

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>12/01/2014</u> and ending <u>11/30/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>ESG HOLDINGS, LLC PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1967</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1967</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1967</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ESG HOLDINGS, LLC</u> <u>330 E. KILBOURN AVENUE, SUITE 1400</u> <u>MILWAUKEE, WI 53202</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>38-3926387</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>414-223-1560</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>316110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>38-3926387</u>	2c Plan Sponsor's telephone number <u>414-223-1560</u>	2d Business code (see instructions) <u>316110</u>	
2b Employer Identification Number (EIN) <u>38-3926387</u>					
2c Plan Sponsor's telephone number <u>414-223-1560</u>					
2d Business code (see instructions) <u>316110</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/14/2016	BRUCE BETTERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/14/2016	TODD J. FLUNKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 2601
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 217
a(2) Total number of active participants at the end of the plan year	6a(2) 67
b Retired or separated participants receiving benefits	6b 750
c Other retired or separated participants entitled to future benefits.....	6c 1628
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2445
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 122
f Total. Add lines 6d and 6e	6f 2567
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015		
A Name of plan ESG HOLDINGS, LLC PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ESG HOLDINGS, LLC	D Employer Identification Number (EIN) 38-3926387	

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

(a) Name of insurance carrier AXA EQUITABLE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	Q5256	0	12/01/2014	11/30/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.	
(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid			

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 125497**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 125497**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 125497**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 125497

▶ TRANSFERRED TO ANOTHER PROVIDER

(5) Total deductions **7e(5)** 125497**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan ESG HOLDINGS, LLC PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ESG HOLDINGS, LLC	D Employer Identification Number (EIN) 38-3926387
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 12 Day 01 Year 2014			
2	Assets:			
	a Market value	2a	101987065	
	b Actuarial value	2b	101987065	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	805	40443945	40443945
	b For terminated vested participants	1579	40790570	40790570
	c For active participants	217	6549945	6549969
	d Total	2601	87784460	87784484
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.55%	
6	Target normal cost	6	0	

Statement by Enrolled Actuary

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

SIGN HERE		09/09/2016
	Signature of actuary	Date
TIMOTHY J. HERMAN	Type or print name of actuary	14-05628
		Most recent enrollment number
MILLIMAN, INC.	Firm name	262-796-3318
		Telephone number (including area code)
15800 WEST BLUEMOUND RD SUITE 100 BROOKFIELD, WI 53005	Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____%	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		7420214
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.38</u> %		473410
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		7893624
d Portion of (c) to be added to prefunding balance		7893624
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7893624

Part III Funding Percentages		
14 Funding target attainment percentage	14	107.18 %
15 Adjusted funding target attainment percentage	15	116.17 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.62 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/16/2016	14000000				
Totals ►			18(b)	14000000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	12965158
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	12965158	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	12965158	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015	
A Name of plan ESG HOLDINGS, LLC PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ESG HOLDINGS, LLC	D Employer Identification Number (EIN) 38-3926387

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

06-1271230

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

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

INCOME RESEARCH AND MANAGEMENT

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT MGR	26401	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRANDYWINE GLOBAL INVESTMENT MGMT

51-0412248

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT MGR	18710	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PIONEER INSTITUTIONAL ASSET MGMT

43-2095408

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 27 28 51	INVESTMENT MGR	15104	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HENDERSON GENEVA CAPITAL MANAGEMENT

06-1217855

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	INVESTMENT MGR	4286	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015

A Name of plan <u>ESG HOLDINGS, LLC PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ESG HOLDINGS, LLC</u>	D Employer Identification Number (EIN) <u>38-3926387</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: BRANDYWINE GLOBAL INVESTMENT MGMT

b Name of sponsor of entity listed in (a): BRANDYWINE GLOBAL INVESTMENT MANAGEMENT, LLC

c EIN-PN <u>51-0412248-017</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3724679</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER MULTIPLE INVESTMENT TRUST

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN <u>26-1933300-040</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3993631</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>12/01/2014</u> and ending <u>11/30/2015</u>		
A Name of plan <u>ESG HOLDINGS, LLC PENSION PLAN</u>		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ESG HOLDINGS, LLC</u>		D Employer Identification Number (EIN) <u>38-3926387</u>

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	8000000	14000000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	6	888
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	408047	938482
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	0	1880898
(5) Partnership/joint venture interests	1c(5)	38296292	33878441
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	3993631
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	3724679
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	55263599	50390985
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	125497	0
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	102093441	108808004

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	102093441	108808004
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	14000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		14000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	193	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		193
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	3080	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	668028	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		671108
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	24320998	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	24297206	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		23792
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-46831	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-46831

		(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)		-3220354
c Other income.....	2c		-80843
d Total income. Add all income amounts in column (b) and enter total.....	2d		11347065

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4566237	
(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)		4566237
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)	19390	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	45111	
(4) Other.....	2i(4)	1764	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		66265
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4632502

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		6714563
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: **BAKER TILLY, LLP**

(2) EIN: **39-0859910**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015

A Name of plan <u>ESG HOLDINGS, LLC PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ESG HOLDINGS, LLC</u>	D Employer Identification Number (EIN) <u>38-3926387</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>41-6271370</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>18</u>

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 55% Investment-Grade Debt: 11% High-Yield Debt: 0% Real Estate: 0% Other: 34%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

ESG HOLDINGS, LLC PENSION PLAN

Milwaukee, Wisconsin

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION
Including Independent Auditors' Report

As of and for the Years Ended November 30, 2015 and 2014

ESG HOLDINGS, LLC PENSION PLAN

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Supplemental Information

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Note: Supplemental schedules required by the Employee Retirement Income Security Act of 1974 not included as part of these statements are not applicable to the ESG Holdings, LLC Pension Plan.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrative Committee and Participants
ESG Holdings, LLC Pension Plan
Milwaukee, Wisconsin

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the ESG Holdings, LLC Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of November 30, 2015 and 2014, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of November 30, 2014, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information referenced in Note 8, which was certified by U.S. Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee, as of and for the years ended November 30, 2015 and 2014 that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements as a whole.

Other Matters - Supplemental Information

The supplemental schedules as defined in the table of contents, as of November 30, 2015 are required by the DOL's Rules and Regulations for Reporting and Disclosures under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, has been audited by us in accordance with U.S. GAAS and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Baker Tilly Unchou Krause, LLP

Milwaukee, Wisconsin
September 12, 2016

ESG HOLDINGS, LLC PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of November 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets		
Investments, at fair value		
Money market funds	\$ 938,482	\$ 408,047
Partnership interests	41,596,751	38,296,292
Mutual funds	50,390,985	55,263,599
Common stocks	1,880,898	-
Cash value of insurance contracts	-	125,497
Total Investments	<u>94,807,116</u>	<u>94,093,435</u>
Receivable		
Company contribution receivable	14,000,000	8,000,000
Accrued income	888	6
Total Receivables	<u>14,000,888</u>	<u>8,000,006</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$108,808,004</u>	 <u>\$102,093,441</u>

See accompanying notes to financial statements.

ESG HOLDINGS, LLC PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Years Ended November 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ -	\$ 7,291,935
Interest and dividends	671,301	894,869
Other loss	<u>(80,843)</u>	<u>(21,307)</u>
Investment income	<u>590,458</u>	<u>8,165,497</u>
Company contributions	<u>14,000,000</u>	<u>8,000,000</u>
Total Additions	<u>14,590,458</u>	<u>16,165,497</u>
DEDUCTIONS		
Net depreciation in fair value of investments	3,243,393	-
Benefits paid to participants	4,566,237	4,076,828
Administrative expenses	<u>66,265</u>	<u>37,174</u>
Total Deductions	<u>7,875,895</u>	<u>4,114,002</u>
Net Increase	6,714,563	12,051,495
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>102,093,441</u>	<u>90,041,946</u>
End of year	<u>\$108,808,004</u>	<u>\$102,093,441</u>

See accompanying notes to financial statements.

ESG HOLDINGS, LLC PENSION PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS As of November 30, 2014

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Vested benefits

Retired participants

\$ 41,497,364

Terminated vested participants

42,122,204

Active participants

6,761,821

90,381,389

Nonvested benefits

651,694

TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

\$ 91,033,083

See accompanying notes to financial statements.

ESG HOLDINGS, LLC PENSION PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS For the Year Ended November 30, 2014

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	<u>\$ 88,995,833</u>
INCREASE (DECREASE) DURING YEAR ATTRIBUTABLE TO	
Actuarial loss	313,382
Decrease in discount period	5,518,748
Benefits paid	(4,076,828)
Change of assumptions	<u>281,948</u>
Net Increase	<u>2,037,250</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$ 91,033,083</u>

See accompanying notes to financial statements.

ESG HOLDINGS, LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
As of and for the Years Ended November 30, 2015 and 2014

NOTE 1 - Description of the Plan

The following description of the ESG Holdings, LLC Pension Plan (the "Plan") provides only general information. Participants should refer to the plan documents for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan established by ESG Holdings, LLC (the "Company") and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Effective May 31, 2014, there was a change in sponsorship of the Plan from Everett Smith Group, Ltd. to ESG Holdings, LLC.

On December 31, 2008, the Company amended the Plan Part A (covering non-bargaining employees of Everett Smith Group, Ltd. and participating subsidiaries) and Part D (covering hourly employees of Trostel, Ltd.) to "freeze" the Plan effective January 1, 2009. On April 29, 2009 Everett Smith Group amended Part F of the Plan (covering bargaining employees of the Maysteel Allenton plant) to "freeze" the Plan effective May 8, 2009, such that no employees would become participants, and no participants would earn Benefit Service on or after these dates. Prior to the dates mentioned above, all employees who had completed at least one year of service with the Company, as defined in the Plan, and were age 21 or older were eligible to participate. Certain exceptions applied to those who were participants in any of the plans that merged into the Plan.

Administration

A plan committee, comprised of three members appointed by the Chief Executive Officer of the Company, is responsible for administration of the Plan.

Contribution Policy and Funding

The Company has voluntarily agreed to make contributions to the Plan sufficient to provide the Plan with assets to pay pension benefits to plan participants. No voluntary employee contributions are permitted. Sponsor contributions are based on actuarial estimates of current year cost, adjusted for interest, plus an amount for amortization of prior service costs over a period of 30 years, and equal or exceed the minimum requirements of ERISA. The Plan is in compliance with those requirements for the years ended November 30, 2015 and 2014.

Pension Benefits

Plan members with five or more years of vesting service credit attaining the retirement age of 65 may receive benefits determined in accordance with plan provisions in effect at date of retirement. Plan members who have attained the required amount of vesting service may elect early retirement prior to reaching age 65. Benefits under the frozen plan are vested and may include a provision for disability benefits.

Effective July 1, 2016 the plan passed an amendment to provide for a special lump sum offering to eligible Plan participants. If the participant meets specified requirements, they may elect to receive either a single sum payment distributed in November 2016 in full satisfaction of all benefits to which the participant is entitled under the Plan, or an immediate monthly annuity, both of which are calculated on the basis of a November 1, 2016 Annuity Starting Date.

ESG HOLDINGS, LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS As of and for the Years Ended November 30, 2015 and 2014

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The accompanying financial statements have been prepared on the accrual basis of accounting. The preparation of financial statements in conformity with accounting principles generally accepted in the United States ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Company pays the majority of the Plan's administrative expenses. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statement of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net depreciation of fair value of investments presented in the accompanying Statement of Changes in Net Assets Available for Benefits.

Investment Valuation and Income Recognition

The Plan's 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. The Plan's Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See Note 3 for discussion of fair value measurements.

Net appreciation or depreciation of investments included in the accompanying statements of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. Because unrealized gains and losses are recognized annually, the net realized gains or losses on the sale of investments represents the difference between the sale proceeds and the fair value at the beginning of the year or the original cost of the investment if purchased during the year.

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 gains and losses on investments bought and sold as well as held during the year.

ESG HOLDINGS, LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Years Ended November 30, 2015 and 2014

NOTE 2 - Summary of Significant Accounting Policies (cont.)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits represent the estimated future periodic payments, including lump-sum distributions, under the Plan's provisions that are attributable to services rendered by the employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the independent actuary, Milliman ("actuary"), and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawals, or retirement) between the valuation date and the expected date of payment. All of the remaining groups of plan participants have had their benefits frozen.

The actuarial calculations as of November 30, 2015 were not yet completed for the Plan and, therefore; (consistent with prior years) the accompanying financial statements utilize the calculations as of November 30, 2014.

The significant actuarial assumptions used in the valuation as of November 30, 2014 and 2013 are (a) discount rate 6.75% (b) normal retirement age of 65 years (c) Retirement Plans-2014 mortality tables for males and females, and (d) asset valuation method "market value" method. The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

New Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. ASU 2015-07 removes the requirement to include investments in the fair value hierarchy for which fair value is measured using the net asset value ("NAV") practical expedient in Accounting Standards Codification 820. ASU 2015-07 requires retrospective application and is effective for fiscal years beginning after December 15, 2016 with early adoption permitted. Management has elected to early adopt the provisions of this new standard. Accordingly, the standard was retrospectively applied.

ESG HOLDINGS, LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS As of and for the Years Ended November 30, 2015 and 2014

NOTE 2 - Summary of Significant Accounting Policies (cont.)

New Accounting Pronouncements (cont.)

In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965) - I. Fully Benefit-Responsive Investment Contracts; II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient*. Part I requires fully-benefit responsive investment contracts to be measured, presented, and disclosed only at contract value. Part II requires that investments that are measured using fair value (both participant-directed and nonparticipant-directed investments) be grouped only by general type, eliminating the need to disaggregate the investments by nature, characteristics, and risks. Part II also eliminates the disclosure of individual investments that represent 5 percent or more of net assets available for benefits and the disclosure of net appreciation or depreciation for investments by general type, requiring only presentation of net appreciation or depreciation in investments in the aggregate. Additionally, if an investment is measured using the NAV per share as a practical expedient and that investment is a fund that files a U.S. DOL Form 5500, as a direct filing entity, disclosure of that investment's strategy is no longer required. Parts I and III are not applicable to the Plan. The amendments in ASU 2015-12 are effective for fiscal years beginning after December 15, 2015, with early application permitted. The amendments within Part II require retrospective application. Management has elected to early adopt the provisions of Part II of this new standard. Accordingly, these provisions were retrospectively applied.

NOTE 3 - Fair Value of Financial Instruments

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

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
 - ◆ 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.

ESG HOLDINGS, LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS As of and for the Years Ended November 30, 2015 and 2014

NOTE 3 - Fair Value of Financial Instruments (cont.)

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.

The following is a description of the valuation methodologies used for the Plan's investments measured at fair value. There have been no changes in the methodologies used at November 30, 2015 and 2014.

Money market funds: Valued at the quoted NAV of shares held by the Plan at year end.

Partnership interests: Valued at estimated fair value, as determined by the respective general partners of each partnership, based on the NAV of the investment units held by the Plan at year-end, which is subject to judgment. These values are not publicly traded.

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

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded for shares held by the Plan at year end.

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

	November 30, 2015			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 938,482	\$ -	\$ -	\$ 938,482
Mutual funds	50,390,985	-	-	50,390,985
Common stocks	<u>1,880,898</u>	-	-	<u>1,880,898</u>
Total assets in the fair value hierarchy	<u>\$ 53,210,365</u>	<u>\$ -</u>	<u>\$ -</u>	53,210,365
Investments measured at net asset value (a)				<u>41,596,751</u>
Investments at fair value				<u>\$ 94,807,116</u>

ESG HOLDINGS, LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS As of and for the Years Ended November 30, 2015 and 2014

NOTE 3 - Fair Value of Financial Instruments (cont.)

	November 30, 2014			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 408,047	\$ -	\$ -	\$ 408,047
Mutual funds	55,263,599	-	-	55,263,599
Insurance contracts	-	-	125,497	125,497
Total assets in the fair value hierarchy	<u>\$55,671,646</u>	<u>\$ -</u>	<u>\$ 125,497</u>	55,797,143
Investments measured at net asset value (a)				<u>38,296,292</u>
Investments at fair value				<u>\$ 94,093,435</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statement of Net Assets Available for Benefits

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ending November 30, 2015 and 2014:

	Insurance Contracts
Balances, November 30, 2013	\$ 125,497
Purchases and sales, net	-
Realized gains (losses)	-
Unrealized gains (losses)	-
Other income (loss)	-
Balances, November 30, 2014	125,497
Purchases and sales, net	(128,900)
Realized gains (losses)	1,359
Unrealized gains (losses)	-
Other income (loss)	<u>2,044</u>
Balances, November 30, 2015	<u>\$ -</u>

ESG HOLDINGS, LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS As of and for the Years Ended November 30, 2015 and 2014

NOTE 3 - Fair Value of Financial Instruments (cont.)

The following table summarizes investments measures at fair value based on NAV per share as of November 30, 2015 and 2014, respectively:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
<u>November 30, 2015</u>				
Gmo Forestry Fund 7 B L P	\$ 890,485	None	LP - Illiquid	N/A
Weatherlow Offshore Fund II	9,844,897	None	Quarterly	65 days
Brandywine Global Opp Fixed Income	3,724,679	None	Daily	5 days
Ir&m Core Bond Fund	9,264,647	None	Daily	5 days
Pioneer Multi-Sector Fixed Income	3,993,631	None	Daily	5 days
Berens Global Value Fund	3,095,947	None	Annually	90 days
White Elm Capital Offshore	2,127,329	None	Quarterly	60 days
Jet Capital Concentrated Offshore Fund	1,757,352	None	Monthly	30 days
Aew Core Property Trust, Inc.	4,854,464	None	Quarterly	45 days
Cevian Capital II Class C-1	2,043,320	None	Quarterly*	90 days
<u>November 30, 2014</u>				
Gmo Forestry Fund 7 B L P	\$ 986,474	None	LP - Illiquid	N/A
Weatherlow Offshore Fund II	9,613,052	None	Quarterly	65 days
Brandywine Global Opp Fixed Income	5,077,951	None	Daily	5 days
Ir&m Core Bond Fund	10,157,381	None	Daily	5 days
Pioneer Multi-Sector Fixed Income	5,015,923	None	Daily	5 days
Berens Global Value Fund	3,447,172	None	Annually	90 days
White Elm Capital Offshore	2,012,209	None	Quarterly	60 days
Jet Capital Concentrated Offshore Fund	1,986,130	None	Monthly	30 days

*This fund requires a 3 year initial lock which will expire on December 30, 2017

ESG HOLDINGS, LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS As of and for the Years Ended November 30, 2015 and 2014

NOTE 4 - Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated August 2, 2013 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified, and the related trust is tax exempt.

U.S. GAAP require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5 - Plan Termination

The Company has the right to terminate the Plan at any time subject to the provisions of ERISA. The Company has insured the Plan and continuation of benefits with the Pension Benefit Guaranty Corporation ("PBGC") as required under ERISA.

In the event of termination, the plan assets will be distributed in the following manner:

- a. Retirement benefits to each participant who was receiving benefits or was eligible for such benefits as of three years prior to the termination of the Plan.
- b. Retirement benefits to participants who attained age 65 and accumulated five or more years of vesting service credit on or before the termination date.
- c. Retirement benefits to participants who attained age 55 and accumulated five or more years of vesting service credit.
- d. Retirement benefits to participants not having attained at least early retirement age but who accumulated five or more years of vesting service credit.
- e. Retirement benefits to all other participants.
- f. All distribution priorities noted above are limited to the amounts guaranteed under ERISA. After these priorities have been met, any remaining balance of assets will be distributed to participants having nonforfeitable rights in excess of the guaranteed amounts, in the order of preference indicated above.
- g. Any remaining balance is to be distributed to the Company.

If the assets under the Plan are insufficient to provide in full for the benefits in any of the above priority classes, the benefits of all participants in such class shall be reduced on a pro rata basis.

ESG HOLDINGS, LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS As of and for the Years Ended November 30, 2015 and 2014

NOTE 5 - Plan Termination (cont.)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

NOTE 6 - Related Party and Party In Interest Transactions

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

NOTE 7 - Risks and Uncertainties

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

As of November 30, 2015 and 2014, the Plan had investments of \$20,381,328 and \$20,865,811, respectively, that were concentrated in one mutual fund.

In addition, the Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

NOTE 8 - Information Certified by Trustee

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2015 and 2014. Accordingly, U.S. Bank, N.A., the trustee of the Plan has certified to the completeness and accuracy of all investments reported in the accompanying Statement of Net Assets Available for Benefits as of November 30, 2015 and 2014 and the supplemental Schedule of Assets (Held at End of Year) as of November 30, 2015, the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the years ended November 30, 2015 and 2014, and the information reported in the supplemental Schedule of Reportable Transactions for the year ended November 30, 2015.

ESG HOLDINGS, LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS As of and for the Years Ended November 30, 2015 and 2014

NOTE 9 - Subsequent Events

The Plan has evaluated subsequent events through September 12, 2016, which is the date that the Plan's financial statements were approved and available to be issued, for events requiring recording or disclosure in the Plan's financial statements.

In late 2015, the Society of Actuaries released the MP-2015 mortality improvement scale, which is an update to the MP-2014 mortality improvement scale. The MP-2015 mortality improvement scale updated the MP-2014 mortality improvement scale to reflect two additional years of United States of America population mortality improvement data which occurred at a rate generally lower than assumed in the 2014 scale. The Plan's actuary estimated the effect on the plan obligation is a reduction of approximately one percent. The Plan intends to adopt the new mortality improvement scale for the statement of accumulated plan benefits and statement of changes in accumulated plan benefits as of and for the year ended November 30, 2015.

Attachment to 2014 Schedule SB, Line 19 – Discounted Employer Contributions

ESG Holdings, LLC Pension Plan

(EIN: 38-3926387)

(PIN: 001)

DATE	CONTRIBUTION AMOUNT	VALUATION YEAR	EFFECTIVE INTEREST RATE	INTEREST- ADJUSTED CONTRIBUTION
02/16/2016	\$14,000,000	2014-2015	6.55%	\$12,965,158

Sum

\$14,000,000

\$12,965,158

ESG Holdings, LLC Pension Plan

(EIN: 38-3926387)

(PIN: 001)

Average Expected Retirement Method

Age (a)	Rate (b)	Weight (c)	Product (a) * (c)
55	3%	.03000	1.6500
56	3%	.02910	1.6296
57	3%	.02823	1.6089
58	3%	.02738	1.5881
59	3%	.02656	1.5670
60	10%	.08587	5.1524
61	10%	.07729	4.7144
62	15%	.10434	6.4688
63	10%	.05912	3.7248
64	10%	.05321	3.4055
65	100%	.47890	31.1287

Sum 62.6383

Item 6(b) 63

Appendix B

Summary of Principal Plan Provisions

Plan Sponsor

ESG Holdings, LLC

Plan Effective

December 1, 1989

Coverage and Participation

Employees who are not salespersons, compensated only on commissions, and are not covered by any other defined benefit retirement plan operated by the Company. Eligible employees who were participants of the prior plan as of November 30, 1989, became participants of this amended plan on December 1, 1989. Other eligible employees become participants when they have attained age 21 and completed a 12-month qualifying period.

Participants in the Pension Plan for Hourly Employees of Eagle Ottawa Leather Company (Part B), the Pension Plan for Hourly Employees of Eagle Tanning Company (Part C), the Trostel Specialty Elastomers Group Inc. Pension Plan (Part E), the Albert Trostel Packing, Ltd. Industrial Pension Plan (Part D), and the Maysteel Corporation Pension Plan for Non-Bargaining Employees became participants in this Plan when the plans were merged into the Plan as of December 1, 2002.

All employees at the Allenton Division Plant who are represented by District 121 of the International Association of Machinists and Aerospace Workers AFL-CIO and its Rock River Lodge No. 2053 are eligible to participate in this plan after completing the twelve-month qualifying period. Effective November 30, 2003, the Maysteel Corporation Pension Plan for Bargaining Employees of the Allenton Division (Part F) was merged into this Plan.

Employees of Part A and Part D who were not participants prior to January 1, 2009 are not eligible to enter the Plan.

Employees of Part F who were not participants prior to May 8, 2009 are not eligible to enter the Plan.

Locations providing benefits under Parts B, C, and E were closed on October 20, 2006, February 13, 2009, and December 1, 2006, respectively.

Average Monthly Compensation

The highest average monthly compensation during a period of sixty consecutive calendar months within the last one hundred and twenty calendar months. Compensation includes base salary, overtime pay and bonus, prior to any 401(k) and 125 deferrals.

Vesting Service

Part A employees:

Vesting Service equals the period of employment from date of hire, and shall include periods of severance not greater than twelve months.

Part B (Eagle Ottawa) employees:

Vesting Service is credited according to the following table:

Hours of Service in Calendar Year	Years of Vesting Service
1,000 or more	1.0
945-999	0.6
756-944	0.5
567-755	0.4
378-566	0.3
189-377	0.2
188	0.1
Less than 188	0.0

Part C (Eagle Tanning), Part D (Packing), and Part E (Specialty Elastomers) employees:

Vesting Service is credited according to the following schedule:

Hours of Service in Calendar Year	Years of Vesting Service
1,000 or more	1.0
900-999	0.5
720-899	0.4
540-719	0.3
360-539	0.2
180-359	0.1
Less than 180	0.0

Part F (Maysteel Allenton) employees:

The years of Vesting Service are equal to the sum of the years of credited service prior to March 1, 1980 plus years of Vesting Service credited after that date according to the following table:

Hours of Service in Calendar Year	Years of Vesting Service
1,000 or more	1.0000
900-999	0.5000
750-899	0.4167
600-749	0.3333
450-599	0.2500
300-449	0.1667
150-299	0.0833
Less than 150	0.0000

Benefit Service

Part A employees:

Benefit Service is calculated based on elapsed time from date of participation.

Part B (Eagle Ottawa) employees:

Benefit Service is equal to the sum of "years of credited service" prior to 1976 as defined by the Plan in effect on July 31, 1976, plus years of Benefit Service credited after 1975 according to the following table:

Hours of Service in Calendar Year	Years of Vesting Service
1,700 or more	1.0
1,512-1,699	0.9
1,323-1,511	0.8
1,134-1,322	0.7
945-1,133	0.6
756-944	0.5
567-755	0.4
378-566	0.3
189-377	0.2
188	0.1
Less than 188	0.0

Part C (Eagle Tanning), Part D (Packing), and Part E (Specialty Elastomers) employees:

Benefit Service is equal to the sum of the Benefit Service accumulated under the Albert Trostel & Sons Company Administrative Pension Plan as of July 27, 1990, plus Benefit Service credited after July 27, 1990, according to the following table:

Hours of Service in Calendar Year	Years of Vesting Service
1,800 or more	1.0
1,620-1,799	0.9
1,440-1,619	0.8
1,260-1,439	0.7
1,080-1,259	0.6
900-1,079	0.5
720-899	0.4
540-719	0.3
360-539	0.2
180-359	0.1
Less than 188	0.0

Part F (Maysteel Allenton) employees:

Benefit Service is credited for each Plan Year, before and after the Effective Date, in accordance with the following table:

Hours of Service in Calendar Year	Years of Vesting Service
1,800 or more	1.0000
1,650-1,799	0.9167
1,500-1,649	0.8333
1,350-1,499	0.7500
1,200-1,349	0.6667
1,050-1,199	0.5833
900-1,049	0.5000
750-899	0.4167
600-749	0.3333
450-599	0.2500
300-449	0.1667
150-299	0.0833
Less than 150	0.0000

Benefit service accruals were frozen for Parts A through F on January 1, 2009; October 20, 2006; February 13, 2009; January 1, 2009; December 1, 2006; and May 8, 2009, respectively.

Accrued Benefit

Part B (Eagle Ottawa) employees:

The Accrued Benefit is equal to the Monthly Benefit Rate multiplied by Benefit Service. The most current Benefit Rates are:

Effective	Benefit Rate
April 15, 1999	\$26.00
April 15, 2004	\$27.00
April 15, 2005	\$28.00

Location closed on October 20, 2006.

Part C (Eagle Tanning) employees:

The Accrued Benefit is equal to the Monthly Benefit Rate multiplied by Benefit Service up to a maximum of 30 years. The most current Benefit Rates are:

Effective	Benefit Rate
July 28, 2002	\$17.00
July 27, 2003	\$18.00
July 25, 2004	\$19.00
July 24, 2005	\$20.00
July 30, 2006	\$20.50
July 29, 2007	\$21.00
July 27, 2008	\$22.00

Location closed on February 13, 2009.

Part D (Packing), and Part E (Specialty Elastomers) employees:

The monthly Accrued Benefit is equal to \$14.00 times years of Benefit Service up to a maximum of 35 years. Benefit is frozen as of January 1, 2009.

Part F (Maysteel Allenton) employees:

The Accrued Benefit is calculated as the sum of.

1. \$35.00 times Years of Benefit Service after 3/2/2008 and before 5/7/2009
2. \$32.50 times Years of Benefit Service from 5/1/2003 through 3/1/2008
3. \$77.00 times Years of Benefit Service from 12/1/2001 through 4/30/2003
4. \$67.50 times Years of Benefit Service from 12/1/2000 through 11/30/2001
5. \$57.50 times Years of Benefit Service from 12/1/1999 through 11/30/2000
6. \$47.50 times Years of Benefit Service from 12/1/1998 through 11/30/1999
7. \$32.50 times Years of Benefit Service from 12/1/1995 through 11/30/1998
8. \$17.00 times Years of Benefit Service from 12/1/1987 through 11/30/1995
9. \$8.64 times Years of Benefit Service before 12/1/1987

Benefit is frozen as of May 8, 2009.

All other employees:

The Accrued Benefit is calculated as the sum of:

- (1) one percent of Average Monthly Compensation times years of Benefit Service up to a maximum of 35 years; and
- (2) additional benefits for individuals listed in Appendix B of the Plan Document.

Benefits are frozen as of January 1, 2009.

Normal Retirement

Normal Retirement Date:

Age 65 and 5 years of either vesting or participation service.

Benefit:

The Accrued Benefit.

Early Retirement

Eligibility:

Part B (Eagle Ottawa) employees:

Age 60 and ten years of Vesting Service.

Part C (Eagle Tanning) employees:

Age 60 and five years of Vesting Service.

Part D (Packing) employees, and Part E (Specialty Elastomers):

Age 62 and ten years of Vesting Service.

All other employees:

Age 55 and five years of Vesting Service.

Participants retiring early may receive either a reduced retirement pension payable immediately or a normal retirement pension payable at age 65.

Benefit:

Part A and Part F (Maysteel Allenton) employees:

The Accrued Benefit reduced by 1/2% for each month from age 65.

All other employees:

The Accrued Benefit reduced by 5/9% for each month from age 65.

Disability

Eligibility:

Part B (Eagle Ottawa), and Part C (Eagle Tanning) employees:

Ten years of Vesting Service

Part D (Packing), and Part E (Specialty Elastomers) employees:

No special disability benefits are payable

All other employees:

At least five years of Vesting Service

Participants who have satisfied the above requirements and who become totally and permanently disabled while employed are eligible for immediate benefits.

Benefit:

The Accrued Benefit as of the disability retirement date. For Part D (Packing) and Part E (Specialty Elastomers), no special disability benefits are payable.

Deferred Pension on Termination of Service**Eligibility:**

Five years of Vesting Service. The benefit is payable at age 65 or early retirement if an employee satisfied respective service requirement shown above.

Benefit:

The Accrued Benefit payable at age 65. Reduced benefits may commence at early retirement age.

Pre-Retirement Surviving Spouse's Pension**Eligibility:**

Five years of Vesting Service.

Benefit:

Fifty percent of the amount that would have been paid to the participant if he had terminated on the day before his death and retired on the earliest possible pension commencement date, electing the joint and 50% survivor option.

Normal Form of Payment

For married participants, a joint and 75% survivor option. The amount of benefit is equal to the actuarial equivalent of the Accrued Benefit payable in the life-only form. For other participants, Accrued Benefit payable for life.

Adjustment for Pre-Retirement Surviving Spouse's Pension**Part F (Maysteel Allenton) employees:**

Unless the participant had elected to waive the pre-retirement surviving spouse benefit, his monthly pension will be reduced by a percentage determined according to the following table for each year he is covered for that benefit:

Attained Age	Percentage Reduction	
	While Employed	After Employment Terminates
Under 34	0.00%	0.00%
35-44	0.00%	0.06%
45-54	0.00%	0.30%
55-65	0.00%	0.67%

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Appendix A

Summary of Actuarial Assumptions and Methods

A. ACTUARIAL METHODS

Actuarial Cost Method

The true cost of a pension plan will ultimately be determined by the excess of benefits actually paid and the expenses incurred in its administration over investment income earned on monies set aside for its funding. Thus, the ultimate cost of a plan cannot be known until the last payment has been made to its last participant. The actuarial cost method is the technique for establishing the amount and incidence of annual actuarial costs. The actuarial cost method determines the portion of the ultimate cost of a pension plan which should be allocated to each plan year (known as the normal cost). The cost method is thus a budgeting tool which helps to ensure that the pension plan will be adequately and systematically funded.

The actuarial cost method used in the valuation of this Plan is known as the unit credit cost method. Under this cost method the accrued retirement benefit is computed for each participant at the valuation date. Also, an accrued retirement benefit is projected for each participant at the end of the plan year assuming one more year of service and additional pay, if applicable. The Target Normal Cost for each participant is computed as the present value of the difference between the participant's projected accrued benefit at the end of the plan year and the accrued benefit on the valuation date. The Target Normal Cost for the plan is the total of the individually computed Target Normal Costs for all participants including the costs for any death or disability benefits under the plan.

The Target Liability at any point in time for an active participant is the present value of the accrued retirement benefit on the valuation date. For persons receiving benefits or entitled to a deferred vested retirement income, the Target Liability is equal to the present value of their future benefit payments. The Target Liability for the plan is the total of the individually computed Target Liability amounts for all participants. The shortfall amount for the plan is the excess of the Target Liability over the assets which have been accumulated for the plan. This shortfall amount will be liquidated over a period of seven years with fixed payments.

The funding cost of the Plan is derived by making certain specific assumptions as to rates of interest, mortality, turnover, etc., which are assumed to hold for many years into the future. Since actual experience may differ somewhat from the assumptions, the costs determined by the valuation must be regarded as estimates of the true costs of the Plan.

The Actuarial Value of Assets is equal to the market value of assets plus discounted employer contributions.

B. ACTUARIAL ASSUMPTIONS

The assumptions summarized below represent mandated or our current best estimate of future expectations under this plan. If developing experience differs significantly from those assumptions, they may be revised for subsequent valuations.

Interest Rate

- a. Valuation: 4.99% for Segment 1; 6.32% for Segment 2; 6.99% for Segment 3.
- b. FASB ASC Topic 960: 6.75% per annum net of investment expenses, compounded annually.
- c. PBGC: 1.15% for Segment 1; 4.06% for Segment 2; 5.14% for Segment 3.

Explicit Provision for Expenses

None assumed

Mortality Rates

Healthy Lives:

Valuation: 2014 PPA Annuitant Table for Post-Retirement and 2014 PPA Non-Annuitant Table for Pre-Retirement. Mortality in accordance with Revenue Ruling 96-7 for Males and Females for Disabled Lives.

FASB ASC Topic 960: RP2014 Mortality Tables for Males and Females, as appropriate, assuming mortality improvement using Projection Scale MP2014. Prior to December 1, 2014, the 2013 PPA Annuitant Table for Post-Retirement and 2013 PPA Non-Annuitant Table for Pre-Retirement.

Disability Rates

The rates at which participants in Part B (Eagle Ottawa), Part C (Eagle Tanning) and Part F (Maysteel Allenton) become disabled by age and gender are shown below.

Examples of Rates Used:

<u>Percentage Becoming Disabled during the year</u>		
<u>Age</u>	<u>Male</u>	<u>Female</u>
20	0.286%	0.429%
30	0.275%	0.413%
40	0.323%	0.485%
50	0.574%	0.861%
55	0.868%	1.302%
60	1.363%	2.045%
65 and over	0.000%	0.000%

No disability is assumed for Part A, Part D and Part E.

Withdrawal Rates

<u>Percentage leaving during the year</u>		
<u>Age</u>	<u>Male</u>	<u>Female</u>
20	14.4%	21.2%
30	4.0%	6.3%
40	1.8%	3.5%
50	0.4%	1.1%
55 and over	0.0%	0.0%

Retirement Rates

<u>Percentage retiring during the year</u>		
<u>Age</u>	<u>Male</u>	<u>Female</u>
55	3%	3%
56	3%	3%
57	3%	3%
58	3%	3%
59	3%	3%
60	10%	10%
61	10%	10%
62	15%	15%
63	10%	10%
64	10%	10%
65	100%	100%

Marriage Rates

- a. Percentage married: Males 90%
 Females 70%
- b. Age difference: Male assumed to be three years older than female

Exhibit 2

Summary of Active Participants by Age and Service

Number of Participants by Age and Service Groups

Age	Years of Vesting Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	2	-	-	-	-	-	-	-	2
30-34	-	-	3	-	-	-	-	-	-	-	3
35-39	-	-	5	6	2	1	-	-	-	-	14
40-44	-	-	3	16	14	8	1	-	-	-	42
45-49	-	-	3	8	8	14	6	-	-	-	39
50-54	-	-	7	7	12	14	8	1	-	-	49
55-59	-	-	3	9	11	8	8	-	2	-	41
60-64	-	-	3	4	2	4	1	2	1	3	20
65-69	-	-	2	1	-	3	1	-	-	-	7
70&Up	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	31	51	49	52	25	3	3	3	217

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015

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

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

A Name of plan ESG Holdings, LLC Pension Plan	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ESG Holdings, LLC	D Employer Identification Number (EIN) 38-3926387
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1	Enter the valuation date: Month <u>12</u> Day <u>1</u> Year <u>2014</u>		
2	Assets:		
	a Market value	2a	101,987,065
	b Actuarial value	2b	101,987,065
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	805	40,443,945
	b For terminated vested participants.....	1,579	40,790,570
	c For active participants.....	217	6,549,945
	d Total.....	2,601	87,784,460
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	6.55%
6	Target normal cost	6	0

Statement by Enrolled Actuary

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

SIGN HERE	Timothy J. Herman 	
	Signature of actuary	Date
	Timothy J. Herman	14-05628
	Type or print name of actuary	Most recent enrollment number
	Milliman, Inc.	(262) 796-3318
	Firm name	Telephone number (including area code)
	15800 West Bluemound Rd Suite 100 Brookfield WI 53005	
	Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2014
v. 140124

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____ %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		7420214
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.38</u> %		473410
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		7893624
d Portion of (c) to be added to prefunding balance		7893624
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7893624

Part III Funding Percentages

14 Funding target attainment percentage	14	107.18 %
15 Adjusted funding target attainment percentage	15	116.17 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.62 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/16/2016	14,000,000				
Totals ▶			18(b)	14,000,000	18(c) 0

19

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

a

Contributions allocated toward unpaid minimum required contributions from prior years.

19a

0

b

Contributions made to avoid restrictions adjusted to valuation date

19b

0

c

Contributions allocated toward minimum required contribution for current year adjusted to valuation date

19c

12,965,158

20

Quarterly contributions and liquidity shortfalls:

a

Did the plan have a "funding shortfall" for the prior year?

☐ Yes
☒ No

b

If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?

☐ Yes
☐ No

c

If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	0
b Excess assets, if applicable, but not greater than line 31a		31b	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment.....		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	12,965,158
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	12,965,158
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

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

ESG HOLDINGS, LLC PENSION PLAN

Schedule H, line 4i – Schedule of Assets (Held at End of Year)
As of November 30, 2015
Plan 001
EIN 38-3926387

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Cash And Equivalents						
Money Markets						
First Amer Prime Oblig Fund CI I 31846V732 Asset Minor Code 1 ACCOUNT 000011697877	856,331.820	856,331.82 1.0000	856,331.82	.00	11.72	0.00
First Amer Prime Oblig Fund CI I 31846V732 Asset Minor Code 1 ACCOUNT 000011697877	82,149.940	82,149.94 1.0000	82,149.94	.00	1.07	0.00
Total First Amer Prime Oblig Fund CI I	938,481.760	938,481.76	938,481.76	.00	12.79	0.00
Total Money Markets	938,481.760	938,481.76	938,481.76	.00	12.79	0.00
Total Cash And Equivalents	938,481.760	938,481.76	938,481.76	.00	12.79	0.00
Domestic Common Stocks						
Aaon Inc 000360206 Asset Minor Code 42 ACCOUNT 000011697877	760,000	18,779.60 24.7100	17,303.22	1,476.38 1,476.38	83.60	0.89
Apomed Inc 003654100 Asset Minor Code 42 ACCOUNT 000011697877	616,000	50,247.12 81.5700	41,150.53	9,096.59 9,096.59	.00	0.00
Acuity Brands Inc 00508Y102 Asset Minor Code 42 ACCOUNT 000011697877	275,000	63,492.00 230.8800	49,584.40	13,907.60 13,907.60	.00	0.22

ESG HOLDINGS, LLC PENSION PLAN

Schedule H, line 4i – Schedule of Assets (Held at End of Year)
As of November 30, 2015
Plan 001
EIN 38-3926387

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Advisory Board Co 00762W107 Asset Minor Code 42 ACCOUNT 000011697877	507.000	27,296.88 53.8400	27,291.81	5.07 5.07	.00	0.00
Allegiant Travel Co 01748X102 Asset Minor Code 42 ACCOUNT 000011697877	247.000	43,257.11 175.1300	44,259.93	-1,002.82 -1,002.82	74.10	0.68
Boji Hldg Inc 05566U108 Asset Minor Code 42 ACCOUNT 000011697877	1,312.000	26,279.36 20.0300	35,473.72	-9,194.36 -9,194.36	.00	0.00
Baldern Corp 057665200 Asset Minor Code 42 ACCOUNT 000011697877	614.000	42,052.86 68.4900	35,065.54	6,987.32 6,987.32	.00	0.49
Bank Of The Ozarks Inc 063904106 Asset Minor Code 42 ACCOUNT 000011697877	1,165.000	63,236.20 54.2800	54,120.42	9,115.78 9,115.78	.00	1.06
Barnes Group Inc 067806109 Asset Minor Code 42 ACCOUNT 000011697877	872.000	33,589.44 38.5200	34,454.73	-865.29 -865.29	104.64	1.24
Beacon Roofing Supply Inc 073685109 Asset Minor Code 42 ACCOUNT 000011697877	730.000	31,222.10 42.7700	24,666.70	6,555.40 6,555.40	.00	0.00
Bio Techne Corp 09073M104 Asset Minor Code 42 ACCOUNT 000011697877	413.000	37,669.73 91.2100	41,195.43	-3,525.70 -3,525.70	.00	1.40
Blackbaud Inc 09227Q100 Asset Minor Code 42 ACCOUNT 000011697877	736.000	45,470.08 61.7800	41,811.42	3,658.66 3,658.66	88.32	0.77

ESG HOLDINGS, LLC PENSION PLAN

Schedule H, line 4i – Schedule of Assets (Held at End of Year)
As of November 30, 2015
Plan 001
EIN 38-3926387

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Bottomline Technologies Del Inc 101388105 Asset Minor Code 42 ACCUUNT 0000011697877	860.000	26,582.60 30.9100	24,118.96	2,463.64 2,463.64	.00	0.00
Bright Horizons Family Solut 109194100 Asset Minor Code 42 ACCUUNT 0000011697877	708.000	46,961.64 66.3300	41,203.69	5,757.95 5,757.95	.00	0.00
Cantel Medical Corp 138098108 Asset Minor Code 42 ACCUUNT 0000011697877	976.000	63,274.08 64.8300	53,029.89	10,244.19 10,244.19	.00	0.18
Chrys Hldgs Inc 171604101 Asset Minor Code 42 ACCUUNT 0000011697877	818.000	27,198.50 33.2500	21,838.06	5,360.44 5,360.44	.00	0.00
Cognex Corp 152422103 Asset Minor Code 42 ACCUUNT 0000011697877	752.000	27,899.20 37.1000	36,121.79	-8,222.59 -8,222.59	.00	0.75
Donaldson Co Inc 257651109 Asset Minor Code 42 ACCUUNT 0000011697877	884.000	27,757.60 31.4000	31,612.72	-3,855.12 -3,855.12	.00	2.16
Dorman Products Inc 258278100 Asset Minor Code 42 ACCUUNT 0000011697877	507.000	24,194.04 47.7200	24,366.37	-172.33 -172.33	.00	0.00
Dril Quip Inc 262037104 Asset Minor Code 42 ACCUUNT 0000011697877	272.000	17,165.92 63.1100	20,486.71	-3,320.79 -3,320.79	.00	0.00

ESG HOLDINGS, LLC PENSION PLAN

Schedule H, line 4i – Schedule of Assets (Held at End of Year)
As of November 30, 2015
Plan 001
EIN 38-3926387

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Echo Global Logistics Inc 278751101 Asset Minor Code 42 ACCOUNT 0000011697877	355.000	8,378.00 23.6000	11,645.21	-3,267.21 -3,267.21	.00	0.00
Envestmet Inc 29404K106 Asset Minor Code 42 ACCOUNT 0000011697877	764.000	24,807.08 32.4700	32,040.40	-7,233.32 -7,233.32	.00	0.00
E Plus Inc 294268107 Asset Minor Code 42 ACCOUNT 0000011697877	110.000	9,700.90 88.1900	9,299.28	401.62 401.62	.00	0.00
Exponent Inc 30214U102 Asset Minor Code 42 ACCOUNT 0000011697877	416.000	21,478.08 51.6300	18,651.44	2,826.64 2,826.64	62.40	1.16
Facset Research Systems Inc 303075105 Asset Minor Code 42 ACCOUNT 0000011697877	180.000	30,515.40 169.5300	29,410.20	1,105.20 1,105.20	79.20	1.03
Fair Isaac Corporation 303250104 Asset Minor Code 42 ACCOUNT 0000011697877	327.000	31,146.75 95.2500	29,191.61	1,955.14 1,955.14	6.54	0.08
G111 Apparel Group Ltd 36337H101 Asset Minor Code 42 ACCOUNT 0000011697877	631.000	28,943.97 45.8700	45,264.15	-16,320.18 -16,320.18	.00	0.00
Genesee & Wyo Inc Cl A 371559105 Asset Minor Code 42 ACCOUNT 0000011697877	331.000	22,928.37 69.2700	25,538.97	-2,610.60 -2,610.60	.00	0.00
Globus Med Inca 379577208 Asset Minor Code 42 ACCOUNT 0000011697877	1,175.000	31,877.75 27.1300	29,824.00	2,053.75 2,053.75	.00	0.00

ESG HOLDINGS, LLC PENSION PLAN

Schedule H, line 4i – Schedule of Assets (Held at End of Year)
As of November 30, 2015
Plan 001
EIN 38-3926387

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Gulport Energy Corp 402635304 Asset Minor Code 42 ACCOUNT 000011597877	455,000	11,566.10 25,4200	18,195.45	-6,629.35 -6,629.35	.00	0.00
Healthcare Syscs Group Inc 421906108 Asset Minor Code 42 ACCOUNT 000011597877	1,202,000	44,401.88 36,9400	40,086.70	4,315.18 4,315.18	216.36	1.94
Hibbett Sports Inc 428567101 Asset Minor Code 42 ACCOUNT 000011597877	448,000	14,698.88 32,8100	21,320.32	-6,621.44 -6,621.44	.00	0.00
Hub Group Inc CI A 443320106 Asset Minor Code 42 ACCOUNT 000011597877	324,000	12,483.72 38,5300	13,173.84	-690.12 -690.12	.00	0.00
J & J Snack Foods Corp 466032109 Asset Minor Code 42 ACCOUNT 000011597877	306,000	35,704.08 116,6800	34,248.59	1,455.49 1,455.49	.00	1.33
Lkg Corp 501889208 Asset Minor Code 42 ACCOUNT 000011597877	598,000	17,635.02 29,4900	18,179.20	-544.18 -544.18	.00	0.00
Marketaxess Hldgs Inc 57060D108 Asset Minor Code 42 ACCOUNT 000011597877	615,000	65,669.70 106,7800	58,008.46	7,661.24 7,661.24	.00	0.74
Marten Transportation Ltd 573075108 Asset Minor Code 42 ACCOUNT 000011597877	983,000	17,772.64 18,0800	20,725.28	-2,952.64 -2,952.64	.00	0.55

ESG HOLDINGS, LLC PENSION PLAN

Schedule H, line 4i – Schedule of Assets (Held at End of Year)
As of November 30, 2015
Plan 001
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Masimo Corp 574795100 Asset Minor Code 42 ACCOUNT 000011697877	1,087,000	45,088.76 41,4800	43,429.34	1,659.42 1,659.42	.00	0.00
Medidata Solutions Inc 58471A105 Asset Minor Code 42 ACCOUNT 000011697877	715,000	32,768.45 45,8300	39,675.35	-6,906.90 -6,906.90	.00	0.00
Middleby Corp 596278101 Asset Minor Code 42 ACCOUNT 000011697877	465,000	51,168.60 110,0400	52,298.51	-1,129.91 -1,129.91	.00	0.00
Monro Muffler Brake Inc 610236101 Asset Minor Code 42 ACCOUNT 000011697877	767,000	56,788.68 74,0400	48,875.23	7,913.45 7,913.45	.00	0.81
Natus Medical Inc 639050103 Asset Minor Code 42 ACCOUNT 000011697877	558,000	27,219.24 48,7800	23,016.86	4,202.38 4,202.38	.00	0.00
Neogen Corp 640491106 Asset Minor Code 42 ACCOUNT 000011697877	762,000	45,003.72 59,0600	36,743.64	8,260.08 8,260.08	.00	0.00
Omniceil Inc 68213N109 Asset Minor Code 42 ACCOUNT 000011697877	599,000	18,065.84 30,1600	22,535.20	-4,469.36 -4,469.36	.00	0.00
PRA Group Inc 69354N106 Asset Minor Code 42 ACCOUNT 000011697877	590,000	24,372.90 41,3100	36,922.20	-12,549.30 -12,549.30	.00	0.00
Panera Bread Company Cl A 69840W108 Asset Minor Code 42 ACCOUNT 000011697877	149,000	27,088.20 181,8000	27,121.01	-32.81 -32.81	.00	0.00

ESG HOLDINGS, LLC PENSION PLAN

Schedule H, line 4i – Schedule of Assets (Held at End of Year)
As of November 30, 2015
Plan 001
EIN 38-3926387

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Parexel Intl Corp 699462107 Asset Minor Code 42 ACCOUNT 000011697877	692.000	46,952.20 67.8500	45,099.85	1,852.35 1,852.35	.00	0.00
Proto Labs Inc 743713109 Asset Minor Code 42 ACCOUNT 000011697877	401.000	27,143.69 67.6900	27,118.59	25.10 25.10	.00	0.00
Rbc Bearings Inc 75524B104 Asset Minor Code 42 ACCOUNT 000011697877	541.000	38,205.42 70.6200	38,867.77	- 662.35 - 662.35	.00	0.00
Red Robin Gourmet Burgers 75689M101 Asset Minor Code 42 ACCOUNT 000011697877	269.000	18,152.12 67.4800	22,936.85	- 4,784.73 - 4,784.73	.00	0.00
Sensient Technologies Corp 81725T100 Asset Minor Code 42 ACCOUNT 000011697877	592.000	39,569.28 66.8400	40,837.82	- 1,268.54 - 1,268.54	159.84	1.61
Team Inc 878155100 Asset Minor Code 42 ACCOUNT 000011697877	557.000	21,266.26 36.1800	22,797.84	- 1,531.58 - 1,531.58	.00	0.00
Texas Capital Bancshares Inc 88224Q107 Asset Minor Code 42 ACCOUNT 000011697877	655.000	38,828.40 59.2800	40,848.35	- 2,019.95 - 2,019.95	.00	0.00
Tyler Technologies Inc 902252105 Asset Minor Code 42 ACCOUNT 000011697877	384.000	68,520.96 178.4400	49,324.30	19,196.66 19,196.66	.00	0.00

ESG HOLDINGS, LLC PENSION PLAN

Schedule H, line 4i – Schedule of Assets (Held at End of Year)
As of November 30, 2015
Plan 001
EIN 38-3926387

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Ultimate Software Group Inc 90385D107 Asset Minor Code 42 ACCOUNT 000011697877	295,000	58,262.50 197,5000	48,760.20	9,502.30 9,502.30	.00	0.00
Virtusa Corp 92827P102 Asset Minor Code 42 ACCOUNT 000011697877	469,000	23,098.25 49,2500	22,864.83	243.42 243.42	.00	0.00
Total Domestic Common Stocks	33,791,000	1,880,897.85	1,844,022.88	36,874.97 36,874.97	875.00	0.35
Mutual Funds						
Mutual Funds-Equity						
Alger Small Cap Growth Ins Z 015655377 Asset Minor Code 98 ACCOUNT 000011697857	.000	.00 8.8700	.00	-265,862.96	.00	0.00
Federated Clover Small Value Inst 314172263 Asset Minor Code 98 ACCOUNT 000011697856	97,254.688	2,391,492.78 24,5900	2,435,775.90	-44,283.12 -213,423.77	.00	0.00
Harbor Emerging Markets Equity Inst 411512692 Asset Minor Code 98 ACCOUNT 000011697864	576,566.066	4,404,964.74 7.6400	5,843,482.74	-1,438,518.00 -1,288,616.62	.00	0.99
Harding Loever International Equity 412295107 Asset Minor Code 98 ACCOUNT 000011697860	426,060.533	7,575,366.28 17.7800	7,764,842.03	-189,485.75 -280,429.97	.00	1.01
Lazard International Equity Inst 52106N400 Asset Minor Code 98 ACCOUNT 000011697858	436,305.461	7,635,345.57 17.5000	7,680,067.25	-44,721.68 -69,135.63	.00	0.00

ESG HOLDINGS, LLC PENSION PLAN

Schedule H, line 4i – Schedule of Assets (Held at End of Year)
 As of November 30, 2015
 Plan 001
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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Nuveen Gresham Divers Cmnty Strat I 670700855 Asset Minor Code 98 ACCOUNT 000011697866	308,420.745	3,482,070.21 11.2900	5,224,647.42	-1,742,577.21 -1,304,265.52	.00	0.00
Vanguard 500 Index Admiral 922908710 Asset Minor Code 98 ACCOUNT 000011697861	105,794.592	20,381,328.15 192.6500	18,294,656.52	2,086,671.63 -28,740.52	.00	2.05
Total Mutual Funds-Equity	1,990,402.085	45,870,557.73	47,243,471.86	-1,372,914.13 -3,450,474.99	.00	1.17
Mutual Funds-Fixed Income						
Blackrock Strat Inc Opp Ins 09256H286 Asset Minor Code 99 ACCOUNT 000011697870	454,771.398	4,520,427.70 9.9400	4,666,874.49	-146,446.79 -149,873.25	.00	2.18
Total Mutual Funds-Fixed Income	454,771.398	4,520,427.70	4,666,874.49	-146,446.79 -149,873.25	.00	2.18
Total Mutual Funds	2,405,173.483	50,390,985.43	51,910,346.35	-1,519,360.92 -3,600,348.24	.00	1.26
Miscellaneous						
Partnerships/Joint Ventures						
Gmo Forestry Fund 7 B.L.P *** 362009927 Asset Minor Code 76 ACCOUNT 000011697865	1,122,232.690	890,484.91 .7935	687,970.12	202,514.79 -95,989.09	.00	0.00

ESG HOLDINGS, LLC PENSION PLAN

Schedule H, line 4i – Schedule of Assets (Held at End of Year)
As of November 30, 2015
Plan 001
EIN 38-3926387

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Brandywine Global Opp Fixed Income *** 97MSC2F73 Asset Minor Code 77 ACCOUNT 0000011697863	95,407.458	3,724,679.49 39.0397	3,996,500.04	- 271,820.55 - 349,832.40	.00	0.00
Ir&M Core Bond Fund LLC *** 97MSC2F81 Asset Minor Code 77 ACCOUNT 0000011697871	448,848.730	9,264,647.14 20.6409	9,007,035.98	257,611.16 100,230.14	.00	0.00
Pioneer Multi-Sector Fixed Income *** 97MSC2F99 Asset Minor Code 77 ACCOUNT 0000011697862	318,471.338	3,993,630.58 12.5400	4,000,000.01	- 6,369.43 - 22,293.00	.00	0.00
Berens Global Value Fund, Ltd *** 97MSC3EK3 Asset Minor Code 77 ACCOUNT 0000011697872	35,000.000	3,095,947.47 88.4556	3,362,208.60	- 266,261.13 - 266,261.13	.00	0.00
White Elm Capital Offshore, Ltd *** 97MSC3EL1 Asset Minor Code 77 ACCOUNT 0000011697873	2,000.000	2,127,329.00 1,063.6645	2,000,000.00	127,329.00 115,120.40	.00	0.00
Jet Capital Concentrated Offshore Fd *** 97MSC3EM9 Asset Minor Code 77 ACCOUNT 0000011697874	2,000.000	1,757,352.20 878.6761	2,000,000.00	- 242,647.80 - 228,777.40	.00	0.00
Aew Core Property Trust (U.S.) Inc. *** 97MSC5ZB5 Asset Minor Code 77 ACCOUNT 0000011697876	4,854,464.000	4,854,464.00 1.00000	4,500,000.00	354,464.00 354,464.00	.00	0.00
Cevian Capital II Class C-1 *** 97MSC57U4 Asset Minor Code 77 ACCOUNT 0000011697875	20,000.000	2,043,320.00 102.1660	2,000,000.00	43,320.00 43,320.00	.00	0.00

ESG HOLDINGS, LLC PENSION PLAN

Schedule H, line 4i – Schedule of Assets (Held at End of Year)
As of November 30, 2015
Plan 001
EIN 38-3926387

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Weatherflow Offshore Fund II Cl la *** 98MSCD784 Asset Minor Code 77 ACCOUNT 000011697868	7,550.189	9,844,896.05 1,303.9271	7,999,000.00	1,845,896.05 231,844.41	.00	0.00
Total Partnerships/Joint Ventures	6,905,974.405	41,596,750.84	39,552,714.75	2,044,036.09 -118,174.07	.00	0.00
Total Miscellaneous	6,905,974.405	41,596,750.84	39,552,714.75	2,044,036.09 -118,174.07	.00	0.00
Total Assets	10,283,420.648	94,807,115.88	94,245,565.74	561,550.14 -3,681,647.34	887.79	0.68
Accrued Income	.000	887.79	887.79			
Grand Total	10,283,420.648	94,808,003.67	94,246,453.53			

Note: "Book Value" equals cost

This schedule has been prepared by U.S. Bank, N.A., Trustee who certified that it is complete and accurate.

ESG HOLDINGS, LLC PENSION PLAN

Schedule H, line 4j – Schedule of Reportable Transactions
For the Year Ended November 30, 2015
Plan 001
EIN 38-3926387

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 31846V732 - First Amer Prime Oblig Fund Cl I							
02/19/2015	B	8,000,000.000	1.0000		- 8,000,000 *	8,000,000	
000011697851							
02/23/2015	S	- 5,999,880.150	1.0000		5,999,880 *	5,999,880	
000011697851							
GRAND TOTAL				0	13,999,880	13,999,880	0

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE *NO TRANSACTIONS QUALIFIED FOR THIS SECTION*

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 31846V732 - First Amer Prime Oblig Fund Cl I							
12/02/2014	B	5.680	1.0000		- 6	6	
000011697851							
12/26/2014	B	3,000,000.000	1.0000		- 3,000,000	3,000,000	
000011697851							
01/02/2015	B	605.500	1.0000		- 606	606	
000011697851							
01/05/2015	B	6.980	1.0000		- 7	7	
000011697851							
01/09/2015	B	585.020	1.0000		- 585	585	
000011697851							

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01/13/2015 000011697851	B	2,500,000.000	1.0000		- 2,500,000	2,500,000	
01/16/2015 000011697851	B	2,000,000.000	1.0000		- 2,000,000	2,000,000	
01/30/2015 000011697851	B	119,850	1.0000		- 120	120	
02/02/2015 000011697851	B	336,000	1.0000		- 336	336	
02/03/2015 000011697851	B	21,030	1.0000		- 21	21	
02/03/2015 000011697851	B	1,228,700	1.0000		- 1,229	1,229	
02/04/2015 000011697851	B	203,590	1.0000		- 204	204	
02/10/2015 000011697851	B	356,920	1.0000		- 357	357	
02/19/2015 000011697851	B	8,000,000.000	1.0000		- 8,000,000 *	8,000,000	
02/24/2015 000011697851	B	130,259,560	1.0000		- 130,260	130,260	
02/27/2015 000011697851	B	631,310	1.0000		- 631	631	
03/02/2015 000011697851	B	599,470	1.0000		- 599	599	
03/03/2015 000011697851	B	23,860	1.0000		- 24	24	
04/01/2015 000011697851	B	300,790	1.0000		- 301	301	

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04/02/2015 000011697851	B	28.340	1.0000		- 28	28	
04/06/2015 000011697851	B	601.580	1.0000		- 602	602	
04/08/2015 000011697851	B	101.140	1.0000		- 101	101	
04/20/2015 000011697851	B	300.790	1.0000		- 301	301	
04/30/2015 000011697851	B	483.460	1.0000		- 483	483	
05/04/2015 000011697851	B	22.490	1.0000		- 22	22	
05/06/2015 000011697851	B	50.020	1.0000		- 50	50	
05/07/2015 000011697851	B	1,885.670	1.0000		- 1,886	1,886	
05/08/2015 000011697851	B	954.440	1.0000		- 954	954	
05/22/2015 000011697851	B	60.800	1.0000		- 61	61	
05/29/2015 000011697851	B	81.520	1.0000		- 82	82	
06/01/2015 000011697851	B	146.720	1.0000		- 147	147	
06/02/2015 000011697851	B	17.160	1.0000		- 17	17	
06/03/2015 000011697851	B	1,192.210	1.0000		- 1,192	1,192	

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06/09/2015 000011697851	B	446.290	1.0000		-446	446	
06/17/2015 000011697851	B	1,920,287.130	1.0000		-1,920,287	1,920,287	
06/25/2015 000011697851	B	147.480	1.0000		-147	147	
06/29/2015 000011697877	B	1,920,287.130	1.0000		-1,920,287	1,920,287	
07/01/2015 000011697851	B	83.130	1.0000		-83	83	
07/07/2015 000011697851	B	156.360	1.0000		-156	156	
07/10/2015 000011697877	B	6,707.470	1.0000		-6,707	6,707	
07/16/2015 000011697877	B	12,970.990	1.0000		-12,971	12,971	
07/17/2015 000011697877	B	4,436.520	1.0000		-4,437	4,437	
07/24/2015 000011697877	B	163.100	1.0000		-163	163	
07/31/2015 000011697877	B	4,354.390	1.0000		-4,354	4,354	
08/03/2015 000011697877	B	1,659.050	1.0000		-1,659	1,659	
08/04/2015 000011697851	B	7.450	1.0000		-7	7	
08/04/2015 000011697877	B	1,493.120	1.0000		-1,493	1,493	

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08/07/2015 000011697851	B	900,000.000	1.0000		- 900,000	900,000	
08/07/2015 000011697877	B	7,009.090	1.0000		- 7,009	7,009	
08/10/2015 000011697851	B	90.950	1.0000		- 91	91	
08/11/2015 000011697851	B	105.870	1.0000		- 106	106	
08/12/2015 000011697877	B	2,779.460	1.0000		- 2,779	2,779	
08/13/2015 000011697851	B	269.670	1.0000		- 270	270	
08/18/2015 000011697877	B	9,380.570	1.0000		- 9,381	9,381	
08/28/2015 000011697877	B	132.160	1.0000		- 132	132	
09/01/2015 000011697877	B	159.840	1.0000		- 160	160	
09/02/2015 000011697851	B	11.930	1.0000		- 12	12	
09/02/2015 000011697877	B	1.130	1.0000		- 1	1	
09/03/2015 000011697877	B	150.280	1.0000		- 150	150	
09/04/2015 000011697877	B	74.100	1.0000		- 74	74	
09/10/2015 000011697851	B	564.620	1.0000		- 565	565	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/10/2015 000011697877	B	104.640	1.0000		- 105	105	
09/15/2015 000011697877	B	167.520	1.0000		- 168	168	
09/16/2015 000011697851	B	180.600	1.0000		- 181	181	
09/18/2015 000011697877	B	1,541.130	1.0000		- 1,541	1,541	
09/21/2015 000011697877	B	4,402.310	1.0000		- 4,402	4,402	
09/25/2015 000011697877	B	277.260	1.0000		- 277	277	
09/28/2015 000011697877	B	1,369.370	1.0000		- 1,369	1,369	
09/28/2015 000011697877	B	4,214.330	1.0000		- 4,214	4,214	
09/29/2015 000011697877	B	4,751.830	1.0000		- 4,752	4,752	
09/30/2015 000011697877	B	31.120	1.0000		- 31	31	
10/01/2015 000011697851	B	126.280	1.0000		- 126	126	
10/02/2015 000011697851	B	8.020	1.0000		- 8	8	
10/02/2015 000011697877	B	1.060	1.0000		- 1	1	
10/06/2015 000011697877	B	110.160	1.0000		- 110	110	

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10/07/2015 000011697851	B	126.280	1.0000		- 126	126	
10/14/2015 000011697851	B	91.670	1.0000		- 92	92	
10/23/2015 000011697877	B	168.930	1.0000		- 169	169	
10/27/2015 000011697851	B	60.820	1.0000		- 61	61	
10/29/2015 000011697851	B	1,000,000.000	1.0000		- 1,000,000	1,000,000	
11/02/2015 000011697877	B	35.750	1.0000		- 36	36	
11/03/2015 000011697851	B	4.580	1.0000		- 5	5	
11/03/2015 000011697877	B	5,986.300	1.0000		- 5,986	5,986	
11/04/2015 000011697877	B	2,996.270	1.0000		- 2,996	2,996	
11/10/2015 000011697851	B	1,280.730	1.0000		- 1,281	1,281	
11/18/2015 000011697851	B	357.930	1.0000		- 358	358	
11/18/2015 000011697877	B	123.000	1.0000		- 123	123	
11/20/2015 000011697851	B	69.070	1.0000		- 69	69	
11/27/2015 000011697877	B	132.160	1.0000		- 132	132	

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Total For Buys				0	21,463,858	21,463,858	0
12/01/2014 000011697851	S	- 346,732.880	1.0000		346,733	346,733	
12/30/2014 000011697851	S	- 2,000,000.000	1.0000		2,000,000	2,000,000	
01/02/2015 000011697851	S	- 348,539.640	1.0000		348,540	348,540	
01/09/2015 000011697851	S	- 585.020	1.0000		585	585	
01/20/2015 000011697851	S	- 4,500,000.000	1.0000		4,500,000	4,500,000	
01/21/2015 000011697851	S	- 4,411.640	1.0000		4,412	4,412	
02/02/2015 000011697851	S	- 374,197.020	1.0000		374,197	374,197	
02/04/2015 000011697851	S	- 203.590	1.0000		204	204	
02/20/2015 000011697851	S	- 1,198.500	1.0000		1,199	1,199	
02/23/2015 000011697851	S	- 119.850	1.0000		120	120	
02/23/2015 000011697851	S	- 5,999,880.150	1.0000		5,999,880 *	5,999,880	
02/27/2015 000011697851	S	- 45,830.000	1.0000		45,830	45,830	
03/02/2015 000011697851	S	- 350,001.720	1.0000		350,002	350,002	

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03/31/2015 000011697851	S	- 6,417.000	1.0000		6,417	6,417	
04/01/2015 000011697851	S	- 352,234.020	1.0000		352,234	352,234	
04/10/2015 000011697851	S	- 3,606.640	1.0000		3,607	3,607	
04/30/2015 000011697851	S	- 95,138.000	1.0000		95,138	95,138	
05/01/2015 000011697851	S	- 354,963.870	1.0000		354,964	354,964	
05/07/2015 000011697851	S	- 1,885.670	1.0000		1,886	1,886	
05/08/2015 000011697851	S	- 954.440	1.0000		954	954	
05/22/2015 000011697851	S	- 60.800	1.0000		61	61	
06/01/2015 000011697851	S	- 356,366.100	1.0000		356,366	356,366	
06/03/2015 000011697851	S	- 898.770	1.0000		899	899	
06/10/2015 000011697851	S	- 371.430	1.0000		371	371	
06/11/2015 000011697851	S	- 112.030	1.0000		112	112	
06/11/2015 000011697851	S	- 81.520	1.0000		82	82	
06/29/2015 000011697851	S	- 1,920,145.910	1.0000		1,920,146	1,920,146	

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07/01/2015 000011697851	S	- 355,924.960	1.0000		355,925	355,925	
07/02/2015 000011697851	S	- 211.200	1.0000		211	211	
07/02/2015 000011697877	S	- 1,860,938.600	1.0000		1,860,939	1,860,939	
07/13/2015 000011697877	S	- 7,137.260	1.0000		7,137	7,137	
07/14/2015 000011697877	S	- 2,386.360	1.0000		2,386	2,386	
07/15/2015 000011697851	S	- 3,544.000	1.0000		3,544	3,544	
07/15/2015 000011697877	S	- 1,594.560	1.0000		1,595	1,595	
08/03/2015 000011697851	S	- 419,995.540	1.0000		419,996	419,996	
08/10/2015 000011697851	S	- 90.950	1.0000		91	91	
08/10/2015 000011697877	S	- 128.760	1.0000		129	129	
08/11/2015 000011697851	S	- 105.870	1.0000		106	106	
08/11/2015 000011697877	S	- 6,600.410	1.0000		6,600	6,600	
08/13/2015 000011697851	S	- 269.670	1.0000		270	270	
08/19/2015 000011697877	S	- 5,257.480	1.0000		5,257	5,257	

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08/20/2015 000011697877	S	-2,198.900	1.0000		2,199	2,199	
08/27/2015 000011697877	S	-7,115.540	1.0000		7,116	7,116	
08/31/2015 000011697851	S	-59,752.000	1.0000		59,752	59,752	
09/01/2015 000011697851	S	-357,348.810	1.0000		357,349	357,349	
09/17/2015 000011697877	S	-577.410	1.0000		577	577	
09/22/2015 000011697877	S	-492.490	1.0000		492	492	
09/24/2015 000011697877	S	-2,370.410	1.0000		2,370	2,370	
09/30/2015 000011697851	S	-6,631.000	1.0000		6,631	6,631	
10/01/2015 000011697851	S	-360,941.060	1.0000		360,941	360,941	
10/13/2015 000011697851	S	-3,450.030	1.0000		3,450	3,450	
10/14/2015 000011697877	S	-3,393.350	1.0000		3,393	3,393	
10/15/2015 000011697877	S	-9,621.050	1.0000		9,621	9,621	
10/19/2015 000011697877	S	-1,589.110	1.0000		1,589	1,589	
10/20/2015 000011697877	S	-4,619.910	1.0000		4,620	4,620	

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10/27/2015	S	- 60.820	1.0000		61	61	
000011697851							
11/02/2015	S	- 361,378.700	1.0000		361,379	361,379	
000011697851							
11/30/2015	S	- 22,762.000	1.0000		22,762	22,762	
000011697851							
Total For Sells				0	20,933,427	20,933,427	0
Total First Amer Prime Oblig Fund CII				0	42,397,285	42,397,285	0
GRAND TOTAL				0	42,397,285	42,397,285	0

CATEGORY 4. SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION

Note: This schedule has been prepared by U.S. Bank, N.A., trustee who certified that it is complete and accurate