

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

Part II	Basic Plan Information —enter all requested information								
1a Name of plan <u>JR MANUFACTURING, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2008</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2008</u>					
1b Three-digit plan number (PN) ▶	<u>001</u>								
1c Effective date of plan <u>01/01/2008</u>									
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>JR MANUFACTURING, INC.</u> <u>900 WEST INDUSTRIAL DRIVE</u> <u>FORT RECOVERY, OH 45846</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-1949320</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>419-375-8021</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>336300</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1949320</u>		2c Sponsor's telephone number <u>419-375-8021</u>		2d Business code (see instructions) <u>336300</u>			
2b Employer Identification Number (EIN) <u>34-1949320</u>									
2c Sponsor's telephone number <u>419-375-8021</u>									
2d Business code (see instructions) <u>336300</u>									

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	10/31/2014 Date	GREGORY LEFEVRE 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 JR MANUFACTURING, INC. 900 WEST INDUSTRIAL DRIVE POST OFFICE BOX 478 FORT RECOVERY, OH 45846		3b Administrator's EIN 34-1949320
		3c Administrator's telephone number 419-375-8021
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	119
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	103
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	26
d Subtotal. Add lines 6a , 6b , and 6c	6d	129
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	129
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	105
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	6
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 2G 2J 2K 2T 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

A Name of plan JR MANUFACTURING, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 JR MANUFACTURING, INC.	D Employer Identification Number (EIN) 34-1949320	

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

(a) Name of insurance carrier

HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-808422	104	01/01/2011	12/31/2011

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
7781	4876

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

FORTHRIGHT AGENCY OF OHIO
STE 1100 2300 WINDY RIDGE PARKWAY
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7781	0	COMMISSION	3

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

SUMMITT RETIREMENT PLAN SVCS,INC
13680 CLEVELAND AVE NW
UNIONTOWN, OH 44685

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	4876	TPA FEES	5

(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	24833
5 Current value of plan's interest under this contract in separate accounts at year end	5	2267832

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. Specify nature of costs ▶	6d	

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	9401
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c Additions: (1) Contributions deposited during the year	7c(1)	4740	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	149	
(4) Transferred from separate account	7c(4)	13064	
(5) Other (specify below)	7c(5)	24	
▶ LOAN REPAYMENTS, POSITIVE VALUE ADJUSTMENT(S), COLLATERAL INTEREST EARNED, TRANSFERS FROM ONE ING CONTRAC			

(6) Total additions	7c(6)	17977
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d Total of balance and additions (add lines 7b and 7c(6))	7d	27378
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2518	
(2) Administration charge made by carrier	7e(2)	28	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	2546
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	24832
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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan JR MANUFACTURING, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JR MANUFACTURING, INC.	D Employer Identification Number (EIN) 34-1949320	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

(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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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 JR MANUFACTURING, INC. 401(K) PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 JR MANUFACTURING, INC.				D Employer Identification Number (EIN) 34-1949320	
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: SEPARATE ACCOUNT D					
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO					
c EIN-PN 71-0294708-000		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2267832	
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 <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>JR MANUFACTURING, INC. 401(K) PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JR MANUFACTURING, INC.</u>		D Employer Identification Number (EIN) <u>34-1949320</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	37926
(2) Participant contributions.....	1b(2)	0	22613
(3) Other.....	1b(3)	0	41019
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)	35250	11995
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1650471	2267832
(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)	9401	24833
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1695122	2406218

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1695122	2406218
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	164508	
(B) Participants	2a(1)(B)	346642	
(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)		511150
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)	727	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		727
(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)	710	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		710
(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)		149
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		357558
(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		870294

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	143826	
(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)		143826
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		14314
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	1058	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1058
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		159198

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		711096
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: CORBETT, DUNCAN & HUBLEY P.C.

(2) EIN: 36-4105119

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a	X		500815
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		150000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.		OMB No. 1210-0110 2013 This Form is Open to Public Inspection.	
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013					
A Name of plan JR MANUFACTURING, INC. 401(K) PLAN				B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 JR MANUFACTURING, INC.				D Employer Identification Number (EIN) 34-1949320	
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): 06-0974148					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2013 v. 130118	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Plan Name: JR Manufacturing, Inc. 401(K) Plan
Plan Number: 001
Plan Sponsor EIN: 34-1949320



JR MANUFACTURING, INC. 401(K) PLAN

AUDIT REPORT
December 31, 2013 and 2012

INDEPENDENT AUDITORS' REPORT

To the Trustees of the
JR Manufacturing, Inc. 401(K) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of JR Manufacturing, Inc. 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by ING Life Insurance and Annuity Company, the custodian of the Plan, except for comparing the 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 and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

CPAs & Consultants

100 Pierce Road	630-285-0215 tel
Suite 100	630-285-1166 fax
Itasca, IL 60143	www.cdhcpa.com

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 schedules of Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013 and Schedule H, line 4a – Schedule of Delinquent Participant Contributions, for the year ended December 31, 2013 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

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

CORBETT, DUNCAN & HUBLY, P.C.
Itasca, IL
October 23, 2014

**JR Manufacturing, Inc.
401(k) Plan**

*Statements of Net Assets Available for Benefits
As of December 31,*

	<u>2013</u>	<u>2012</u>
Investments, at estimated fair value		
Pooled separate accounts	\$ 2,267,832	\$ 1,650,471
Fixed fund account	<u>24,833</u>	<u>9,401</u>
Total Investments	2,292,665	1,659,872
Receivables		
Notes receivable from participants	11,995	35,250
Employer contributions	37,926	37,065
Employee contributions	22,613	39,387
Earnings receivable	18,292	5,125
Distribution correction receivable	<u>22,727</u>	<u>-</u>
Total Receivables	<u>113,553</u>	<u>116,827</u>
Net Assets Available for Benefits	<u>\$ 2,406,218</u>	<u>\$ 1,776,699</u>

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

JR Manufacturing, Inc.
401(k) Plan

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2013

Net Assets Available for Benefits, Beginning of Year	\$ 1,776,699
Investment income	
Net appreciation in fair value:	
Pooled separate accounts	352,433
Fixed fund	149
Dividends	710
Participant loan interest	<u>727</u>
Total Investment Income	354,019
Contributions	
Employer	127,443
Employee	<u>307,255</u>
Total Contributions	434,698
Withdrawals	
Benefit payments	158,140
Administrative expenses	<u>1,058</u>
Total Withdrawals	<u>159,198</u>
Net Change During Year	<u>629,519</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 2,406,218</u></u>

The accompanying notes are an integral
part of this financial statement.

JR Manufacturing, Inc.
401(k) Plan

Notes to the Financial Statements
As of December 31, 2013 and 2012, and for the Year Ended December 31, 2013

NOTE 1 – PLAN DESCRIPTION

The following description of the JR Manufacturing (the “Company”) 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Summary Plan Description for more complete information.

A. GENERAL

The Plan is a defined contribution and profit sharing plan covering all employees of the Company who are U.S. residents, and have completed one year of eligible service and are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). Effective January 30, 2014 the Plan was amended in order to amend plan trustees.

B. EMPLOYEE CONTRIBUTIONS

Under the Plan, participants are allowed to defer between one percent and 100 percent of eligible compensation up to applicable ERISA contribution limits for the year. “Compensation” is defined as a participant’s W-2 earnings plus any section 125 earnings. Participants may change deferral elections the first day of the Plan year and the first day of the seventh month of the Plan year. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate. Automatically enrolled participants have their deferral rate set at three percent of eligible compensation.

C. EMPLOYER CONTRIBUTIONS

The Company contributes 100 percent of the first one percent of eligible compensation that a participant contributes to the Plan and 50 percent of the amount of the employee contributions that exceed one percent but do not exceed five percent of eligible compensation.

D. PARTICIPANT ACCOUNTS

Each participant account is credited with the participant’s contribution and allocations of employer contributions, plan earnings, and distribution fees (if applicable). Allocations are based on participant earnings or account balances, as defined.

E. 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 percent of the vested account balance. Participants are allowed one loan at any given time. The loan is secured by the balance in the participant’s account and bear interest at a rate determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions and are recorded when received. Loan repayments may be made over a period not to extend beyond five years, unless such loan is used to acquire a principal residence in which the repayment period may be up to thirty years.

F. PAYMENT OF BENEFITS

On termination of service due to death, disability, or other reasons, a participant can choose to have a distribution of his/her account balance equal to the value of his/her vested interest. In the case of early distribution at age 59 ½, the participant may elect to withdraw all or some of his/her salary reduction contributions (including any earnings thereon).

**JR Manufacturing, Inc.
401(k) Plan**

*Notes to the Financial Statements
As of December 31, 2013 and 2012, and for the Year Ended December 31, 2013*

NOTE 1 – PLAN DESCRIPTION – (CONTINUED) –

G. VESTING

In the case of the employer's matching contributions, the Plan uses a graduated scale for vesting:

Full Years of Service	Vested Percentage
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5 or more	100%

A participant becomes fully vested upon attainment of normal retirement age while an employee, death while an employee or upon suffering a disability while an employee.

H. TERMINATION PRIORITIES

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination or partial termination, each participant would become immediately 100 percent vested in their account balance.

NOTE 2 – ACCOUNTING POLICIES

A. FINANCIAL REPORTING FRAMEWORK

The accompanying financial statements are prepared according to accounting principles generally accepted in the United States of America ("GAAP"), as promulgated by the Financial Accounting Standards Board ("FASB") in the Accounting Standards Codification ("ASC").

B. BASIS OF ACCOUNTING

The financial statements of the plan are prepared on the accrual basis of accounting. 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 Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

C. ESTIMATES

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

**JR Manufacturing, Inc.
401(k) Plan**

*Notes to the Financial Statements
As of December 31, 2013 and 2012, and for the Year Ended December 31, 2013*

NOTE 2 – ACCOUNTING POLICIES – (CONTINUED) –

D. INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are recorded at fair value. The Plan's investments in shares of pooled separate accounts are started at fair value, based on the market value of the underlying investment. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for a discussion of fair value measurements.

Investment income is recorded when earned, on the accrual basis, and allocated to each participant's account daily based on the number of shares held in each participant account. Purchases and sales of securities are recorded on a trade-date basis. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

E. RISKS AND UNCERTAINTIES

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

F. NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at the unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2013 and 2012.

G. PAYMENT OF BENEFITS

Benefits are recorded when paid.

H. PLAN EXPENSES

Certain expenses relating to the administration of the Plan have been paid by the Company and are not significant to the operation of the Plan.

I. SUBSEQUENT EVENTS

The Plan evaluated subsequent events through October 23, 2014, which is the financial statement issuance date. All items which are required for disclosure have been included in the accompanying financial statements and notes thereto.

NOTE 3 – FORFEITED ACCOUNTS

According to the Plan document, forfeitures are to be used to restore forfeitures made for participants that regain employment within the break in service rules, to reduce employer matching contributions or pay plan expenses. Forfeited, non-vested account balances amounted to \$4,029 and \$471, as of December 31, 2013 and 2012, respectively.

**JR Manufacturing, Inc.
401(k) Plan**

*Notes to the Financial Statements
As of December 31, 2013 and 2012, and for the Year Ended December 31, 2013*

NOTE 4 – INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The Plan's investments are held in a trust fund administered by ING Life Insurance and Annuity Company, the custodian of the Plan. The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the custodian. Investments that represent five percent or more of the Plan's net assets available for benefits at December 31 are separately identified:

	<u>2013</u>	<u>2012</u>
Investments at estimated fair value:		
ING Index Solution 2015 Portfolio - Adviser Class	\$ 282,928	\$ 271,878
ING Index Solution 2025 Portfolio - Adviser Class	275,063	312,328
ING Index Solution 2035 Portfolio - Adviser Class	357,251	253,838
ING Index Solution 2045 Portfolio - Adviser Class	693,915	550,876
ING Index Solution 2055 Portfolio - Adviser Class	196,102	106,120
Other	<u>487,406</u>	<u>164,832</u>
 Total Investments	 \$ <u>2,292,665</u>	 \$ <u>1,659,872</u>

NOTE 5 – INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan follows ASC 946-210, Reporting of Fully Benefit Responsive Investment Contracts Held by Certain Investment Companies.

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 a fully benefit-responsive investment contract because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required by the ASC, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts.

The Plan has a benefit-responsive investment contract with ING Life Insurance and Annuity Company ("ING"). ING maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the statements of net assets available for benefits at fair value as determined using the market approach based on market prices of similar contracts. The adjustment from fair value to contract value for the investment contract is based on the contract value as reported to the Plan by ING. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Contract value as of December 31, 2013 and 2012, is materially the same as fair value. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

**JR Manufacturing, Inc.
401(k) Plan**

Notes to the Financial Statements

As of December 31, 2013 and 2012, and for the Year Ended December 31, 2013

NOTE 5 – INVESTMENT CONTRACT WITH INSURANCE COMPANY – (CONTINUED) –

The fair value of the investment contract, at December 31, 2013 and 2012, was \$24,833 and \$9,401, respectively. The average yield and crediting interest rate were 1% and 1% for the year ended December 31, 2013. The average yield and crediting interest rate were 1% and 1.37% for the year ended December 31, 2012. The crediting interest rate is based on the various factors including mortality and expense risks, interest rate guarantees, the investment income earned on invested assets and the amortization of any capital gains or losses realized on the sale of invested assets. Under this option, ING assumes the risk of investment gain or loss by guaranteeing the principal amount contributed by the participants and promising a minimum interest rate during the accumulation period and also throughout the annuity payout period, if applicable. As of December 31, 2013, the contractually guaranteed minimum interest rate is 1%, through the year ended December 31, 2014. The crediting interest rate is determined at least monthly, and the guaranteed minimum rate resets on a calendar year basis.

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with ING. The Plan administrator believes the occurrence of such events that would limit the Plan's ability to transact at contract value with Plan participants is not probable.

NOTE 6 – PARTY-IN-INTEREST

Certain Plan investments are shares of mutual funds managed by ING, the custodian of the Plan. Therefore, these investments qualify as party-in-interest transactions. Also, the plan has notes receivable from participants that qualify as party-in-interest transactions. The following represents the balances of party-in-interest transactions as of December 31, at fair value:

	<u>2013</u>	<u>2012</u>
ING Index Solution 2015 Portfolio - Adviser Class	\$ 282,928	\$ 271,878
ING Index Solution 2025 Portfolio - Adviser Class	275,063	312,328
ING Index Solution 2035 Portfolio - Adviser Class	357,251	253,838
ING Index Solution 2045 Portfolio - Adviser Class	693,915	550,876
ING Index Solution 2055 Portfolio - Adviser Class	196,102	106,120
ING Russell Small Cap Index Portfolio - Class A	3,310	552
ING SmallCap Opportunities Portfolio - Class A	20,888	6,274
ING Oppenheimer Global Portfolio - Adviser Class	30,563	6,662
ING T. Rowe Price Capital Appreciation Portfolio - Adviser	73,442	26,146
ING T. Rowe Price Diversified Mid Cap Growth Port - Adviser	23,188	5,536
ING Fixed Account	24,833	9,401
Notes receivable from participants	<u>11,995</u>	<u>35,250</u>
Total Party-In-Interest Transactions	\$ <u>1,993,478</u>	\$ <u>1,584,861</u>

JR Manufacturing, Inc.
401(k) Plan

Notes to the Financial Statements
As of December 31, 2013 and 2012, and for the Year Ended December 31, 2013

NOTE 7 – TAX STATUS

The Plan obtained its latest determination letter on March 16, 2010, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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 if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

NOTE 8 – FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs applied in 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 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1: Observable inputs such as quoted prices in active markets;

Level 2: Inputs, other than quoted market prices in active markets, that are observable, either directly or indirectly; and

Level 3: Unobservable inputs in which there is little or no market data and which require the reporting entity to develop its own assumptions.

Assets and liabilities measured at fair value are based on one or more of the following three valuation techniques noted in ASC 820:

- A. Market Approach: Process and other relevant information by market transactions involving identical or comparable assets and liabilities.
- B. Cost Approach: Amount that would be required to replace the service capacity on an asset (replacement cost).
- C. Income Approach - Techniques to convert future amounts to a single present amount based on market expectation (including present value techniques, option-pricing and excess earnings models).

**JR Manufacturing, Inc.
401(k) Plan**

Notes to the Financial Statements

As of December 31, 2013 and 2012, and for the Year Ended December 31, 2013

NOTE 8 – FAIR VALUE MEASUREMENTS – (CONTINUED) –

Investment Valuation — the asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

- *Pooled Separate Accounts* – Fair values are based on estimated fair value and are valued by the insurance company based on the net asset value ("NAV") of shares held by the Plan at year-end. The NAV is determined by the insurance company based on the market value of the underlying investments held in the pooled fund.
- *Fixed Fund* – The Fixed Fund fair value estimates contract value which represents the amount participants would receive if they were to initiate a transaction under the terms of the ongoing plan.

The following table classifies the investments measured at fair value on a recurring basis by level within the fair value hierarchy as of December 31, 2013:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds:				
Value	\$ -	\$ 32,163	\$ -	\$ 32,163
Growth	-	72,170	-	72,170
Global	-	83,554	-	83,554
Bond	-	115,683	-	115,683
Balanced	-	140,911	-	140,911
Blend	-	18,092	-	18,092
Target Date	-	1,805,259	-	1,805,259
Fixed Account	-	24,833	-	24,833
Total Assets at Fair Value	\$ -	\$ 2,292,665	\$ -	\$ 2,292,665

The following table classifies investments measured at fair value on a recurring basis by level within the fair value hierarchy as of December 31, 2012:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds:				
Value	\$ -	\$ 10,006	\$ -	\$ 10,006
Growth	-	18,229	-	18,229
Global	-	27,033	-	27,033
Bond	-	43,647	-	43,647
Balanced	-	51,795	-	51,795
Blend	-	4,721	-	4,721
Target Date	-	1,495,040	-	1,495,040
Fixed Account	-	9,401	-	9,401
Total Assets at Fair Value	\$ -	\$ 1,659,872	\$ -	\$ 1,659,872

**JR Manufacturing, Inc.
401(k) Plan**

*Notes to the Financial Statements
As of December 31, 2013 and 2012, and for the Year Ended December 31, 2013*

NOTE 9 – PROHIBITED TRANSACTIONS

During 2013, the Company failed to remit participant contributions in a timely manner. The Company identified 10 instances for a total of approximately \$144,000, in which participant contributions were remitted to the Plan in violation of Department of Labor (DOL) Regulations. The Company intends to enter into the DOL Voluntary Correction Program (VCP). The Company estimated the amount of corrective payments due to the Plan to be approximately \$558.

During 2012, the Company failed to remit participant contributions in a timely manner. The Company identified 22 instances for a total of \$293,000 in which participant contributions were remitted to the Plan in violation of the DOL Regulations. The Company intends to enter into the DOL VCP. The Company estimated the amount of corrective payments due to the Plan to be approximately \$2,133.

During 2011, the Company failed to remit participant contributions in a timely manner. The Company identified 5 instances for a total of approximately \$64,000, in which participant contributions were remitted to the Plan in violation of the DOL Regulations. The Company intends to enter into the DOL VCP. The Company estimated the amount of corrective payments due to the Plan to be approximately \$52.

NOTE 10 – PLAN CORRECTIONS

During 2013, the Company calculated the employer matching contribution incorrectly. The Company intends to enter into the DOL VCP. The Company estimated the amount of corrective payments due to the Plan to be approximately \$28,000, of which approximately \$13,000 is for the associated earnings lost on such contributions.

During 2012, the Company calculated the employer matching contribution incorrectly. The Company intends to enter into the DOL VCP. The Company estimated the amount of corrective payments due to the Plan to be approximately \$17,000, of which approximately \$3,000 is for the associated earnings lost on such contributions. The plan sponsor believes the 2011 plan year would be unaffected as the Company's payroll service changed effective January 1, 2012, after which the employer matching formula used in the payroll software was incorrect.

In August 2012, the plan adopted auto-enrollment. During 2012 and 2013, the Company had employees that were not entered into the Plan on a timely basis according to their eligibility date. The Company intends to enter into the DOL VCP. The Company estimated the amount of corrective payments due to the Plan to be immaterial.

NOTE 11 – RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Schedule H of Form 5500:

	<u>2013</u>
Total contributions per the accompanying financial statements	\$ 434,698
Prior year employee and employer contributions receivable	<u>76,452</u>
Total contributions per the Plan's Schedule H - Form 5500	\$ <u>511,150</u>

**JR Manufacturing, Inc.
401(k) Plan**

*Notes to the Financial Statements
As of December 31, 2013 and 2012, and for the Year Ended December 31, 2013*

NOTE 11 – RECONCILIATION TO FORM 5500 – (CONTINUED) –

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Schedule H of Form 5500:

	<u>2013</u>
Net appreciation in fair value of pooled separate accounts	\$ 352,433
Prior year earnings receivable	<u>5,125</u>
Net investment gain from pooled separate accounts per the Plan's Schedule H - Form 5500	\$ <u><u>357,558</u></u>
	<u>2012</u>
Net assets available for benefits per the accompanying financial statements	\$ 1,776,699
Employee contribution receivable	(39,387)
Employer contribution receivable	(37,065)
Earnings receivable	<u>(5,125)</u>
Net assets per the Plan's Schedule H - Form 5500	\$ <u><u>1,695,122</u></u>

SUPPLEMENTAL INFORMATION

JR Manufacturing, Inc.
401(k) Plan

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

Employer Identification Number: 34-1949320
Plan Number: 001

	(b)	(c)	(d)	(e)
(a)	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Shares of Pooled Separate Accounts:			
*	ING Money Market Fund - Class A	Money Market Fund	**	4,029
	American Funds American Balanced Fund - Class R-3	Registered Investment Company	**	66,374
	American Funds Fundamental InvestorsSM - Class R-3	Registered Investment Company	**	8,022
	American Funds New Perspective Fund - Class R-3	Registered Investment Company	**	23,003
	American Funds The Income Fund of America - Class R-3	Registered Investment Company	**	1,095
	Franklin Growth Fund - Class R	Registered Investment Company	**	28,094
	Lord Abbett Fundamental Equity Fund - Class R3	Registered Investment Company	**	6,760
	PIMCO All Asset Fund - Class R	Registered Investment Company	**	29,988
	PIMCO Foreign Bond Fund (Unhedged) - Class A	Registered Investment Company	**	40,095
	PIMCO Real Return Fund - Class R	Registered Investment Company	**	9,848
	Pioneer Strategic Income Fund - Class R Shares	Registered Investment Company	**	26,311
	RidgeWorth Large Cap Value Equity Fund - Class A Shares	Registered Investment Company	**	9,255
	RidgeWorth Mid-Cap Value Equity Fund - Class A Shares	Registered Investment Company	**	16,869
	RidgeWorth Total Return Bond Fund - Class R Shares	Registered Investment Company	**	35,400
*	ING Index Solution 2015 Portfolio - Adviser Class	Registered Investment Company	**	282,928
*	ING Index Solution 2025 Portfolio - Adviser Class	Registered Investment Company	**	275,063
*	ING Index Solution 2035 Portfolio - Adviser Class	Registered Investment Company	**	357,251
*	ING Index Solution 2045 Portfolio - Adviser Class	Registered Investment Company	**	693,915
*	ING Index Solution 2055 Portfolio - Adviser Class	Registered Investment Company	**	196,102
*	ING Russell Small Cap Index Portfolio - Class A	Registered Investment Company	**	3,310
*	ING SmallCap Opportunities Portfolio - Class A	Registered Investment Company	**	20,888
*	ING Oppenheimer Global Portfolio - Adviser Class	Registered Investment Company	**	30,563
*	ING T. Rowe Price Capital Appreciation Portfolio - Adviser	Registered Investment Company	**	73,442
*	ING T. Rowe Price Diversified Mid Cap Growth Port - Adviser	Registered Investment Company	**	23,188
	William Blair Small Cap Value Fund - Class N Shares	Registered Investment Company	**	6,039
*	ING Fixed Account	Fixed Fund	**	24,833
*	Participant Notes Receivable	Loans (3.25%)	-0-	11,995
	Total assets held for investment purposes		\$ -	\$ 2,304,660

* Represents party-in-interest with respect to the Plan.

** Cost information is not provided as all investments are participant directed.

See independent auditors' audit report

JR Manufacturing, Inc.
401(k) Plan

*Schedule H, Line 4a - Schedule of Delinquent Participant Contributions as of
December 31, 2013*

Employer Identification Number: 34-1949320
Plan Number: 001

Participant Contributions Remitted Late to the Plan			Total That Constitutes Nonexempt Prohibited Transactions		Contributions		Contributions		Total Fully
			Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Corrected Outside Voluntary Fiduciary Correction	Pending Correction in Voluntary Fiduciary Correction Program	Corrected Under Voluntary Corrections Program		
Amount Withheld	Date Withheld	Date Remitted							
\$ 12,111.29	9/1/2011	9/8/2011	X	-	-	\$	12,111.29	\$	12,111.29
\$ 13,079.64	9/29/2011	10/3/2011	X	-	-	\$	13,079.64	\$	13,079.64
\$ 12,795.42	10/13/2011	10/20/2011	X	-	-	\$	12,795.42	\$	12,795.42
\$ 13,567.76	10/27/2011	11/15/2011	X	-	-	\$	13,567.76	\$	13,567.76
\$ 12,346.32	11/10/2011	11/15/2011	X	-	-	\$	12,346.32	\$	12,346.32
\$ 12,646.92	1/5/2012	2/29/2012	X	-	-	\$	12,646.92	\$	12,646.92
\$ 13,908.87	1/19/2012	3/5/2012	X	-	-	\$	13,908.87	\$	13,908.87
\$ 13,778.46	2/2/2012	3/5/2012	X	-	-	\$	13,778.46	\$	13,778.46
\$ 14,244.84	2/16/2012	3/5/2012	X	-	-	\$	14,244.84	\$	14,244.84
\$ 13,734.62	3/1/2012	3/6/2012	X	-	-	\$	13,734.62	\$	13,734.62
\$ 13,380.00	3/29/2012	4/12/2012	X	-	-	\$	13,380.00	\$	13,380.00
\$ 13,862.55	4/12/2012	7/3/2012	X	-	-	\$	13,862.55	\$	13,862.55
\$ 12,956.03	4/26/2012	11/8/2012	X	-	-	\$	12,956.03	\$	12,956.03
\$ 13,588.05	5/10/2012	10/10/2014	X	-	-	\$	13,588.05	\$	13,588.05
\$ 13,552.41	5/24/2012	6/4/2012	X	-	-	\$	13,552.41	\$	13,552.41
\$ 13,588.51	6/21/2012	6/25/2012	X	-	-	\$	13,588.51	\$	13,588.51
\$ 14,997.54	8/2/2012	8/7/2012	X	-	-	\$	14,997.54	\$	14,997.54
\$ 13,036.33	8/16/2012	11/15/2012	X	-	-	\$	13,036.33	\$	13,036.33
\$ 13,662.45	8/30/2012	11/15/2012	X	-	-	\$	13,662.45	\$	13,662.45
\$ 10,111.99	9/13/2012	10/4/2012	X	-	-	\$	10,111.99	\$	10,111.99
\$ 13,252.51	9/27/2012	11/15/2012	X	-	-	\$	13,252.51	\$	13,252.51
\$ 12,899.75	10/11/2012	2/4/2013	X	-	-	\$	12,899.75	\$	12,899.75
\$ 13,407.46	10/25/2012	11/15/2012	X	-	-	\$	13,407.46	\$	13,407.46
\$ 12,890.63	11/8/2012	11/15/2012	X	-	-	\$	12,890.63	\$	12,890.63
\$ 13,083.39	11/21/2012	11/28/2012	X	-	-	\$	13,083.39	\$	13,083.39
\$ 12,712.93	12/6/2012	2/1/2013	X	-	-	\$	12,712.93	\$	12,712.93
\$ 13,728.96	12/20/2012	2/1/2013	X	-	-	\$	13,728.96	\$	13,728.96
\$ 11,968.52	1/3/2013	4/4/2013	X	-	-	\$	11,968.52	\$	11,968.52
\$ 13,043.43	1/17/2013	4/11/2013	X	-	-	\$	13,043.43	\$	13,043.43
\$ 24,966.00	1/31/2013	5/9/2013	X	-	-	\$	24,966.00	\$	24,966.00
\$ 14,313.53	2/14/2013	4/24/2013	X	-	-	\$	14,313.53	\$	14,313.53
\$ 14,373.99	2/28/2013	3/14/2013	X	-	-	\$	14,373.99	\$	14,373.99
\$ 14,540.40	3/28/2013	4/1/2013	X	-	-	\$	14,540.40	\$	14,540.40
\$ 1,963.57	3/28/2013	4/8/2013		-	-	\$	1,963.57	\$	1,963.57
\$ 28,296.89	7/18/2013	7/30/2013	X	-	-	\$	28,296.89	\$	28,296.89
\$ 15,924.05	10/24/2013	11/6/2013	X	-	-	\$	15,924.05	\$	15,924.05
\$ 4,498.50	11/27/2013	12/5/2013		-	-	\$	4,498.50	\$	4,498.50

See independent auditors' audit report

JR Manufacturing, Inc.
401(k) Plan

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

Employer Identification Number: 34-1949320
Plan Number: 001

	(b)	(c)	(d)	(e)
(a)	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Shares of Pooled Separate Accounts:			
*	ING Money Market Fund - Class A	Money Market Fund	**	4,029
	American Funds American Balanced Fund - Class R-3	Registered Investment Company	**	66,374
	American Funds Fundamental InvestorsSM - Class R-3	Registered Investment Company	**	8,022
	American Funds New Perspective Fund - Class R-3	Registered Investment Company	**	23,003
	American Funds The Income Fund of America - Class R-3	Registered Investment Company	**	1,095
	Franklin Growth Fund - Class R	Registered Investment Company	**	28,094
	Lord Abbett Fundamental Equity Fund - Class R3	Registered Investment Company	**	6,760
	PIMCO All Asset Fund - Class R	Registered Investment Company	**	29,988
	PIMCO Foreign Bond Fund (Unhedged) - Class A	Registered Investment Company	**	40,095
	PIMCO Real Return Fund - Class R	Registered Investment Company	**	9,848
	Pioneer Strategic Income Fund - Class R Shares	Registered Investment Company	**	26,311
	RidgeWorth Large Cap Value Equity Fund - Class A Shares	Registered Investment Company	**	9,255
	RidgeWorth Mid-Cap Value Equity Fund - Class A Shares	Registered Investment Company	**	16,869
	RidgeWorth Total Return Bond Fund - Class R Shares	Registered Investment Company	**	35,400
*	ING Index Solution 2015 Portfolio - Adviser Class	Registered Investment Company	**	282,928
*	ING Index Solution 2025 Portfolio - Adviser Class	Registered Investment Company	**	275,063
*	ING Index Solution 2035 Portfolio - Adviser Class	Registered Investment Company	**	357,251
*	ING Index Solution 2045 Portfolio - Adviser Class	Registered Investment Company	**	693,915
*	ING Index Solution 2055 Portfolio - Adviser Class	Registered Investment Company	**	196,102
*	ING Russell Small Cap Index Portfolio - Class A	Registered Investment Company	**	3,310
*	ING SmallCap Opportunities Portfolio - Class A	Registered Investment Company	**	20,888
*	ING Oppenheimer Global Portfolio - Adviser Class	Registered Investment Company	**	30,563
*	ING T. Rowe Price Capital Appreciation Portfolio - Adviser	Registered Investment Company	**	73,442
*	ING T. Rowe Price Diversified Mid Cap Growth Port - Adviser	Registered Investment Company	**	23,188
	William Blair Small Cap Value Fund - Class N Shares	Registered Investment Company	**	6,039
*	ING Fixed Account	Fixed Fund	**	24,833
*	Participant Notes Receivable	Loans (3.25%)	-0-	11,995
	Total assets held for investment purposes		\$ -	\$ 2,304,660

* Represents party-in-interest with respect to the Plan.

** Cost information is not provided as all investments are participant directed.

See independent auditors' audit report