

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 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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>XTEK INC DEFINED BENEFIT PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>002</u>
		1c Effective date of plan	<u>08/01/1985</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	2b Employer Identification Number (EIN) <u>31-0847969</u>		
<u>XTEK INC</u>	2c Plan Sponsor's telephone number <u>513-733-7800</u>		
<u>11451 READING ROAD</u> <u>CINCINNATI, OH 45241</u>	2d Business code (see instructions) <u>332900</u>		
<u>11451 READING ROAD</u> <u>CINCINNATI, OH 45241</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.	03/21/2016	JENNIFER KING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/21/2016	JENNIFER KING
	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	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 127
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 127 6a(2) 112 6b 46 6c 49 6d 207 6e 25 6f 232 6g 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: 1D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

▶ Round off amounts to nearest dollar.
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan XTEK INC DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF XTEK INC	D Employer Identification Number (EIN) 31-0847969

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2014			
2 Assets:			
a Market value	2a	4639937	
b Actuarial value	2b	4430877	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	72	3945958	3945958
b For terminated vested participants.....	50	222212	222212
c For active participants.....	127	26773	26948
d Total.....	249	4194943	4195118
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5	6.27%	
6 Target normal cost	6	10000	

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

SIGN HERE		
Signature of actuary	03/01/2016	Date
LORNA M SPRINGER	14-07422	Most recent enrollment number
TOWERS WATSON DELAWARE INC.	216-937-4000	Telephone number (including area code)
1001 LAKESIDE AVENUE SUITE 1500 CLEVELAND, OH 44114		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>13.87</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.46</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	105.61 %
15 Adjusted funding target attainment percentage	15	105.61 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.36 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	0	0			
Totals ►			18(b)	0	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	10000	
b Excess assets, if applicable, but not greater than line 31a	31b	10000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan XTEK INC DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 XTEK INC	D Employer Identification Number (EIN) 31-0847969	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BMO HARRIS BANK N.A.

111 KILBOURNE AVENUE
MILWAUKEE, WI 53224

39-1186267

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 64	NONE	9140	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:	SUSAN L BURNETT	b EIN:	53-0181291
c Position:	ENROLLED ACTUARY		
d Address:	255 EAST FIFTH STREET SUITE 1200 CINCINNATI, OH 45202	e Telephone:	513-345-4200

Explanation: SUSAN BURNETT IS NO LONGER WITH WILLIS TOWERS WATSON AND THEREFORE HAS BEEN TERMINATED AS THE ENROLLED ACTUARY OF THE PLAN.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u>		
A Name of plan <u>XTEK INC DEFINED BENEFIT PENSION PLAN</u>		B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>XTEK INC</u>		D Employer Identification Number (EIN) <u>31-0847969</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)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	733	540
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	229907	110002
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4409297	4029777
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		35225

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	4639937	4175544

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	2376	2276
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2376	2276

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4637561	4173268
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	63469	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		63469

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-97625
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-34156

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	420997	
(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)		420997
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	9140	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9140
j Total expenses. Add all expense amounts in column (b) and enter total	2j		430137

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-464293
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: CLARK, SCHAEFER, HACKETT & CO

(2) EIN: 31-0800053

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
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	
4d			
e Was this plan covered by a fidelity bond?	X		10000000
4e			
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	
4f			
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	
4g			
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	
4h			
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		
4i			
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		
4j			
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	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
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.		X	
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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan <u>XTEK INC DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>XTEK INC</u>	D Employer Identification Number (EIN) <u>31-0847969</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>39-6436442</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>29</u>

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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of the
Xtek, Inc. Defined Benefit Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Xtek, Inc. Defined Benefit Pension Plan, which comprise the statements of net assets available for benefits as of June 30, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by BMO Harris Bank N.A., the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of June 30, 2015 and 2014, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

one east fourth street, ste. 1200
cincinnati, oh 45202

www.cshco.com
p. 513.241.3111
f. 513.241.1212

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) and the supplemental schedule of reportable transactions as of and for the year ended June 30, 2015 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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 these 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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Clark, Schaefer, Hackett & Co.

Cincinnati, Ohio
March 10, 2016

Xtek, Inc. Defined Benefit Pension Plan
Fed ID # 31-0847969 Plan #002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
June 30, 2015

(a)	(b) (c)		(d)	(e)
	Description	Number of Shares	Cost	Fair Market Value
	Mutual Funds:			
	Fidelity Small Cap Discovery Fd	8,151	196,040	240,298
	Natixis Oakmark International Fund CI A	6,336	84,314	82,371
	Blackrock Global Allocation Fd CI A	29,341	598,314	596,801
	Federated Internatioal Leaders Fund Class A	6,939	237,284	238,486
	First Eagle Global Fd CI A	11,120	550,198	593,490
	Prudential Jennison Natural Resources Fund CI A	3,247	169,405	123,191
	Ivy Asset Strategy Fund Class A	21,621	575,326	551,337
	Lord Abbett Value Opportunity Fund CI A	12,347	240,298	251,005
	Sunamerica Focused Div Strategy Portfolio CI A	24,239	412,142	418,364
	Wells Fargo Advantage Growth Fund	6,864	281,955	330,284
	IXIS- Loomis Sayles Investement Grade Bond Fd CI A	2,379	28,975	27,286
	Templeton Global Bond Fd A	15,537	205,249	190,325
	PIMCO Low Duration Fd CI A	1	8	7
	PIMCO Real Return Fd CI A	17,196	199,814	186,573
	Virtus Multi-Sector Short Term Bond Fund CI A	42,008	208,232	<u>199,959</u>
				4,029,777
	Money Market Funds:			
*	BMO Prime Money Market CL Y	110,002	110,002	<u>110,002</u>
			\$	<u><u>4,139,779</u></u>

* Party-in-interest

Xtek, Inc. Defined Benefit Pension Plan
Fed ID # 31-0847969 Plan #002
Schedule H, line 4j - Schedule of Reportable Transactions
Year Ended June 30, 2015

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Fair Market Value of Asset on Transaction Date	Realized Gain (loss)	
Category (i) - Single Transaction in Excess of 5% of Net Assets:							
Market	IXIS - Loomis Sayles Investment Grade Bond Fd	30,176 units	371,464	-	-	371,464	-
Category (iii) Series of Transactions in Excess of 5% of Net Assets:							
Market	IXIS - Loomis Sayles Investment Grade Bond Fd	26,168 units	-	345,880	359,177	345,880	(13,297)
		30,999 units	381,309	-	-	381,309	-
Market	BMO Prime Money Market CL Y	581,008 units	-	581,008	581,008	581,008	-
		461,103 units	461,103	-	-	46,103	-

Xtek, Inc. Defined Benefit Pension Plan

Financial Statements
and
Supplemental Schedules

June 30, 2015 and 2014

(with Independent Auditors' Report)

TABLE OF CONTENTS

Independent Auditors' Report	1-2
------------------------------------	-----

Financial Statements:

Statements of Net Assets Available for Benefits	3
---	---

Statements of Changes in Net Assets Available for Benefits.....	4
---	---

Notes to the Financial Statements.....	5-10
--	------

Supplemental Schedules:

Schedule H, line 4i - Schedule of Assets (Held at End of Year)	11
--	----

Schedule H, line 4j - Schedule of Reportable Transactions	12
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INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of the
Xtek, Inc. Defined Benefit Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Xtek, Inc. Defined Benefit Pension Plan, which comprise the statements of net assets available for benefits as of June 30, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by BMO Harris Bank N.A., the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of June 30, 2015 and 2014, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

one east fourth street, ste. 1200
cincinnati, oh 45202

www.cshco.com
p. 513.241.3111
f. 513.241.1212

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) and the supplemental schedule of reportable transactions as of and for the year ended June 30, 2015 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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 these 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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Clark, Schaefer, Hackett & Co.

Cincinnati, Ohio
March 10, 2016

Xtek, Inc. Defined Benefit Pension Plan
Statements of Net Assets Available for Benefits
June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Investments at fair value:		
Mutual funds	\$ 4,029,777	4,409,297
Money market funds	<u>110,002</u>	<u>229,907</u>
	<u>4,139,779</u>	<u>4,639,204</u>
Receivables:		
Interest	540	733
Open trades	<u>35,225</u>	<u>-</u>
	<u>35,765</u>	<u>733</u>
 Total assets	 <u>4,175,544</u>	 <u>4,639,937</u>
Liabilities:		
Accrued administrative expenses	<u>2,276</u>	<u>2,376</u>
 Net assets available for benefits	 <u>\$ 4,173,268</u>	 <u>4,637,561</u>

See accompanying notes to financial statements.

Xtek, Inc. Defined Benefit Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Additions to net assets:		
Interest and dividend income	\$ 63,469	66,662
Net appreciation in fair value of investments	<u>-</u>	<u>524,785</u>
	<u>63,469</u>	<u>591,447</u>
Deductions from net assets:		
Net depreciation in fair value of investments	97,625	-
Benefit payments	420,997	424,424
Administrative expenses	<u>9,140</u>	<u>9,521</u>
	<u>527,762</u>	<u>433,945</u>
Net change in net assets	(464,293)	157,502
Net assets available for benefits:		
Beginning of year	<u>4,637,561</u>	<u>4,480,059</u>
End of year	\$ <u>4,173,268</u>	<u>4,637,561</u>

See accompanying notes to financial statements.

1. PLAN DESCRIPTION:

The following is a brief description of the Xtek, Inc., Defined Benefit Pension Plan (the "Plan"). Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

The Plan is a defined benefit pension plan covering substantially all full-time employees of Xtek, Inc. (the "Company") who were hired before January 1, 2004. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Pension benefits

Employees are entitled to annual pension benefits beginning at their normal retirement age of 65. The Plan permits early retirement at age 55 with at least 10 years of service. The early retirement benefit is the actuarial equivalent of the accrued pension benefit as of the retirement date. Benefits are paid by the trustee from the Plan's net assets based on actuarially determined benefit amounts.

Vesting

Participants become 100% vested after five years of service with the Company.

Death and disability benefits

The Plan provides death benefits to vested employees and disability benefits to employees who become disabled while an active participant under the Plan.

Floor offset provision

On June 20, 1986, the Xtek, Inc. Employee Stock Ownership Plan ("ESOP") acquired substantially all of the Company's common stock. Effective August 1, 1986, the Company instituted a floor offset provision in the Plan, whereby benefits payable to Plan participants are offset by benefits provided by the ESOP.

Plan termination

The Company intends to continue the Plan indefinitely for the benefit of the participants but reserves the right to terminate the Plan at any time by resolution of its Board of Directors. In the event the Plan is terminated, participants become fully vested, and Plan assets are distributed to participants in accordance with the Plan agreement. However, in the event of Plan termination, to the extent unfunded vested benefits exist, ERISA provides that such benefits are payable by the Pension Benefit Guaranty Corporation up to specified limits.

Reclassification

Certain amounts in the 2014 financial statements have been reclassified to conform to the 2015 presentation.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The following is a brief description of the significant accounting policies of the Plan.

Basis of accounting

The financial statements of the Plan have been prepared on the accrual basis.

Use of estimates

The Plan's financial statements are prepared in conformity with accounting principles generally accepted in the United States of America, which require 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 these estimates.

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

Investment valuation and income

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Funding policy

The Company is required to make all contributions to the Plan. These contributions are made based upon actuarially determined amounts as calculated by an independent actuary and are estimated to fully provide for all employees' benefits under the Plan by the time the employees retire. The Company's contributions for the year ended June 30, 2015 and June 30, 2014 met the minimum funding requirements of ERISA.

Administrative expenses

Certain expenses of maintaining the Plan are paid directly by the Company and such expenses are excluded from these financial statements. If the Company does not pay such expenses, the trustee shall pay them from the Plan assets.

Payment of benefits

Benefit payments are recorded when paid to participants.

Accounting Change

In July 2015, the Financial Accounting Standards Board (FASB) recently issued Accounting Standards Update (ASU) 2015-12, "Plan Accounting: Defined Contribution Pension Plans (Topic 962): (Part 1) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, and (Part III) Measurement Date – Practical Expedient." ASU 2015-12 simplifies disclosures and reporting by employee benefit plans. Part II eliminates GAAP requirements for plans to disclose individual investments that represent 5 percent or more of net assets available for benefits, and the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant-directed investments. It also simplifies the level of disaggregation of investments that are measured using fair value. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. ASU 2015-12 is effective for fiscal years beginning December 15, 2015, with

earlier adoption permitted. The Plan has elected to early adopt ASU 2015-12, applied retrospectively to all periods presented. This change has no impact on net assets available for benefits.

Subsequent Events

The Company evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through March 10, 2016, the date on which the financial statements were available to be issued.

3. ACTUARIAL CONSIDERATIONS AND ACCUMULATED PLAN BENEFITS:

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The significant actuarial assumptions used in the valuation as of June 30, 2014 were (a) life expectancy of participants – RP 2014 mortality tables (separate non-annuitant and annuitant tables) generationally projected using scale MP-2014. (b) interest rate of 7.25%, and (c) investment return of 7.25%. The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2014. Had the valuation been performed as of June 30, there would be no material differences. Benefits to be provided by the Plan via the floor-offset provision, described in Note 1, are relied on in determining the accumulated plan benefits due from the Plan. A summary of information relative to the actuarial present value of accumulated plan benefits as of July 1, 2014 is presented as follows:

Vested benefits:	<u>July 1, 2014</u>
Participants currently receiving benefits	\$ 3,916,989
Other vested benefits	<u>376,868</u>
Total vested benefits	4,293,857
Nonvested benefit	<u>692</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 4,294,549</u>

Changes in the actuarial present value of accumulated plan benefits for the year ended July 1, 2014 are summarized below:

Actuarial present value of accumulated plan benefits, beginning of year, July 1, 2013	\$ 4,804,500
Increase (decrease) attributable to:	
Increase for interest due to the decrease in the discount period	275,723
Benefits paid	(424,424)
Actuarial (gains)/losses	(279,287)
Assumption changes	<u>(81,963)</u>
Actuarial present value of accumulated plan benefits, end of year, July 1, 2014	<u>\$ 4,294,549</u>

4. FAIR VALUE MEASUREMENTS:

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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. There have been no changes in the methodologies used at June 30, 2015 and 2014.

Mutual funds: Valued at the quoted daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market funds: The carrying value approximates fair value.

The 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, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2015 and 2014.

<u>Investments at fair value as of June 30, 2015</u>				
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Money market funds	\$ 110,002	110,002	-	-
Mutual funds	<u>4,029,777</u>	<u>4,029,777</u>	<u>-</u>	<u>-</u>
Total investments at fair value	\$ <u>4,139,779</u>	<u>4,139,779</u>	<u>-</u>	<u>-</u>
<u>Investments at fair value as of June 30, 2014</u>				
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Money market funds	\$ 229,907	229,907	-	-
Mutual funds	<u>4,409,297</u>	<u>4,409,297</u>	<u>-</u>	<u>-</u>
Total investments at fair value	\$ <u>4,639,204</u>	<u>4,639,204</u>	<u>-</u>	<u>-</u>

5. INFORMATION CERTIFIED BY THE TRUSTEE:

All investments, investment income and the net appreciation (depreciation) in fair value of investments included in the accompanying financial statements and supplemental schedules were obtained from data that was prepared and certified as complete and accurate by the trustee, BMO Harris Bank N.A.

6. RISKS AND UNCERTAINTIES:

Investment securities are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements and supplemental schedules.

7. RELATED PARTY TRANSACTIONS:

Certain plan investments are shares of a money market fund managed by BMO Harris Bank N.A., the trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the trustee services amounted to \$9,140 and \$9,521 at June 30, 2015 and 2014, respectively.

8. TAX STATUS OF THE PLAN:

The Plan obtained its latest determination letter dated October 26, 2015, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Company believes that the Plan currently is designed and is being operated in compliance with the applicable requirements of the IRC, and the related trust continues to be tax exempt as of June 30, 2015.

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 Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability 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 prior to 2012.

Xtek, Inc. Defined Benefit Pension Plan
Fed ID # 31-0847969 Plan #002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
June 30, 2015

(a)	(b) (c)	(d)	(e)
	Number of Shares	Cost	Fair Market Value
	<u>Description</u>		
	Mutual Funds:		
	Fidelity Small Cap Discovery Fd	8,151	196,040
	Natixis Oakmark International Fund CI A	6,336	84,314
	Blackrock Global Allocation Fd CI A	29,341	598,314
	Federated Internatioal Leaders Fund Class A	6,939	237,284
	First Eagle Global Fd CI A	11,120	550,198
	Prudential Jennison Natural Resources Fund CI A	3,247	169,405
	Ivy Asset Strategy Fund Class A	21,621	575,326
	Lord Abbett Value Opportunity Fund CI A	12,347	240,298
	Sunamerica Focused Div Strategy Portfolio CI A	24,239	412,142
	Wells Fargo Advantage Growth Fund	6,864	281,955
	IXIS- Loomis Sayles Investement Grade Bond Fd CI A	2,379	28,975
	Templeton Global Bond Fd A	15,537	205,249
	PIMCO Low Duration Fd CI A	1	8
	PIMCO Real Return Fd CI A	17,196	199,814
	Virtus Multi-Sector Short Term Bond Fund CI A	42,008	208,232
			<u>199,959</u>
			4,029,777
	Money Market Funds:		
*	BMO Prime Money Market CL Y	110,002	110,002
			<u>110,002</u>
			\$ <u>4,139,779</u>

* Party-in-interest

Xtek, Inc. Defined Benefit Pension Plan
Fed ID # 31-0847969 Plan #002
Schedule H, line 4j - Schedule of Reportable Transactions
Year Ended June 30, 2015

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Fair Market Value of Asset on Transaction Date	Realized Gain (loss)	
Category (i) - Single Transaction in Excess of 5% of Net Assets:							
Market	IXIS - Loomis Sayles Investment Grade Bond Fd	30,176 units	371,464	-	-	371,464	-
Category (iii) Series of Transactions in Excess of 5% of Net Assets:							
Market	IXIS - Loomis Sayles Investment Grade Bond Fd	26,168 units	-	345,880	359,177	345,880	(13,297)
		30,999 units	381,309	-	-	381,309	-
Market	BMO Prime Money Market CL Y	581,008 units	-	581,008	581,008	581,008	-
		461,103 units	461,103	-	-	46,103	-

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Xtek, Inc.
EIN/PN	31-0847969/002
Plan Name	Xtek, Inc. Defined Benefit Pension Plan
Valuation Date	July 1, 2014
Enrolled Actuary	Lorna M. Springer
Enrollment Number	14-07422

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods — Contributions

Economic Assumptions

Contribution interest rate basis:

- Applicable month March
- Yield curve basis Segment rates

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	4.99%	1.20%
• Second segment rate	6.32%	4.06%
• Third segment rate	6.99%	5.10%
• Effective interest rate	6.27%	3.98%

ASC 960 interest rate 7.25%

Annual rates of increase

- Compensation: 3.50%
- Future Social Security wage bases 3.50%
- Statutory limits on compensation 3.00%
- Stock appreciation 8.25%

Plan Name: Xtek, Inc. Defined Benefit Pension Plan
EIN / PN: 31-0847969 / 002
Plan Sponsor: Xtek, Inc.
Valuation Date: July 1, 2014

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	The plan is closed to new entrants.
Mortality	
• Healthy	Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments), projected to 2029 using Scale AA and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments), projected to 2021 using Scale AA.
• Disabled	Same rates as for healthy participants
Termination	The representative rates at which participants terminate from the plan by age and gender are shown below:

Rate leaving during the year

Attained Age	Males	Females
20	.0715	.0894
25	.0500	.0625
30	.0390	.0487
35	.0320	.0400
40	.0265	.0331
45	.0180	.0225
50	.0080	.0100
55	.0000	.0000

Disability	The representative rates at which participants become disabled by age and gender are shown below:
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Rate becoming disabled during the year

Age	Males	Females
30	.0012	.0018
35	.0013	.0019
40	.0015	.0022
45	.0020	.0030
50	.0036	.0054
55	.0068	.0102
60	.0138	.0207

Plan Name:	Xtek, Inc. Defined Benefit Pension Plan
EIN / PN:	31-0847969 / 002
Plan Sponsor:	Xtek, Inc.
Valuation Date:	July 1, 2014

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below:

Rate retiring during the year

Age	Rate
55-59	0.02
60-61	0.10
62	0.20
63	0.40
64	0.50
65	1.00

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit The later of age 55 or termination of employment
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

Form of payment

Five-year certain and continuous

Percent married

66.67%. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.

Spouse age

Wife three years younger than husband.

Covered pay

The current year's valuation pay is equal to the prior year's valuation pay projected by (1) the assumed annual rate of future salary increase and (2) 25% of the actual salary increase from the prior year's covered pay.

Administrative expenses

\$10,000; actual expenses paid from the trust the preceding year, rounded to the nearest \$5,000.

Cash flow

Timing of benefit payments

Benefits are payable monthly at the beginning of the month.

Plan Name: Xtek, Inc. Defined Benefit Pension Plan
EIN / PN: 31-0847969 / 002
Plan Sponsor: Xtek, Inc.
Valuation Date: July 1, 2014

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2013 plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Towers Watson has reviewed the plan provisions with Xtek, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.
Change in assumptions and methods since prior valuation	● The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements. ● The required interest rates used to calculate the funding target and target normal cost were updated. ● The stock value for the ESOP was updated to reflect the most recent valuation.

Plan Name: Xtek, Inc. Defined Benefit Pension Plan
EIN / PN: 31-0847969 / 002
Plan Sponsor: Xtek, Inc.
Valuation Date: July 1, 2014

SCHEDULE SB ATTACHMENTS

ESOP Stock Values

For purposes of valuing the ESOP offset against this plan, we have relied on the appraised value of Xtek stock, as communicated to us by Xtek, on the individual ESOP account data provided by NationsBank, and on the ESOP contribution information provided by Xtek and NationsBank.

Stock values as reported are:	June 30, 2014	\$76.00
	June 30, 2013	\$73.00
	June 30, 2012	\$52.25
	June 30, 2011	\$51.25
	June 30, 2010	\$44.75
	June 30, 2009	\$40.25
	June 30, 2008	\$46.25
	June 30, 2007	\$40.13
	June 30, 2006	\$27.91
	June 30, 2005	\$24.09
	June 30, 2004	\$19.13
	June 30, 2003	\$17.62
	June 30, 2002	\$13.12
	June 30, 2001	\$13.40
	June 30, 2000	\$19.40
	June 30, 1999	\$17.17
	June 30, 1998	\$14.90
	June 30, 1997	\$19.32

Going Concern Basis

Our actuarial valuation assumes a going concern, and the results of our valuation are heavily dependent on this assumption. No provision has been made for the increase in pension liabilities that would occur as a result of other contingencies such as a loss of value in the ESOP stock.

Plan Name:	Xtek, Inc. Defined Benefit Pension Plan
EIN / PN:	31-0847969 / 002
Plan Sponsor:	Xtek, Inc.
Valuation Date:	July 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was effective January 1, 2008.

Covered employees	All salaried employees of a covered unit, hired before January 1, 2004.
Participation date	The January 1 or July 1 following the date a covered employee attains age 21 and completes one year of service.

Definitions

Vesting service	Elapsed time, completed in years and months, between date of employment and severance from service.
Pension service	Equal to the sum of credited service under the prior plan plus service in years from the later of the effective date of the plan or employment, but not including service during a period of severance.
Pensionable pay	W-2 earnings plus Section 125 and 401(k) deferrals.
Average earnings	The average of the highest five consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date
Covered compensation	The average of the Taxable Wage Bases for the 35-year period ending with the year a participant attains Social Security retirement age. For any plan year, it is assumed that the Taxable Wage Base in effect for the plan year will remain the same for all future years.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65.
Monthly pension benefit	As of NRD, one-twelfth of (a), reduced by (b), (c), and (d), as applicable: a. 0.75% of average earnings plus 0.75% of average earnings in excess of Covered Compensation, all multiplied by Credited Service. b. Company-derived accrued benefit as defined in the prior plan. c. The annualized value of the member's share in any surplus assets attributable to their contributions under the prior plan. d. Any accruals earned after August 1, 1986, to the extent that they are equal to the annualized value of the participant's ESOP balance.

Note: If eligible for grandfathered benefit, see definition for benefits payable at NRD.

Plan Name:	Xtek, Inc. Defined Benefit Pension Plan
EIN / PN:	31-0847969 / 002
Plan Sponsor:	Xtek, Inc.
Valuation Date:	July 1, 2014

SCHEDULE SB ATTACHMENTS

Grandfathered benefit	The larger of the benefit produced by the Monthly pension benefit formulas or, 1.4% of pensionable pay multiplied by 1.06 for each year of service, reduced by the annualized value of the member's share in any surplus assets attributable to their contributions under the prior plan.
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Eligibility for Benefits

Grandfathered benefit	Employee who was a member of the prior plan before January 1, 1980, and had attained age 55 on or before the effective date of the plan.
Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.
Postponed retirement	Retirement after NRD.
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	Disabled before NRD, unable to perform regular duties, and with consent of the Company.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits.

Plan Name: Xtek, Inc. Defined Benefit Pension Plan
EIN / PN: 31-0847969 / 002
Plan Sponsor: Xtek, Inc.
Valuation Date: July 1, 2014

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	Monthly pension benefit determined as of early retirement date, actuarially reduced for each year of payment before age 63.
Postponed retirement	Monthly pension benefit determined as of actual retirement date.
Vested termination	Monthly pension benefit determined as of termination date, actuarially reduced for each year of payment before age 63.
Disablement	The actuarial equivalent of the monthly pension benefit as of the date of disability, or the unreduced monthly pension benefit payable at age 63.
Preretirement death	Monthly pension benefit determined as follows: a. If single, a 60-month certain benefit equal to the benefit the member would have received had they retired before death. b. If married and eligible for early retirement, 66-2/3% of the monthly pension benefit as of the date of death, reduced for 66-2/3% joint and survivor election and reduced for payment as early as the participant's 55th birthday. c. If married and vested and not yet eligible for early retirement, 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

Other Plan Provisions

Forms of payment	Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid in the form of a life annuity with 5 years certain if the participant has no spouse as of the date payments begin, or if the participant so elects. Optional forms are a straight life annuity, a 50%, 66-2/3%, or a 100% joint and survivor annuity, a 10-year certain and life annuity, a level income annuity, or (for married participants) a 5-year certain and life annuity.
Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Plan Name: Xtek, Inc. Defined Benefit Pension Plan
EIN / PN: 31-0847969 / 002
Plan Sponsor: Xtek, Inc.
Valuation Date: July 1, 2014

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year

Plan Name: Xtek, Inc. Defined Benefit Pension Plan
EIN / PN: 31-0847969 / 002
Plan Sponsor: Xtek, Inc.
Valuation Date: July 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of July 1, 2014

Years of Credited Service																				
Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 – 29	0		0		0		0		0		0		0		0		0		0	
30 – 34	0		0		0		2		2		0		0		0		0		0	
35 - 39	0		0		0		3		3		0		0		0		0		0	
40 - 44	0		0		0		3		6		1		0		0		0		0	
45 - 49	0		0		0		1		9		6		4		0		0		0	
50 - 54	0		0		0		3		8		10		2		5		1		0	
55 - 59	0		0		0		2		6		5		2		11		13		2	
60 - 64	0		0		0		2		2		0		1		2		3		3	
65 - 69	0		0		0		1		0		1		0		0		0		2	
70 & Over	0		0		0		0		0		0		0		0		0		0	

Plan Name: Xtek, Inc. Defined Benefit Pension Plan
EIN / PN: 31-0847969 / 002
Plan Sponsor: Xtek, Inc.
Valuation Date: July 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was effective January 1, 2008.

Covered employees	All salaried employees of a covered unit, hired before January 1, 2004.
Participation date	The January 1 or July 1 following the date a covered employee attains age 21 and completes one year of service.

Definitions

Vesting service	Elapsed time, completed in years and months, between date of employment and severance from service.
Pension service	Equal to the sum of credited service under the prior plan plus service in years from the later of the effective date of the plan or employment, but not including service during a period of severance.
Pensionable pay	W-2 earnings plus Section 125 and 401(k) deferrals.
Average earnings	The average of the highest five consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date
Covered compensation	The average of the Taxable Wage Bases for the 35-year period ending with the year a participant attains Social Security retirement age. For any plan year, it is assumed that the Taxable Wage Base in effect for the plan year will remain the same for all future years.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65.
Monthly pension benefit	As of NRD, one-twelfth of (a), reduced by (b), (c), and (d), as applicable: a. 0.75% of average earnings plus 0.75% of average earnings in excess of Covered Compensation, all multiplied by Credited Service. b. Company-derived accrued benefit as defined in the prior plan. c. The annualized value of the member's share in any surplus assets attributable to their contributions under the prior plan. d. Any accruals earned after August 1, 1986, to the extent that they are equal to the annualized value of the participant's ESOP balance.

Note: If eligible for grandfathered benefit, see definition for benefits payable at NRD.

Plan Name:	Xtek, Inc. Defined Benefit Pension Plan
EIN / PN:	31-0847969 / 002
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SCHEDULE SB ATTACHMENTS

Grandfathered benefit	The larger of the benefit produced by the Monthly pension benefit formulas or, 1.4% of pensionable pay multiplied by 1.06 for each year of service, reduced by the annualized value of the member's share in any surplus assets attributable to their contributions under the prior plan.
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Eligibility for Benefits

Grandfathered benefit	Employee who was a member of the prior plan before January 1, 1980, and had attained age 55 on or before the effective date of the plan.
Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.
Postponed retirement	Retirement after NRD.
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	Disabled before NRD, unable to perform regular duties, and with consent of the Company.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits.

Plan Name: Xtek, Inc. Defined Benefit Pension Plan
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SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	Monthly pension benefit determined as of early retirement date, actuarially reduced for each year of payment before age 63.
Postponed retirement	Monthly pension benefit determined as of actual retirement date.
Vested termination	Monthly pension benefit determined as of termination date, actuarially reduced for each year of payment before age 63.
Disablement	The actuarial equivalent of the monthly pension benefit as of the date of disability, or the unreduced monthly pension benefit payable at age 63.
Preretirement death	Monthly pension benefit determined as follows: a. If single, a 60-month certain benefit equal to the benefit the member would have received had they retired before death. b. If married and eligible for early retirement, 66-2/3% of the monthly pension benefit as of the date of death, reduced for 66-2/3% joint and survivor election and reduced for payment as early as the participant's 55th birthday. c. If married and vested and not yet eligible for early retirement, 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

Other Plan Provisions

Forms of payment	Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid in the form of a life annuity with 5 years certain if the participant has no spouse as of the date payments begin, or if the participant so elects. Optional forms are a straight life annuity, a 50%, 66-2/3%, or a 100% joint and survivor annuity, a 10-year certain and life annuity, a level income annuity, or (for married participants) a 5-year certain and life annuity.
Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Plan Name: Xtek, Inc. Defined Benefit Pension Plan
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SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year

Plan Name: Xtek, Inc. Defined Benefit Pension Plan
EIN / PN: 31-0847969 / 002
Plan Sponsor: Xtek, Inc.
Valuation Date: July 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of July 1, 2014

For each participant, an expected retirement age was calculated, weighted in proportion to the probability that the individual would remain an active participant to each age and then retire at that age.

The weighted average retirement age of 62 is calculated as follows:

Participant Age (A)	Probability Remaining at BOY (B)	Retirement Probability (C)	Expected Retirement Age (A) X (B) X (C)
55	100%	2%	1.1000
56	98%	2%	1.0976
57	96%	2%	1.0949
58	94%	2%	1.0918
59	92%	2%	1.0884
60	90%	10%	5.4235
61	81%	10%	4.9625
62	73%	20%	9.0790
63	59%	40%	14.7607
64	35%	50%	11.2462
65	18%	100%	11.4219
Weighted average retirement age			62.3665

Plan Name: Xtek, Inc. Defined Benefit Pension Plan
EIN / PN: 31-0847969 / 002
Plan Sponsor: Xtek, Inc.
Valuation Date: July 1, 2014

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

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

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

A Name of plan Xtek, Inc. Defined Benefit Pension Plan	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Xtek, Inc.	D Employer Identification Number (EIN) 31-0847969	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	4639937	
b Actuarial value	2b	4430877	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	72	3945958	3945958
b For terminated vested participants.....	50	222212	222212
c For active participants.....	127	26773	26948
d Total.....	249	4194943	4195118
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	6.27%	
6 Target normal cost.....	6	10000	

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

SIGN HERE	Lorna M Springer LMS	3/1/2016
	Signature of actuary	Date
	Lorna M Springer	1407422
	Type or print name of actuary	Most recent enrollment number
	Towers Watson Delaware Inc.	216-937-4000
	Firm name	Telephone number (including area code)
	1001 Lakeside Avenue Suite 1500 Cleveland, OH 44114	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>13.87%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.46%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	105.61%
15 Adjusted funding target attainment percentage	15	105.61%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.36%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	10000	
b Excess assets, if applicable, but not greater than line 31a	31b	10000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008	☐ 2009 ☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	