insurance and Annuity Company	American Century Mid Cap Value	(1)	6,104
*	The Guardian Insurance and Annuity Company	T. Rowe Price Retirement Income Fund	(1)	4,824
*	The Guardian Insurance and Annuity Company	American Century Inflation Adjusted Bond Fund	(1)	4,292
*	The Guardian Insurance and Annuity Company	Dreyfus Active Midcap	(1)	4,242
*	The Guardian Insurance and Annuity Company	Goldman Sachs Small Cap Value Fund	(1)	4,084
*	The Guardian Insurance and Annuity Company	Delaware VIP Limited-Term Diversified Income Fund	(1)	3,936
*	The Guardian Insurance and Annuity Company	Janus Forty Fund	(1)	3,773
*	The Guardian Insurance and Annuity Company	American Century Real Estate	(1)	1,840
*	The Guardian Insurance and Annuity Company	SSgA S&P Mid Cap Index Securities Lending Fund	(1)	1,825
*	The Guardian Insurance and Annuity Company	American Century Strategic Allocation Aggressive Inv	(1)	1,688
*	The Guardian Insurance and Annuity Company	Ivy Asset Strategy	(1)	1,516
*	The Guardian Insurance and Annuity Company	Fidelity Advisor High Income Advantage Fund	(1)	1,507
*	The Guardian Insurance and Annuity Company	SSgA S&P 500 Index Securities Lending Fund	(1)	621
*	The Guardian Insurance and Annuity Company	Delaware VIP Diversified Income Fund	(1)	603
*	The Guardian Insurance and Annuity Company	Fidelity Advisor Small Cap Fund	(1)	514
*	The Guardian Insurance and Annuity Company	Dreyfus International Value	(1)	420
*	The Guardian Insurance and Annuity Company	Columbia Dividend Income	(1)	418
*	The Guardian Insurance and Annuity Company	PIMCO Short-Term Fund	(1)	351
*	The Guardian Insurance and Annuity Company	PIMCO Total Return Fund	(1)	347
*	The Guardian Insurance and Annuity Company	Columbia Emerging Markets Bond	(1)	342
Guaranteed investment contract				
*	The Guardian Insurance and Annuity Company	Fixed Rate Option	(1)	707,444
*	Notes receivable from participants	Interest rates ranging from 3.25% to 5.50% with maturities through 2018	-	147,173
Total Assets				**$ 3,373,193**

(1) Cost is not required for participant-directed investments.

* Party-in-interest to Plan

** There is no maturity date, rate of interest, collateral, par, or maturity value for the investments in the Plan, unless provided.

Security Plastics Division NMC/LLC 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
as of December 31, 2013
Employer Identification Number 42-1758140 - Plan Number 002

(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
Pooled separate accounts:				
*	The Guardian Insurance and Annuity Company	JPMorgan Small Cap Equity Fund	(1)	$ 319,333
*	The Guardian Insurance and Annuity Company	Goldman Sachs Mid Cap Value Fund	(1)	232,414
*	The Guardian Insurance and Annuity Company	Janus Balanced Fund	(1)	217,759
*	The Guardian Insurance and Annuity Company	Stadion Moderate Growth Fund	(1)	199,179
*	The Guardian Insurance and Annuity Company	Fidelity Advisor Stock Selector Mid Cap Fund	(1)	171,360
*	The Guardian Insurance and Annuity Company	Goldman Sachs Short-Duration Government Fund	(1)	163,179
*	The Guardian Insurance and Annuity Company	RS Emerging Markets Fund	(1)	154,506
*	The Guardian Insurance and Annuity Company	RS Small Cap Equity Fund	(1)	111,702
*	The Guardian Insurance and Annuity Company	MFS Government Securities Fund	(1)	104,684
*	The Guardian Insurance and Annuity Company	American Century Equity Income Fund	(1)	94,885
*	The Guardian Insurance and Annuity Company	Benefit Stadion Conservative ETF Trust	(1)	85,689
*	The Guardian Insurance and Annuity Company	Benefit Stadion Growth ETF Trust	(1)	83,847
*	The Guardian Insurance and Annuity Company	RS Large Cap Alpha Fund	(1)	61,406
*	The Guardian Insurance and Annuity Company	Invesco Charter Fund	(1)	45,101
*	The Guardian Insurance and Annuity Company	Dreyfus Intermediate Term Income Fund	(1)	40,264
*	The Guardian Insurance and Annuity Company	SSgA Short Term Investment Fund	(1)	36,373
*	The Guardian Insurance and Annuity Company	T. Rowe Price Growth Stock	(1)	34,700
*	The Guardian Insurance and Annuity Company	American Century Ultra Investor Fund	(1)	33,989
*	The Guardian Insurance and Annuity Company	JPMorgan Mid Cap Growth Fund	(1)	32,398
*	The Guardian Insurance and Annuity Company	Janus Global Research Fund	(1)	29,874
*	The Guardian Insurance and Annuity Company	American Century Strategic Allocation Conservative Inv	(1)	24,122
*	The Guardian Insurance and Annuity Company	Dreyfus Opportunistic Midcap Val	(1)	23,975
*	The Guardian Insurance and Annuity Company	American Century Prime Money Market	(1)	20,643
*	The Guardian Insurance and Annuity Company	MFS New Discovery Fund	(1)	20,238
*	The Guardian Insurance and Annuity Company	Lord Abbett Value Opportunities	(1)	19,247
*	The Guardian Insurance and Annuity Company	Columbia Mid Cap Growth Fund	(1)	19,244
*	The Guardian Insurance and Annuity Company	Delaware VIP Emerging Markets Fund	(1)	16,375
*	The Guardian Insurance and Annuity Company	Templeton Foreign Fund	(1)	15,425
*	The Guardian Insurance and Annuity Company	Franklin Growth Fund	(1)	13,573

Security Plastics Division NMC/LLC 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
as of December 31, 2012
Employer Identification Number 42-1758140 - Plan Number 002

(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
*	The Guardian Insurance and Annuity Company	Templeton Global Bond Fund	(1)	12,393
*	The Guardian Insurance and Annuity Company	RS Investment Quality Bond Fund	(1)	12,161
*	The Guardian Insurance and Annuity Company	Janus Overseas Fund	(1)	9,137
*	The Guardian Insurance and Annuity Company	American Century Heritage	(1)	9,070
*	The Guardian Insurance and Annuity Company	Fidelity Advisor Value Strategies Fund	(1)	7,084
*	The Guardian Insurance and Annuity Company	American Century Mid Cap Value	(1)	6,104
*	The Guardian Insurance and Annuity Company	T. Rowe Price Retirement Income Fund	(1)	4,824
*	The Guardian Insurance and Annuity Company	American Century Inflation Adjusted Bond Fund	(1)	4,292
*	The Guardian Insurance and Annuity Company	Dreyfus Active Midcap	(1)	4,242
*	The Guardian Insurance and Annuity Company	Goldman Sachs Small Cap Value Fund	(1)	4,084
*	The Guardian Insurance and Annuity Company	Delaware VIP Limited-Term Diversified Income Fund	(1)	3,936
*	The Guardian Insurance and Annuity Company	Janus Forty Fund	(1)	3,773
*	The Guardian Insurance and Annuity Company	American Century Real Estate	(1)	1,840
*	The Guardian Insurance and Annuity Company	SSgA S&P Mid Cap Index Securities Lending Fund	(1)	1,825
*	The Guardian Insurance and Annuity Company	American Century Strategic Allocation Aggressive Inv	(1)	1,688
*	The Guardian Insurance and Annuity Company	Ivy Asset Strategy	(1)	1,516
*	The Guardian Insurance and Annuity Company	Fidelity Advisor High Income Advantage Fund	(1)	1,507
*	The Guardian Insurance and Annuity Company	SSgA S&P 500 Index Securities Lending Fund	(1)	621
*	The Guardian Insurance and Annuity Company	Delaware VIP Diversified Income Fund	(1)	603
*	The Guardian Insurance and Annuity Company	Fidelity Advisor Small Cap Fund	(1)	514
*	The Guardian Insurance and Annuity Company	Dreyfus International Value	(1)	420
*	The Guardian Insurance and Annuity Company	Columbia Dividend Income	(1)	418
*	The Guardian Insurance and Annuity Company	PIMCO Short-Term Fund	(1)	351
*	The Guardian Insurance and Annuity Company	PIMCO Total Return Fund	(1)	347
*	The Guardian Insurance and Annuity Company	Columbia Emerging Markets Bond	(1)	342
Guaranteed investment contract				
*	The Guardian Insurance and Annuity Company	Fixed Rate Option	(1)	707,444
*	Notes receivable from participants	Interest rates ranging from 3.25% to 5.50% with maturities through 2018	-	147,173
Total Assets				**$ 3,373,193**

(1) Cost is not required for participant-directed investments.

* Party-in-interest to Plan

** There is no maturity date, rate of interest, collateral, par, or maturity value for the investments in the Plan, unless provided.