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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
L. C. WHITFORD CO., INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/31/1975

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
L. C. WHITFORD CO., INC.

164 NORTH MAIN STREET
WELLSVILLE, NY 14895-1152

2b Employer Identification Number (EIN) 16-0789973

2c Plan Sponsor's telephone number 585-593-3601

2d Business code (see instructions) 237310

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.	09/27/2016	L. BRADLEY WHITFORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address [X] 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:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	193
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)**	79
a(2) Total number of active participants at the end of the plan year	**6a(2)**	75
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	104
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	179
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	179
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	179
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:
2C 3D 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **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 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan	B Three-digit plan number (PN) ▶	
L. C. WHITFORD CO., INC. PENSION PLAN		002
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
L. C. WHITFORD CO., INC.	16-0789973	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

CLOVER CAPITAL MANAGEMENT

16-1263400

(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?
28	INVESTMENT MGR	21059	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BANK OF AMERICA

94-1687665

(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?
28 51 65	NONE	8607	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
L. C. WHITFORD CO., INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
L. C. WHITFORD CO., INC.

D Employer Identification Number (EIN)
16-0789973

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	116954	144190
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	8561	6261
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	250079	53218
(2) U.S. Government securities	1c(2)	240094	213064
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	209960	135927
(B) All other	1c(3)(B)	88934	178820
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2065971	2004510
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	488786	435620
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	10293	22747

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3479632	3194357
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3479632	3194357

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)	144190	
	(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)		144190
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	3869	
	(C) Corporate debt instruments	2b(1)(C)	10468	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	763	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		15100
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	42715	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	6807	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		49522
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	5032588	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5204253	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-171665
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-113238	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-113238

		(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)		-20549
c Other income	2c		15970
d Total income. Add all **income** amounts in column (b) and enter total	2d		-80670
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	174929	
(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)		174929
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)	21059	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	8617	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		29676
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		204605
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-285275
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) [X] 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 [X] No

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

(1) Name: PROTO & LOSKEY, LLC **(2)** EIN: 20-4042890

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

		Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e Was this plan covered by a fidelity bond?	4e	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

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

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
L. C. WHITFORD CO., INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
L. C. WHITFORD CO., INC.

D Employer Identification Number (EIN)
16-0789973

Part I Distributions

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 33-6134835

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	24

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	144190
b	Enter the amount contributed by the employer to the plan for this plan year	6b	144190
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	0

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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

THE L.C. WHITFORD CO., INC.
PENSION PLAN

REPORT ON FINANCIAL STATEMENTS

WITH

SUPPLEMENTAL MATERIAL

YEAR ENDED DECEMBER 31, 2015

Proto & Loskey LLC
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AND CONSULTANTS

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
L. C. Whitford Co., Inc. Pension Plan
Wellsville, New York

We have audited the accompanying financial statements of The L.C Whitford Co., Inc. Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the year ended December 31, 2015 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of The L.C Whitford Co., Inc. Pension Plan as of December 31, 2015 and 2014, and the changes in its net assets available for benefits for the year ended December 31, 2015 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes at end of year, assets both acquired and disposed of within the plan year, and reportable transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

PROTO & LOSKEY, LLC
Certified Public Accountants

Wellsville, New York
August 4, 2016

THE L. C. WHITFORD CO., INC. PENSION PLAN
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THE L.C. WHITFORD CO., INC. PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2015	2014
ASSETS		
Investments, at fair value	2,990,688	3,104,038
Receivables:		
Employer's contribution	144,190	116,954
Accrued interest and dividends	6,261	8,561
	150,451	125,515
Cash and cash equivalents	53,218	250,079
TOTAL ASSETS	3,194,357	3,479,632
LIABILITIES		
Distributions payable	-	-
TOTAL LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	**$ 3,194,357**	**$ 3,479,632**

See accompanying notes.

THE L.C. WHITFORD CO., INC. PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2015

ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income:		
Net depreciation in fair value of investments	$	(305,452)
Interest		31,070
Dividends		49,522
		(224,860)
Less investment expenses		(29,676)
		(254,536)
Employer contributions		144,190
TOTAL ADDITIONS		(110,346)
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Distributions/benefits paid to participants		174,929
TOTAL DEDUCTIONS		174,929
NET DECREASE		**(285,275)**
NET ASSETS AVAILABLE FOR BENEFITS, at beginning of year		3,479,632
NET ASSETS AVAILABLE FOR BENEFITS, at end of year	$	**3,194,357**

See accompanying notes.

NOTE 1 – DESCRIPTION OF PLAN

The following description of the L.C. Whitford Co., Inc. Pension Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering full-time employees of the Company who have one year of service and are age 21 or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Administrator oversees governance of the Plan and determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Contributions

Each year the Company makes a safe harbor non-elective contribution to the Plan in the amount of 3% of each eligible employee's compensation. The compensation of each employee taken into account under the Plan shall not exceed the dollar limitations under the Internal Revenue Code applicable to each plan year.

Participant Accounts

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

Vesting

Participants are fully vested in their safe harbor accounts at all times. Vesting in participants' Pension accounts is based on the participants' number of years of continuous service. A participant is 100% vested after six years of credited service.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, or in annual or semi-annual installments over a specific period of time. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts

Forfeitures of non-vested account balances are recognized as of the last day of the Plan year in which five consecutive one-year breaks in service occur. At December 31, 2015 Company contributions were reduced by $7,995 from forfeited non-vested accounts.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review

Subsequent events were evaluated through August 4, 2016, which is the date the financial statements were available to be issued.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Basis of Accounting

The financial statements of the plan are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

All expenses of maintaining the Plan are paid by the Company and therefore excluded from these financial statements.

NOTE 3 – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. The Plan administrator determines the Plan's valuation policies. Although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There are no plan assets requiring the use of Level 2 or 3 inputs for the periods presented.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded. The fair values of common stocks, certain corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

Level 2 Fair Value Measurements

There are no level 2 fair value measurements.

Level 3 Fair Value Measurements

There are no level 3 fair value measurements.

NOTE 3 – FAIR VALUE MEASUREMENTS - (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2015 and 2014:

	Fair Value	Fair value measurements at end of reporting period using: Quoted Prices in Active Markets for Identical Assets (Level 1)
December 31, 2015		
U.S. Government securities	$ 213,064	$ 213,064
Corporate bonds:		
Rated A to AAA	135,927	135,927
Rated BBB	178,820	178,820
Total corporate bonds	314,747	314,747
Common stocks	2,004,510	2,004,510
Mutual funds and REITs	435,620	435,620
Other fixed income	22,747	22,747
Total investments at fair value	$ 2,990,688	$ 2,990,688

Realized and unrealized gains and losses included in changes in net assets available for benefits for the year ended December 31, 2015 are reported in net appreciation (depreciation) in fair value of investments.

NOTE 3 – FAIR VALUE MEASUREMENTS - (continued)

	Fair Value	Fair value measurements at end of reporting period using: Quoted Prices in Active Markets for Identical Assets (Level 1)
December 31, 2014		
U.S. Government securities	$ 240,094	$ 240,094
Corporate bonds:		
Rated A to AAA	209,960	209,960
Rated BBB	88,934	88,934
Total corporate bonds	298,894	298,894
Common stocks	2,065,971	2,065,971
Mutual funds and REITs	488,786	488,786
Other fixed income	10,293	10,293
Total investments at fair value	$ 3,104,038	$ 3,104,038

NOTE 4 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts. Any unallocated assets of the Plan should be allocated to participant accounts and distributed in such a manner as the Company may determine.

NOTE 5 - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated December 1, 2003, 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 and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believe the Plan is no longer subject to tax examinations for the years prior to 2013.

NOTE 6 – RISKS AND UNCERTAINTIES

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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

SUPPLEMENTAL SCHEDULES

L.C. WHITFORD CO., INC PENSION PLAN
EIN #16-0789973
PLAN NUMBER 002
Plan Year Ended: 12/31/15

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

(a) (b) and (c) Identity of Issue and Description of Investment		(d) Cost		(e) Current Value
GOVERNMENT & AGENCY				
25,000.000 US TREASURY BD DTD 02/02/15, DUE 01/31/22, 1.5% INTEREST		24,729		24,303
20,000.000 US TREASURY NT, DTD 02/15/12, DUE 02/15/22, 2.0% INTEREST		20,075		20,036
112,000.000 US TREASURY NT, DTD 01/15/13, DUE 01/15/16, 0.375% INTEREST		112,061		112,004
40,000.000 US TREASURY NT, DTD 06/02/14, DUE 05/31/16, 0.375% INTEREST		39,978		39,984
1,241.650 FED HOME LN MTG CORP, DTD 06/01/06, DUE 07/01/36, 5.0% INTEREST		1,182		1,364
1,468.160 FED HOME LN MTG CORP, DTD 06/01/05, DUE 06/01/35, 5.0% INTEREST		1,448		1,616
365.670 FNMA POOL #694431 DTD 03/01/03, DUE 03/01/18, 5.0% INTEREST		378		380
488.890 FNMA POOL #738783 DTD 09/01/03, DUE 02/01/25, 7.0% INTEREST		519		512
1,426.170 FED NATL MTG ASSN DTD 10/01/05, DUE 10/01/20, 5.0% INTEREST		1,407		1,515
975.030 FED NATL MTG ASSN DTD 06/01/08, DUE 07/01/22, 5.5% INTEREST		981		1,056
996.450 FED NATL MTG ASSN DTD 09/01/06, DUE 09/01/36, 6.5% INTEREST		1,023		1,139
1,337.840 FED NATL MTG ASSN DTD 11/01/08, DUE 11/01/38, 6.0% INTEREST		1,383		1,510
1,267.520 FED NATL MTG ASSN DTD 05/01/08, DUE 05/01/38, 5.0% INTEREST		1,257		1,394
553.610 GNMA POOL #376400 DTD 02/01/94, DUE 02/15/24, 6.5% INTEREST		517		633
342.470 GNMA POOL #462622 DTD 03/01/98, DUE 03/15/28, 6.5% INTEREST		349		392
487.110 GNMA POOL #487034 DTD 03/01/99,DUE 03/15/29, 6.5% INTEREST		497		567
396.920 GNNA POOL #510394 DTD 09/01/99, DUE 09/15/29, 7.0% INTEREST		410		450
1,944.490 GOVT NATL MTG ASSN DTD 05/01/99, DUE 05/15/29, 6.5% INTEREST		2,035		2,276
577.080 GNMA POOL #781096 DTD 10/01/99, DUE 12/15/28, 6.5% INTEREST		587		660
414.320 GNMA POOL #781231 DTD 01/01/01, DUE 12/15/30, 7.0% INTEREST		420		493
675.800 GOVT NATL MTG ASSN DTD 04/01/01, DUE 04/15/31, 6.5% INTEREST		701		780
TOTAL GOVERNMENT & AGENCY	$	**211,937**	$	**213,064**
CORPORATE BONDS				
7,000.000 AT&T INC DTD 05/04/15, DUE 06/30/20, 2.45% INTEREST	$	6,996		6,894
10,000.000 AT&T INC DTD 05/04/15, DUE 05/15/46, 4.75% INTEREST		9,722		9,156
4,000.000 ACE INA HLDGS INC DTD 11/03/15, DUE 11/03/20, 2.3% INTEREST		3,998		3,971
12,000.000 AMERICAN EXPRESS DTD 09/14/15, DUE 09/14/20, 2.6% INTEREST		11,991		12,028
11,000.000 AMERICAN HONDA FIN CORP DTD 09/24/15, DUE 09/24/20, 2.45% INTEREST		10,993		11,017
18,000.000 BANK AMER CORP DTD 04/21/15, DUE 04/21/20, 2.25% INTEREST		17,962		17,566
9,000.000 BANK AMER CORP DTD 10/19/15, DUE 10/19/20, 2.625% INTEREST		8,997		8,887
9,000.000 BANK NEW YORK INC DTD 08/17/15, DUE 08/17/20, 2.6% INTEREST		8,996		9,035
4,000.000 BANK NEW YORK INC DTD 11/27/15, DUE 11/27/20, 2.45% INTEREST		3,997		3,982
8,000.000 CVS CAREMARK CORP DTD 07/20/15, DUE 07/20/20, 2.8% INTEREST		7,994		8,036
7,000.000 CELGENE CORP DTD 08/12/15, DUE 08/15/20, 2.875% INTEREST		6,987		6,947
5,000.000 CHEVRON CORP NEW DTD 11/17/15, DUE 11/17/20, 2.419% INTEREST		5,000		4,972
8,000.000 CITIGROUP INC DTD 04/27/15, DUE 04/27/25, 3.3% INTEREST		7,985		7,857
21,000.000 CITIGROUP INC DTD 12/07/15, DUE 12/07/18, 2.05% INTEREST		20,997		20,889
7,000.000 GOLDMAN SACH GRP DTD 06/03/10, DUE 06/15/20, 6.0% INTEREST		8,146		7,911
10,000.000 GOLDMAN SACH GRP DTD 01/28/11, DUE 02/01/41, 6.25% INTEREST		9,990		11,928
6,000.000 GOLDMAN SACH GRP DTD 09/15/15, DUE 09/15/20, 2.75% INTEREST		6,020		5,996
10,000.000 GOLDMAN SACH GRP DTD 05/22/15, DUE 05/22/25, 3.75% INTEREST		9,968		10,067
5,000.000 JP MORGAN CHASE & CO DTD 07/22/10, DUE 07/22/20, 4.4% INTEREST		5,456		5,337
5,000.000 JP MORGAN CHASE & CO DTD 07/21/15, DUE 07/15/25, 3.9% INTEREST		4,981		5,153
8,000.000 KINDER MORGAN ENERGY PTR DTD 09/11/14, DUE 09/01/24, 4.25% INTEREST		7,987		6,805
9,000.000 LOCKHEED MARTIN CORP DTD 11/23/15, DUE 01/15/26, 3.55% INTEREST		8,931		9,032
9,000.000 MORGAN STANLEY DTD 07/28/11, DUE 07/28/21, 5.5% INTEREST		10,160		10,083
7,000.000 MORGAN STANLEY DTD 06/16/15, DUE 06/16/20, 2.8% INTEREST		6,992		7,022
10,000.000 ORACLE CORP DTD 05/05/15, DUE 05/15/25, 2.95% INTEREST		9,954		9,742
20,000.000 VERIZON COMMUNICATIONS INC DTD 09/18/13, DUE 09/15/43, 6.55% INTEREST		21,349		23,744
28,000.000 WELLS FARGO & CO NEW DTD 12/07/15, DUE 12/07/20, 2.55% INTEREST		27,970		27,862
SUBTOTAL CORPORATE BONDS	$	270,519	$	271,919

NOTE: Column (a) is blank as there were no parties in interest.

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

(a) (b) and (c) Identity of Issue and Description of Investment		(d) Cost		(e) Current Value
CORPORATE BONDS (CONTINED)				
FOREIGN BONDS				
4,000.000 BP CAP MKTS PLC UNITED KINGDOM DTD 11/04/14, DUE 11/04/24, 3.535% INTEREST		4,000		3,891
18,000.000 BANK NOVA SCOTIA B C CANADA DTD 06/11/15, DUE 06/11/18, 1.7% INTEREST		17,992		17,932
16,000.000 ROYAL BK CDA CANADA DTD 12/10/15, DUE 12/10/18, 2.0% INTEREST		15,996		15,986
5,000.000 WESTPAC BKG CORP AUSTRALIA DTD 11/23/15, DUE 11/23/20, 2.6% INTEREST		4,996		5,019
SUBTOTAL FOREIGN BONDS	$	42,984	$	42,828
TOTAL CORPORATE BONDS	$	**313,503**	$	**314,747**
COMMON STOCKS				
580.000 EDGEWELL PSNL CARE CO	$	49,938		45,455
450.000 KOHLS CORP		21,347		21,434
2,415.000 LIBERTY INTERACTIVE CORPORATION		68,207		65,978
575.000 MACYS INC		21,182		20,113
2,510.000 TEGNA INC		75,064		64,055
725.000 CVS HEALTH CORP		36,880		70,883
705.000 CHEVRON CORP		71,558		63,422
1,620.000 PBF ENERGY INC		46,991		59,632
1,825.000 SUNCOR ENERGY		55,430		47,085
700.000 ALLSTATE CORP		43,756		43,463
2,310.000 ALLY FINL INC		52,739		43,058
1,385.000 AMERICAN INTL GROUP INC NEW		60,339		85,828
390.000 AMERIPRISE FINL INC		34,205		41,504
4,890.000 BANK AMER CORP		83,958		82,299
1,655.000 BANK NEW YORK MELLON CORP		73,496		68,219
3,450.000 FIFTH THIRD BANCORP		72,262		69,345
1,705.000 HARTFORD FINAL SERVICES GROUP INC		41,100		74,099
1,500.000 ABBOTT LABS		54,302		67,365
1,955.000 PFIZER INC		40,395		63,107
935.000 TEVA PHARMACEUTICAL INDS LTD		50,222		61,373
515.000 UNITEDHEALTH GROUP INC		60,052		60,585
965.000 INGERSOLL-RAND CO LTD		41,603		53,355
2,990.000 LIVE NATION ENTERTAINMENT INC		72,874		73,464
490.000 MANPOWERGROUP INC		43,895		41,302
1,565.000 MASCO CORP		42,832		44,290
450.000 STANLEY BLACK & DECKER INC		41,186		48,028
1,075.000 WASTE MGMT INC DEL		53,679		57,373
4,285.000 CYPRESS SEMICONDUCTOR CORP		41,830		42,036
840.000 GLOBAL PMTS INC		19,302		54,188
2,015.000 PAYPAL HOLDINGS INC		75,098		72,943
4,310.000 SYMANTEC CORP		100,428		90,510
1,300.000 PACKAGING CORP AMER		90,865		81,965
17,580.000 FRONTIER COMMUNICATIONS CORP		92,821		82,099
475.000 SEMPRA ENERGY		43,626		44,655
TOTAL COMMON STOCKS	$	**1,873,462**	$	**2,004,510**
MUTUAL FUNDS AND REITs				
10,482.433 FEDERATED INSTL HIGH YIELD BD	$	106,391		95,285
24,250.957 FEDERATED FUND FOR U.S. GOVT SECURITIES		183,002		180,912
13,445.883 FEDERATED BD FUND		127,500		117,383
2,000.000 DUKE RLTY CORP COM NEW		41,985		42,040
TOTAL MUTUAL FUNDS AND REITs	$	**458,878**	$	**435,620**

L.C. WHITFORD CO., INC PENSION PLAN
EIN #16-0789973
PLAN NUMBER 002
Plan Year Ended: 12/31/15

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

(a) (b) and (c) Identity of Issue and Description of Investment		(d) Cost		(e) Current Value
OTHER FIXED INCOME				
0.012 BANC AMER ALTERN LN TR DTD 02/01/06, DUE 03/25/36, 6.0% INTEREST		-		-
950.420 MERRILL LYNCH MTG INVS DTD 03/01/98, DUE 11/15/26, 6.72% INTEREST		1,065		960
15,000.000 CALIFORNIA ST GO DTD 04/28/09, DUE 04/01/39, 7.55% INTEREST		19,618		21,787
TOTAL OTHER FIXED INCOME	$	**20,683**	$	**22,747**
TOTAL INVESTMENTS	$	**2,878,463**	$	**2,990,688**

L.C. WHITFORD CO., INC. PENSION PLAN
EIN #16-0789973
PLAN NUMBER 002
Plan Year Ended: 12/31/15

Schedule H, line 4i-Schedule of Assets (Acquired and Disposed of Within Year)

(a) and (b) Identity of Issue and Description of Investment	(c) Cost of Acquisition	(d) Proceeds of Disposition

NONE

L.C. WHITFORD CO., INC. PENSION PLAN
EIN #16-0789973
PLAN NUMBER 002
Plan Year Ended: 12/31/15

Schedule H, line 4j-Schedule of Reportable Transactions

(a) and (b) Identity of Party Involved and Description of Asset	© Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net Gain or (Loss)
Single Transaction Exceeds 5% of Current Value of Plan Assets					
NONE					
Series of Transactions With the Same Broker Other than Securities Exceeds 5% of Current Value of Plan Assets					
NONE					
Transactions in a Series of Security Transactions Involving Same Issue if Series Exceeds 5% of Current Value of Plan Assets					
582,475.73 BOA TEMP OVERNITE DEPOSIT - CUSTODY	582,476		582,476	582,476	-
593,933.69 BOA TEMP OVERNITE DEPOSIT - CUSTODY		593,934	593,934	593,934	-
	582,476	593,934	1,176,410	1,176,410	
1,171,833.18 BOFA GOVT PLUS RESERVES CAPITAL CLASS	1,171,833		1,171,833	1,171,833	-
1,357,235.79 BOFA GOVT PLUS RESERVES CAPITAL CLASS		1,357,236	1,357,236	1,357,236	-
	1,171,833	1,357,236	2,529,069	2,529,069	
2,870.00 BROOKDALE SENIOR LIVING INC COM	107,373		107,373	107,373	-
		66,801	107,373	66,801	(40,572)
	107,373	66,801	214,746	174,174	(40,572)
99,000.00 US TREAS NT DTD 06/15/12 DUE 06/15/15 @0.375%	99,119		99,119	99,119	-
		99,023	99,119	99,023	(96)
	99,119	99,023	198,238	198,142	(96)
165,000.00 US TREAS NT DTD 11/15/12 DUE 11/15/15 @0.375%	165,153		165,153	165,153	-
		165,013	165,153	165,013	(140)
	165,153	165,013	330,306	330,166	(140)
150,000.00 US TREAS NT DTD 01/15/13 DUE 01/15/16 @0.375%	150,082		150,082	150,082	-
38,000.00 US TREAS NT DTD 01/15/13 DUE 01/15/16 @0.375%		38,003	38,021	38,003	(18)
	150,082	38,003	188,103	188,085	(18)
Single Transaction With One Broker Exceeds 5% of Current Value of Plan Assets					
NONE					

L.C. WHITFORD CO., INC. PENSION PLAN
EIN #16-0789973
PLAN NUMBER 002
Plan Year Ended: 12/31/15

Schedule H, line 4j-Schedule of Reportable Transactions

(a) and (b) Identity of Party Involved and Description of Asset	© Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net Gain or (Loss)
Single Transaction Exceeds 5% of Current Value of Plan Assets					
NONE					
Series of Transactions With the Same Broker Other than Securities Exceeds 5% of Current Value of Plan Assets					
NONE					
Transactions in a Series of Security Transactions Involving Same Issue if Series Exceeds 5% of Current Value of Plan Assets					
582,475.73 BOA TEMP OVERNITE DEPOSIT - CUSTODY	582,476		582,476	582,476	-
593,933.69 BOA TEMP OVERNITE DEPOSIT - CUSTODY		593,934	593,934	593,934	-
	582,476	593,934	1,176,410	1,176,410	
1,171,833.18 BOFA GOVT PLUS RESERVES CAPITAL CLASS	1,171,833		1,171,833	1,171,833	-
1,357,235.79 BOFA GOVT PLUS RESERVES CAPITAL CLASS		1,357,236	1,357,236	1,357,236	-
	1,171,833	1,357,236	2,529,069	2,529,069	
2,870.00 BROOKDALE SENIOR LIVING INC COM	107,373		107,373	107,373	-
		66,801	107,373	66,801	(40,572)
	107,373	66,801	214,746	174,174	(40,572)
99,000.00 US TREAS NT DTD 06/15/12 DUE 06/15/15 @0.375%	99,119		99,119	99,119	-
		99,023	99,119	99,023	(96)
	99,119	99,023	198,238	198,142	(96)
165,000.00 US TREAS NT DTD 11/15/12 DUE 11/15/15 @0.375%	165,153		165,153	165,153	-
		165,013	165,153	165,013	(140)
	165,153	165,013	330,306	330,166	(140)
150,000.00 US TREAS NT DTD 01/15/13 DUE 01/15/16 @0.375%	150,082		150,082	150,082	-
38,000.00 US TREAS NT DTD 01/15/13 DUE 01/15/16 @0.375%		38,003	38,021	38,003	(18)
	150,082	38,003	188,103	188,085	(18)
Single Transaction With One Broker Exceeds 5% of Current Value of Plan Assets					
NONE					

L.C. WHITFORD CO., INC PENSION PLAN
EIN #16-0789973
PLAN NUMBER 002
Plan Year Ended: 12/31/15

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

(a) (b) and (c) Identity of Issue and Description of Investment		(d) Cost		(e) Current Value
GOVERNMENT & AGENCY				
25,000.000 US TREASURY BD DTD 02/02/15, DUE 01/31/22, 1.5% INTEREST		24,729		24,303
20,000.000 US TREASURY NT, DTD 02/15/12, DUE 02/15/22, 2.0% INTEREST		20,075		20,036
112,000.000 US TREASURY NT, DTD 01/15/13, DUE 01/15/16, 0.375% INTEREST		112,061		112,004
40,000.000 US TREASURY NT, DTD 06/02/14, DUE 05/31/16, 0.375% INTEREST		39,978		39,984
1,241.650 FED HOME LN MTG CORP, DTD 06/01/06, DUE 07/01/36, 5.0% INTEREST		1,182		1,364
1,468.160 FED HOME LN MTG CORP, DTD 06/01/05, DUE 06/01/35, 5.0% INTEREST		1,448		1,616
365.670 FNMA POOL #694431 DTD 03/01/03, DUE 03/01/18, 5.0% INTEREST		378		380
488.890 FNMA POOL #738783 DTD 09/01/03, DUE 02/01/25, 7.0% INTEREST		519		512
1,426.170 FED NATL MTG ASSN DTD 10/01/05, DUE 10/01/20, 5.0% INTEREST		1,407		1,515
975.030 FED NATL MTG ASSN DTD 06/01/08, DUE 07/01/22, 5.5% INTEREST		981		1,056
996.450 FED NATL MTG ASSN DTD 09/01/06, DUE 09/01/36, 6.5% INTEREST		1,023		1,139
1,337.840 FED NATL MTG ASSN DTD 11/01/08, DUE 11/01/38, 6.0% INTEREST		1,383		1,510
1,267.520 FED NATL MTG ASSN DTD 05/01/08, DUE 05/01/38, 5.0% INTEREST		1,257		1,394
553.610 GNMA POOL #376400 DTD 02/01/94, DUE 02/15/24, 6.5% INTEREST		517		633
342.470 GNMA POOL #462622 DTD 03/01/98, DUE 03/15/28, 6.5% INTEREST		349		392
487.110 GNMA POOL #487034 DTD 03/01/99,DUE 03/15/29, 6.5% INTEREST		497		567
396.920 GNNA POOL #510394 DTD 09/01/99, DUE 09/15/29, 7.0% INTEREST		410		450
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577.080 GNMA POOL #781096 DTD 10/01/99, DUE 12/15/28, 6.5% INTEREST		587		660
414.320 GNMA POOL #781231 DTD 01/01/01, DUE 12/15/30, 7.0% INTEREST		420		493
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TOTAL GOVERNMENT & AGENCY	$	**211,937**	$	**213,064**
CORPORATE BONDS				
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12,000.000 AMERICAN EXPRESS DTD 09/14/15, DUE 09/14/20, 2.6% INTEREST		11,991		12,028
11,000.000 AMERICAN HONDA FIN CORP DTD 09/24/15, DUE 09/24/20, 2.45% INTEREST		10,993		11,017
18,000.000 BANK AMER CORP DTD 04/21/15, DUE 04/21/20, 2.25% INTEREST		17,962		17,566
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4,000.000 BANK NEW YORK INC DTD 11/27/15, DUE 11/27/20, 2.45% INTEREST		3,997		3,982
8,000.000 CVS CAREMARK CORP DTD 07/20/15, DUE 07/20/20, 2.8% INTEREST		7,994		8,036
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6,000.000 GOLDMAN SACH GRP DTD 09/15/15, DUE 09/15/20, 2.75% INTEREST		6,020		5,996
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5,000.000 JP MORGAN CHASE & CO DTD 07/21/15, DUE 07/15/25, 3.9% INTEREST		4,981		5,153
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9,000.000 MORGAN STANLEY DTD 07/28/11, DUE 07/28/21, 5.5% INTEREST		10,160		10,083
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10,000.000 ORACLE CORP DTD 05/05/15, DUE 05/15/25, 2.95% INTEREST		9,954		9,742
20,000.000 VERIZON COMMUNICATIONS INC DTD 09/18/13, DUE 09/15/43, 6.55% INTEREST		21,349		23,744
28,000.000 WELLS FARGO & CO NEW DTD 12/07/15, DUE 12/07/20, 2.55% INTEREST		27,970		27,862
SUBTOTAL CORPORATE BONDS	$	270,519	$	271,919

NOTE: Column (a) is blank as there were no parties in interest.

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

(a) (b) and (c) Identity of Issue and Description of Investment		(d) Cost		(e) Current Value
CORPORATE BONDS (CONTINED)				
FOREIGN BONDS				
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18,000.000 BANK NOVA SCOTIA B C CANADA DTD 06/11/15, DUE 06/11/18, 1.7% INTEREST		17,992		17,932
16,000.000 ROYAL BK CDA CANADA DTD 12/10/15, DUE 12/10/18, 2.0% INTEREST		15,996		15,986
5,000.000 WESTPAC BKG CORP AUSTRALIA DTD 11/23/15, DUE 11/23/20, 2.6% INTEREST		4,996		5,019
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575.000 MACYS INC		21,182		20,113
2,510.000 TEGNA INC		75,064		64,055
725.000 CVS HEALTH CORP		36,880		70,883
705.000 CHEVRON CORP		71,558		63,422
1,620.000 PBF ENERGY INC		46,991		59,632
1,825.000 SUNCOR ENERGY		55,430		47,085
700.000 ALLSTATE CORP		43,756		43,463
2,310.000 ALLY FINL INC		52,739		43,058
1,385.000 AMERICAN INTL GROUP INC NEW		60,339		85,828
390.000 AMERIPRISE FINL INC		34,205		41,504
4,890.000 BANK AMER CORP		83,958		82,299
1,655.000 BANK NEW YORK MELLON CORP		73,496		68,219
3,450.000 FIFTH THIRD BANCORP		72,262		69,345
1,705.000 HARTFORD FINAL SERVICES GROUP INC		41,100		74,099
1,500.000 ABBOTT LABS		54,302		67,365
1,955.000 PFIZER INC		40,395		63,107
935.000 TEVA PHARMACEUTICAL INDS LTD		50,222		61,373
515.000 UNITEDHEALTH GROUP INC		60,052		60,585
965.000 INGERSOLL-RAND CO LTD		41,603		53,355
2,990.000 LIVE NATION ENTERTAINMENT INC		72,874		73,464
490.000 MANPOWERGROUP INC		43,895		41,302
1,565.000 MASCO CORP		42,832		44,290
450.000 STANLEY BLACK & DECKER INC		41,186		48,028
1,075.000 WASTE MGMT INC DEL		53,679		57,373
4,285.000 CYPRESS SEMICONDUCTOR CORP		41,830		42,036
840.000 GLOBAL PMTS INC		19,302		54,188
2,015.000 PAYPAL HOLDINGS INC		75,098		72,943
4,310.000 SYMANTEC CORP		100,428		90,510
1,300.000 PACKAGING CORP AMER		90,865		81,965
17,580.000 FRONTIER COMMUNICATIONS CORP		92,821		82,099
475.000 SEMPRA ENERGY		43,626		44,655
TOTAL COMMON STOCKS	$	**1,873,462**	$	**2,004,510**
MUTUAL FUNDS AND REITs				
10,482.433 FEDERATED INSTL HIGH YIELD BD	$	106,391		95,285
24,250.957 FEDERATED FUND FOR U.S. GOVT SECURITIES		183,002		180,912
13,445.883 FEDERATED BD FUND		127,500		117,383
2,000.000 DUKE RLTY CORP COM NEW		41,985		42,040
TOTAL MUTUAL FUNDS AND REITs	$	**458,878**	$	**435,620**

L.C. WHITFORD CO., INC PENSION PLAN
EIN #16-0789973
PLAN NUMBER 002
Plan Year Ended: 12/31/15

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

(a) (b) and (c) Identity of Issue and Description of Investment		(d) Cost		(e) Current Value
OTHER FIXED INCOME				
0.012 BANC AMER ALTERN LN TR DTD 02/01/06, DUE 03/25/36, 6.0% INTEREST		-		-
950.420 MERRILL LYNCH MTG INVS DTD 03/01/98, DUE 11/15/26, 6.72% INTEREST		1,065		960
15,000.000 CALIFORNIA ST GO DTD 04/28/09, DUE 04/01/39, 7.55% INTEREST		19,618		21,787
TOTAL OTHER FIXED INCOME	$	**20,683**	$	**22,747**
TOTAL INVESTMENTS	$	**2,878,463**	$	**2,990,688**

L.C. WHITFORD CO., INC. PENSION PLAN
EIN #16-0789973
PLAN NUMBER 002
Plan Year Ended: 12/31/15

Schedule H, line 4i-Schedule of Assets (Acquired and Disposed of Within Year)

(a) and (b) Identity of Issue and Description of Investment	(c) Cost of Acquisition	(d) Proceeds of Disposition

NONE