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| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div><br><br><b>This Form is Open to Public Inspection</b> |
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|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u> |                                                                                                                                                                                                                                                                                                                                                |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                       |
| <b>D</b> Check box if filing under:                                                                      | <input type="checkbox"/> Form 5558; <input checked="" type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                      |

|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
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| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                               | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST</u>                                                                                                                                                                                                                                                                               | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>12/31/2006</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>12/31/2006</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                     | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>12/31/2006</u>                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br><u>ILSCO CORPORATION</u><br><br><u>4730 MADISON ROAD</u><br><u>CINCINNATI, OH 45227</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>31-0208980</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>513-533-6265</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>335900</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>31-0208980</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>513-533-6265</u> | <b>2d</b> Business code (see instructions)<br><u>335900</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>31-0208980</u>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>513-533-6265</u>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>335900</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.

|                                                                                                 |                                                                                               |                    |                                                                                 |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature.<br>Signature of plan administrator          | 08/12/2016<br>Date | KENDRA BLESSING<br>Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                | Filed with incorrect/unrecognized electronic signature.<br>Signature of employer/plan sponsor | 08/12/2016<br>Date | JAMES VALENTINE<br>Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                | 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) |                                                                                               |                    | Preparer's telephone number                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br>ILSCO CORPORATION<br><br>4730 MADISON ROAD<br>CINCINNATI, OH 45227                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br>31-0208980                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>3c</b> Administrator's telephone number<br>513-533-6200                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name                                                                                                                                                                                           | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                         | <b>5</b> 165                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                          | <b>6a(1)</b> 165                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                               | <b>6a(2)</b> 132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                              | <b>6b</b> 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                               | <b>6c</b> 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                     | <b>6d</b> 165                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                       | <b>6e</b> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                         | <b>6f</b> 166                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                  | <b>6g</b> 166                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                     | <b>6h</b> 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                            | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2J                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a Pension Schedules</b><br>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 0

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
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| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2015                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 |                                                      |     |
| A Name of plan<br>ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST                            | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ILSCO CORPORATION                | D Employer Identification Number (EIN)<br>31-0208980 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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**(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)

USB FINANCIAL SERVICES

13-2638166

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   | 60051                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ILSCO CORPORATION

31-0208980

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

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

PNC INSTITUTIONAL INVESTMENTS

25-1211909

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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 |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
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|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST</u>                                                                                                                                                                                            | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ILSCO CORPORATION</u>                                                                                                                                                                                | <b>D</b> Employer Identification Number (EIN)<br><u>31-0208980</u>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |          | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                               |          |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                 |          |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |          |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |          |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 716378   |                       | 540430          |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |          |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                  |          |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |          |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 214785   |                       | 84771           |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>                  |          |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |          |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |          |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>               |          |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |          |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |          |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |          |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |          |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |          |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |          |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 187569   |                       | 155255          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>                  |          |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>                 |          |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |          |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |          |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                 | 43398326 |                       | 43200450        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |          |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 |          |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 44517058              | 43980906        |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 10000 | 15000 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |       |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 10000 | 15000 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 44507058 | 43965906 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 540430     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 763976     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 57534      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1361940   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 5260       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 5260      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 1405994    |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1405994   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 1309214    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 1309214   |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -3577960   |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | -3577960  |

|                                                                                                 |        | (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) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 504448    |

**Expenses**

|                                                                                      |       |        |         |
|--------------------------------------------------------------------------------------|-------|--------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |        |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 985549 |         |
| (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) |        | 985549  |
| 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) | 60051  |         |
| (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) |        | 60051   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |        | 1045600 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -541152 |
| 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: BARNES DENNIG

(2) EIN: 31-1119890

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes | No                                  | N/A | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|-----|--------|
| <b>a</b> 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.) .....                 |     | <input checked="" type="checkbox"/> |     |        |
| <b>b</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.) ..... |     | <input checked="" type="checkbox"/> |     |        |

|                                                                                                                                                                                                                               | Yes | No | N/A | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|---------|
| <b>c</b> 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  |     |         |
| <b>d</b> 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  |     |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    |     | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |     |         |
| <b>g</b> 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  |     |         |
| <b>h</b> 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  |     |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |     |         |
| <b>j</b> 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  |     |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |     |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |     |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |     |         |
| <b>n</b> 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. ....                                      |     |    |     |         |
| <b>o</b> Did the plan trust incur unrelated business taxable income? .....                                                                                                                                                    |     |    |     |         |
| <b>p</b> Were in-service distributions made during the plan year? .....                                                                                                                                                       |     |    |     |         |

**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

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

# **ILSCO Salaried Employees Profit Sharing Trust**

**Financial Statements with Supplementary Information  
Years Ended December 31, 2015 and 2014  
With Independent Auditors' Report**



## **Independent Auditors' Report**

To the Administrative Committee of the  
IlSCO Salaried Employees Profit Sharing Trust  
Cincinnati, Ohio

We have audited the accompanying financial statements of IlSCO Salaried Employees Profit Sharing Trust, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of IlSCO Salaried Employees Profit Sharing Trust as of December 31, 2015 and 2014, and the changes in net assets available for benefits for the year ended December 31, 2015 in accordance with accounting principles generally accepted in the United States of America.

## BARNES DENNIG

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### Independent Auditors' Report (Continued)

#### Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year), together referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Barnes, Dennig & Co., Ltd.*

August 4, 2016  
Cincinnati, Ohio

# ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST

## Statements of Net Assets Available for Benefits December 31, 2015 and 2014

|                                      | <u>2015</u>                 | <u>2014</u>                 |
|--------------------------------------|-----------------------------|-----------------------------|
| <b>Assets</b>                        |                             |                             |
| Investments:                         |                             |                             |
| Investments at fair value            | <u>\$ 43,285,221</u>        | <u>\$ 43,613,111</u>        |
| Receivables:                         |                             |                             |
| Employer profit sharing contribution | 540,430                     | 716,378                     |
| Notes receivable from participants   | <u>155,255</u>              | <u>187,569</u>              |
| Total receivables                    | <u>695,685</u>              | <u>903,947</u>              |
| Total assets                         | 43,980,906                  | 44,517,058                  |
| <b>Liabilities</b>                   |                             |                             |
| Accounts payable                     | <u>(15,000)</u>             | <u>(10,000)</u>             |
| Net assets available for benefits    | <u><u>\$ 43,965,906</u></u> | <u><u>\$ 44,507,058</u></u> |

The accompanying notes are an integral part of these financial statements

# ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST

## Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2015

### Additions:

#### Investment income:

|                                      |                  |
|--------------------------------------|------------------|
| Dividends                            | \$ 1,405,994     |
| Realized gain on sale of investments | <u>1,309,214</u> |

|                         |                  |
|-------------------------|------------------|
| Total investment income | <u>2,715,208</u> |
|-------------------------|------------------|

|                                                       |              |
|-------------------------------------------------------|--------------|
| Interest income on notes receivable from participants | <u>5,260</u> |
|-------------------------------------------------------|--------------|

#### Contributions:

|          |               |
|----------|---------------|
| Employer | 540,430       |
| Employee | 763,976       |
| Rollover | <u>57,534</u> |

|                     |                  |
|---------------------|------------------|
| Total contributions | <u>1,361,940</u> |
|---------------------|------------------|

|                 |                  |
|-----------------|------------------|
| Total additions | <u>4,082,408</u> |
|-----------------|------------------|

### Deductions:

|                                               |               |
|-----------------------------------------------|---------------|
| Net depreciation in fair value of investments | 3,577,960     |
| Benefit payments to participants              | 985,549       |
| Administrative fees                           | <u>60,051</u> |

|                  |                  |
|------------------|------------------|
| Total deductions | <u>4,623,560</u> |
|------------------|------------------|

|              |           |
|--------------|-----------|
| Net decrease | (541,152) |
|--------------|-----------|

### Net assets available for benefits:

|                   |                   |
|-------------------|-------------------|
| Beginning of year | <u>44,507,058</u> |
|-------------------|-------------------|

|             |                             |
|-------------|-----------------------------|
| End of year | <u><u>\$ 43,965,906</u></u> |
|-------------|-----------------------------|

The accompanying notes are an integral part of these financial statements

## **ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST**

### **Notes to Financial Statements**

#### **NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

##### ***Basis of Presentation***

The accompanying financial statements of IlSCO Salaried Employees Profit Sharing Trust have been prepared on the accrual basis.

##### ***Investment Valuation and Income Recognition***

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 depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment securities, in general, are exposed to various risks such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonable possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

##### ***Notes Receivable from Participants***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

##### ***Payment of Benefits***

Benefits are recorded when paid.

##### ***Expenses***

Certain expenses of the Plan were paid by the Company and accordingly, are not reflected in the Plan's financial statements. Certain investment related expenses are included in net depreciation in fair value of investments. Additionally, the Plan paid \$60,051 in administrative fees and adjustments for 2015.

##### ***Related Party Transactions***

Certain plan investments are in mutual fund accounts managed by The PNC Financial Services Group, Inc. (PNC), and The Vanguard Group, Inc. (Vanguard). PNC and Vanguard are the asset custodians as defined by the Plan and therefore, these transactions qualify as party-in-interest.

Several employees of the Company provide administrative services to the Plan. These services include plan oversight and day-to-day plan administration. The Plan is not charged by the Company for these services.

## **ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST**

### **Notes to Financial Statements (Continued)**

#### **NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

##### ***Accounting Changes***

In July 2015, the Financial Accounting Standards Board issued Accounting Standards Update ("ASU") 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pensions Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured by general type; however plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III is not applicable to the Plan. The ASU is effective for fiscal years beginning after December 31, 2015, with early adoption permitted. Parts I and II are to be applied retrospectively. Plan management has decided to adopt Part II early.

##### ***Management Estimates***

The preparation of financial statements in conformity with United States generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

##### ***Subsequent Event Evaluation***

In preparing its financial statements, the Plan has evaluated events subsequent to the balance sheet date through August 4, 2016, which is the date the financial statements were available to be issued.

#### **NOTE 2 DESCRIPTION OF THE PLAN**

The following description of IlSCO Salaried Employees Profit Sharing Trust provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

##### ***General***

The Plan is a defined contribution plan and is subject to the Employee Retirement Income Security Act of 1974 (ERISA). The Plan has a 401(k) option covering most salaried employees and certain hourly employees of IlSCO Corporation (the "Company") who have completed one year of service (at least 1,000 hours).

## **ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST**

### **Notes to Financial Statements (Continued)**

#### **NOTE 2 DESCRIPTION OF THE PLAN (CONTINUED)**

##### ***Contributions***

A participant may elect to contribute up to 100% of their pre-tax or post-tax earnings, not to exceed limitations established under Section 402(g) of the Internal Revenue Code of 1986 as amended (\$18,000 at December 31, 2015). The plan permits catch-up elective deferrals for participants over 50 years of age subject to Internal Revenue Code limitations. These contributions are participant-directed.

Employer contributions are made at the discretion of the Board of Directors. For 2015, the Company made contributions equal to 5.0% of eligible compensation as defined by the Plan. Until distribution, the Company contributions are invested in a diversified portfolio of investments at the direction of the Administrative Committee.

##### ***Rollover Contributions***

Participants may roll over their taxable portion of funds previously held for their account in another employee benefit plan to the Plan on a tax-free basis.

##### ***Participant Accounts***

Each participant's account is credited with the participant's contribution, Company's discretionary contribution, allocation of plan earnings and losses, and forfeitures of terminated participants' non-vested accounts. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

##### ***Vesting and Forfeitures***

Participants vest in the employer contributions at 20 percent upon completion of two full years of service (at least 1,000 hours per year) and at 20 percent per full year of service thereafter. Upon retirement, disability or death, participants receive 100 percent of the market value of their vested accounts. The Plan also provides that forfeitures of non-vested employer contributions shall be allocated to active participants in the proportion of individual to aggregate total compensation. Forfeitures that were allocated to active participants were approximately \$8,100 and \$4,000 in 2015 and 2014, respectively.

##### ***Notes Receivable from Participants***

Participants may borrow from their participant directed accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear an interest rate at 3.25 percent, which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

In conditions of "financial hardship", a participant may apply to the Plan administrator for approval to withdraw that portion of their elective deferrals necessary to meet the financial hardship, subject to the limitations of the Plan and the Internal Revenue Code.

# ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST

## Notes to Financial Statements (Continued)

### NOTE 2 DESCRIPTION OF THE PLAN (CONTINUED)

#### *Payment of Benefits*

Participants may withdraw the participant-directed balance from the Plan subject to criteria outlined in the Plan document. Upon termination of service, participants receive the vested balance of their non-participant directed employer contribution account as a lump sum payment subject to the waiting periods established by the Plan document.

### NOTE 3 NON-PARTICIPANT DIRECTED INVESTMENTS

Information about the net assets and significant components of the changes in net assets relating to the non-participant directed investments is as follows as of December 31, 2015 and 2014:

|                                         | 2015                 | 2014                 |
|-----------------------------------------|----------------------|----------------------|
| Net assets available for benefits       |                      |                      |
| Investments at fair value:              |                      |                      |
| UBS Liquid Assets Fund                  | \$ 84,771            | \$ 214,781           |
| American Mutual Funds                   | 1,156,768            | 1,187,335            |
| Europacific Growth Fund                 | 1,401,527            | 1,901,822            |
| New World Fund                          | 1,243,231            | 822,726              |
| Cohen & Steers Realty                   | 1,820,196            | 1,733,552            |
| Harbor International Fund               | 1,381,466            | 1,929,195            |
| LSV Small Cap Value Fund                | 1,663,846            | -                    |
| Matthews Asia Small Companies           | 1,314,939            | 951,629              |
| Royce Opportunity Fund                  | 1,738,084            | 2,008,480            |
| T Rowe Price New America Growth Fund    | 1,608,627            | 1,478,526            |
| Vanguard PRIMECAP Core                  | 1,710,707            | 1,694,721            |
| Vanguard Total Stock Market Index Fund  | 1,202,645            | 1,198,002            |
| Vanguard Selected Value Fund            | 1,840,635            | 1,913,400            |
| Victory Sycamore Established Value Fund | 808,632              | -                    |
| Vanguard Windsor II Fund                | 1,104,764            | 1,140,579            |
| Vanguard Mid Cap Index Fund Admiral     | 834,538              | 1,748,572            |
| Vanguard Short Term Investment Fund     | 5,463,963            | 4,713,323            |
| Vanguard GNMA Fund                      | 1,774,708            | 2,379,779            |
| Vanguard Intermediate Term Fund         | 3,456,221            | 3,400,837            |
| Artisan Mid Cap Value Fund              | -                    | 1,810,923            |
|                                         | 31,610,268           | 32,228,182           |
| Receivables:                            |                      |                      |
| Company contributions                   | 540,430              | 716,378              |
| Liabilities - accounts payable          | (15,000)             | (10,000)             |
| Net assets available for benefits       | <u>\$ 32,135,698</u> | <u>\$ 32,934,560</u> |

## ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST

### Notes to Financial Statements (Continued)

#### NOTE 3 NON-PARTICIPANT DIRECTED INVESTMENTS (CONTINUED)

|                                           | <u>2015</u>         |
|-------------------------------------------|---------------------|
| Change in net assets:                     |                     |
| Investment loss, net unrealized           |                     |
| depreciation in fair value of investments |                     |
| and realized gain on sale of investments  | \$ (552,244)        |
| Company contributions                     | 540,430             |
| Benefits paid to participants and         |                     |
| administrative expenses                   | <u>(787,048)</u>    |
| Net decrease for the year                 | <u>\$ (798,862)</u> |

#### NOTE 4 FAIR VALUE MEASUREMENTS

Applicable generally accepted accounting principles (GAAP) for fair value measurements and disclosures establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under applicable GAAP accounting for fair value measurements and disclosures 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's 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.

# ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST

## Notes to Financial Statements (Continued)

### NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

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

*Mutual funds:* Value at the net asset value ("NAV") of shares held by the plan at year end,

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 approaches or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

#### ***Assets and Liabilities Measured at Fair Value on a Recurring Basis***

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

| Description       | 12/31/2015           | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
|-------------------|----------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
| <b>Net Assets</b> |                      |                                                                               |                                                           |                                                    |
| Investments       | \$ 42,396,263        | \$ 42,396,263                                                                 | \$ -                                                      | \$ -                                               |
| Money market      | 888,958              | -                                                                             | 888,958                                                   | -                                                  |
| Total net assets  | <u>\$ 43,285,221</u> | <u>\$ 42,396,263</u>                                                          | <u>\$ 888,958</u>                                         | <u>\$ -</u>                                        |

| Description       | 12/31/2014           | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
|-------------------|----------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
| <b>Net Assets</b> |                      |                                                                               |                                                           |                                                    |
| Investments       | \$ 42,836,856        | \$ 42,836,856                                                                 | \$ -                                                      | \$ -                                               |
| Money market      | 776,255              | -                                                                             | 776,255                                                   | -                                                  |
| Total net assets  | <u>\$ 43,613,111</u> | <u>\$ 42,836,856</u>                                                          | <u>\$ 776,255</u>                                         | <u>\$ -</u>                                        |

## **ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST**

### **Notes to Financial Statements (Continued)**

#### **NOTE 5 PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

#### **NOTE 6 TAX STATUS**

The Plan obtained its latest determination letter dated May 28, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, the accompanying financial statements do not include a provision for federal income taxes. Furthermore, the Plan has been amended since receiving the determination letter. Both the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, they believe that the Plan was qualified and the related Plan was tax-exempt as of the financial statement date.

# ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2015

Schedule H (Form 5500)  
EIN 31-0208980  
Plan Number – 001

| Column A | Column B                                          | Column C                     | Column D            | Column E      | Column F         |
|----------|---------------------------------------------------|------------------------------|---------------------|---------------|------------------|
|          | Identity of issuer, borrower<br>of similar entity | Description<br>of Investment | Principle/<br>Share | Cost          | Current<br>Value |
| *        | BlackRock Money Market                            | Mutual Funds                 | 567,119             | \$ 825,516    | \$ 888,958       |
| *        | UBS Liquid Assets Fund                            | Mutual Funds                 | 96,558              | 84,771        | 84,771           |
|          | American Balanced Fund                            | Mutual Funds                 | 26,726              | 542,915       | 636,880          |
|          | American Century Equity Growth Fund               | Mutual Funds                 | 15,984              | 427,112       | 434,592          |
|          | Cohen & Steers Realty                             | Mutual Funds                 | 25,811              | 1,760,001     | 1,820,196        |
|          | American Mutual Fund                              | Mutual Funds                 | 34,173              | 865,602       | 1,156,768        |
|          | American New World Fund                           | Mutual Funds                 | 24,880              | 1,219,041     | 1,243,231        |
|          | Artisan Mid Cap Value Fund                        | Mutual Funds                 | 57,041              | 1,219,351     | 1,069,525        |
|          | Baron Small Cap Fund                              | Mutual Funds                 | 31,397              | 862,978       | 885,075          |
| *        | BlackRock GNMA Fund                               | Mutual Funds                 | 52,094              | 523,827       | 511,565          |
| *        | Blackrock S&P 500 Stock                           | Mutual Funds                 | 1,200               | 247,406       | 293,485          |
|          | Europacific Growth Fund                           | Mutual Funds                 | 52,666              | 2,027,745     | 2,387,906        |
|          | Federated Intermediate Fund                       | Mutual Funds                 | 40,827              | 402,586       | 373,568          |
|          | Vanguard Total Stock Market Index Fund            | Mutual Funds                 | 23,679              | 823,300       | 1,202,645        |
|          | Harbor International Fund                         | Mutual Funds                 | 23,245              | 275,876       | 1,381,466        |
|          | Janus Enterprise Fund                             | Mutual Funds                 | 14,617              | 985,867       | 1,232,192        |
|          | Janus Overseas Fund                               | Mutual Funds                 | 22,629              | 798,832       | 622,978          |
|          | LSV Small Cap Value Fund                          | Mutual Funds                 | 137,622             | 1,798,429     | 1,663,846        |
|          | Matthews Asia Small Companies Fund                | Mutual Funds                 | 67,745              | 1,265,076     | 1,314,939        |
|          | MFS MA Investors Growth Fund                      | Mutual Funds                 | 32,890              | 608,792       | 750,224          |
|          | Royce Opportunity Fund                            | Mutual Funds                 | 161,833             | 1,552,205     | 1,738,084        |
|          | Royce Premier Fund                                | Mutual Funds                 | 45,607              | 808,132       | 650,161          |
|          | T Rowe Price New America Growth Fund              | Mutual Funds                 | 38,337              | 1,297,104     | 1,608,627        |
| *        | Vanguard GNMA Fund                                | Mutual Funds                 | 166,483             | 1,582,660     | 1,774,708        |
|          | Vanguard Intermediate Term Fund                   | Mutual Funds                 | 358,529             | 1,445,241     | 3,456,221        |
|          | Vanguard Mid Cap IndexFund Admiral                | Mutual Funds                 | 5,611               | 854,611       | 834,538          |
|          | Vanguard PRIMECAP Core                            | Mutual Funds                 | 82,167              | 325,900       | 1,710,707        |
|          | Vanguard Selected Value Fund                      | Mutual Funds                 | 71,204              | 513,428       | 1,840,635        |
|          | Vanguard Windsor II Fund                          | Mutual Funds                 | 18,586              | 312,752       | 1,104,764        |
|          | Vanguard Short Term Investment Bond               | Mutual Funds                 | 4,928               | 52,629        | 52,037           |
|          | Vanguard Short Term Investment Fund               | Mutual Funds                 | 517,421             | 5,532,685     | 5,463,963        |
|          | Victory Sycamore Established Value Fund           | Mutual Funds                 | 26,582              | 930,964       | 808,632          |
|          | Washington Mutual Investors Fund                  | Mutual Funds                 | 59,504              | 1,906,342     | 2,287,334        |
| *        | Participant Loans                                 | 3.25%                        | -                   | -             | 155,255          |
|          | Total                                             |                              |                     | \$ 34,679,676 | \$ 43,440,476    |

\* Denotes Party-In-Interest

See independent auditors' report

# ILSCO SALARIED EMPLOYEES PROFIT SHARING TRUST

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2015

Schedule H (Form 5500)  
EIN 31-0208980  
Plan Number – 001

| Column A | Column B                                          | Column C                     | Column D            | Column E             | Column F             |
|----------|---------------------------------------------------|------------------------------|---------------------|----------------------|----------------------|
|          | Identity of issuer, borrower<br>of similar entity | Description<br>of Investment | Principle/<br>Share | Cost                 | Current<br>Value     |
| *        | BlackRock Money Market                            | Mutual Funds                 | 567,119             | \$ 825,516           | \$ 888,958           |
| *        | UBS Liquid Assets Fund                            | Mutual Funds                 | 96,558              | 84,771               | 84,771               |
|          | American Balanced Fund                            | Mutual Funds                 | 26,726              | 542,915              | 636,880              |
|          | American Century Equity Growth Fund               | Mutual Funds                 | 15,984              | 427,112              | 434,592              |
|          | Cohen & Steers Realty                             | Mutual Funds                 | 25,811              | 1,760,001            | 1,820,196            |
|          | American Mutual Fund                              | Mutual Funds                 | 34,173              | 865,602              | 1,156,768            |
|          | American New World Fund                           | Mutual Funds                 | 24,880              | 1,219,041            | 1,243,231            |
|          | Artisan Mid Cap Value Fund                        | Mutual Funds                 | 57,041              | 1,219,351            | 1,069,525            |
|          | Baron Small Cap Fund                              | Mutual Funds                 | 31,397              | 862,978              | 885,075              |
| *        | BlackRock GNMA Fund                               | Mutual Funds                 | 52,094              | 523,827              | 511,565              |
| *        | Blackrock S&P 500 Stock                           | Mutual Funds                 | 1,200               | 247,406              | 293,485              |
|          | Europacific Growth Fund                           | Mutual Funds                 | 52,666              | 2,027,745            | 2,387,906            |
|          | Federated Intermediate Fund                       | Mutual Funds                 | 40,827              | 402,586              | 373,568              |
|          | Vanguard Total Stock Market Index Fund            | Mutual Funds                 | 23,679              | 823,300              | 1,202,645            |
|          | Harbor International Fund                         | Mutual Funds                 | 23,245              | 275,876              | 1,381,466            |
|          | Janus Enterprise Fund                             | Mutual Funds                 | 14,617              | 985,867              | 1,232,192            |
|          | Janus Overseas Fund                               | Mutual Funds                 | 22,629              | 798,832              | 622,978              |
|          | LSV Small Cap Value Fund                          | Mutual Funds                 | 137,622             | 1,798,429            | 1,663,846            |
|          | Matthews Asia Small Companies Fund                | Mutual Funds                 | 67,745              | 1,265,076            | 1,314,939            |
|          | MFS MA Investors Growth Fund                      | Mutual Funds                 | 32,890              | 608,792              | 750,224              |
|          | Royce Opportunity Fund                            | Mutual Funds                 | 161,833             | 1,552,205            | 1,738,084            |
|          | Royce Premier Fund                                | Mutual Funds                 | 45,607              | 808,132              | 650,161              |
|          | T Rowe Price New America Growth Fund              | Mutual Funds                 | 38,337              | 1,297,104            | 1,608,627            |
| *        | Vanguard GNMA Fund                                | Mutual Funds                 | 166,483             | 1,582,660            | 1,774,708            |
|          | Vanguard Intermediate Term Fund                   | Mutual Funds                 | 358,529             | 1,445,241            | 3,456,221            |
|          | Vanguard Mid Cap IndexFund Admiral                | Mutual Funds                 | 5,611               | 854,611              | 834,538              |
|          | Vanguard PRIMECAP Core                            | Mutual Funds                 | 82,167              | 325,900              | 1,710,707            |
|          | Vanguard Selected Value Fund                      | Mutual Funds                 | 71,204              | 513,428              | 1,840,635            |
|          | Vanguard Windsor II Fund                          | Mutual Funds                 | 18,586              | 312,752              | 1,104,764            |
|          | Vanguard Short Term Investment Bond               | Mutual Funds                 | 4,928               | 52,629               | 52,037               |
|          | Vanguard Short Term Investment Fund               | Mutual Funds                 | 517,421             | 5,532,685            | 5,463,963            |
|          | Victory Sycamore Established Value Fund           | Mutual Funds                 | 26,582              | 930,964              | 808,632              |
|          | Washington Mutual Investors Fund                  | Mutual Funds                 | 59,504              | 1,906,342            | 2,287,334            |
| *        | Participant Loans                                 | 3.25%                        | -                   | -                    | 155,255              |
|          |                                                   | Total                        |                     | <u>\$ 34,679,676</u> | <u>\$ 43,440,476</u> |

\* Denotes Party-In-Interest

See independent auditors' report