

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 <u>01/01/2015</u> and ending <u>12/31/2015</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>VOCATIONAL GUIDANCE SERVICES PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>07/01/1979</u>
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) <u>VOCATIONAL GUIDANCE SERVICES</u> <u>2239 EAST 55TH STREET</u> <u>CLEVELAND, OH 44103-4451</u>	2b Employer Identification Number (EIN) <u>34-0714650</u> 2c Plan Sponsor's telephone number <u>216-431-7800</u> 2d Business code (see instructions) <u>611000</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2016</u>	<u>SUSIE BARRAGATE</u>
	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

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

Form 5500 (2015)
v. 150123

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	5 150
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) 47
a(2) Total number of active participants at the end of the plan year	6a(2) 39
b Retired or separated participants receiving benefits.....	6b 31
c Other retired or separated participants entitled to future benefits.....	6c 70
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 140
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 3
f Total. Add lines 6d and 6e	6f 143
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 11	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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.

<div>A Name of plan VOCATIONAL GUIDANCE SERVICES PENSION PLAN</div>	<div>B Three-digit plan number (PN) 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF VOCATIONAL GUIDANCE SERVICES</div>	<div>D Employer Identification Number (EIN) 34-0714650</div>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500
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Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2015			
2 Assets:			
a Market value	2a	5295696	
b Actuarial value	2b	5382223	
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	32	1396324	1396324
b For terminated vested participants	71	888419	888419
c For active participants	47	3899619	3922455
d Total	150	6184362	6207198
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	6.16%	
6 Target normal cost	6	130297	

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.

<div>SIGN HERE</div>	<div>09/27/2016</div>
<div>Signature of actuary</div>	<div>Date</div>
<div>PAUL J. GIBBONS</div>	<div>14-06478</div>
<div>Type or print name of actuary</div>	<div>Most recent enrollment number</div>
<div>FINDLEY DAVIES, INC.</div>	<div>216-875-1900</div>
<div>Firm name</div>	<div>Telephone number (including area code)</div>
<div>1300 EAST NINTH STREET, SUITE 850 CLEVELAND, OH 44114-1516</div>	
<div>Address of the firm</div>	

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>3.94</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.31</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages		
14 Funding target attainment percentage.....	14	86.70 %
15 Adjusted funding target attainment percentage	15	86.70 %
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	83.34 %
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
04/15/2015	119386	0			
07/15/2015	43780	0			
10/14/2015	81583	0			
01/14/2016	81583	0			
09/14/2016	53486	0			
			Totals ►	18(b)	379818
				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	362616
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
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
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	130297	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	824975	232298	
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	362595	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	362595	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	362616	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	21	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

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

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan VOCATIONAL GUIDANCE SERVICES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 VOCATIONAL GUIDANCE SERVICES	D Employer Identification Number (EIN) 34-0714650	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FINDLEY DAVIES, INC.

34-1213174

(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?
11 50	NONE	27355	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRIES FINANCIAL LLC

34-1257039

(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?
27 50	NONE	25087	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC 1900 E. 9TH STREET
CLEVELAND, OH 44114

(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?
21 50 59 60 62 63 68	TRUSTEE	11169	Yes ☒ No ☐	Yes ☐ No ☒	0	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.	

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
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(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 VOCATIONAL GUIDANCE SERVICES PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 VOCATIONAL GUIDANCE SERVICES	D Employer Identification Number (EIN) 34-0714650	

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)	205530	135069
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	6212	5844
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	119452	208425
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4969217	4607288
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	5300411	4956626

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	5300411	4956626
---	-----------	---------	---------

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)	379818	
(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)		379818
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	62	
(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)		62
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	182617	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		182617
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-204929
c Other income	2c		466
d Total income. Add all income amounts in column (b) and enter total	2d		358034

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	571914	
(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)		571914
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)	27355	
(2) Contract administrator fees	2i(2)	11169	
(3) Investment advisory and management fees	2i(3)	25087	
(4) Other	2i(4)	66294	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		129905
j Total expenses. Add all expense amounts in column (b) and enter total	2j		701819

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-343785
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: SAMUEL, KELLOG & CO., INC.

(2) EIN: 34-1651498

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.)		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.)		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.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			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?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

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

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

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

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

<div>A Name of plan VOCATIONAL GUIDANCE SERVICES PENSION PLAN</div>	<div>B Three-digit plan number (PN) ► 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 VOCATIONAL GUIDANCE SERVICES</div>	<div>D Employer Identification Number (EIN) 34-0714650</div>

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): 34-6656201		
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	7

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

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

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

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

Schedule R (Form 5500) 2015
v. 150123

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
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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

DEFINED BENEFIT PENSION PLAN
for the Employees' of
VOCATIONAL GUIDANCE SERVICES

Financial Statements
As of December 31, 2015

Together with Auditor's Report

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SAMUEL, KELLOGG & CO., INC.
CERTIFIED PUBLIC ACCOUNTANTS

1529 St. Clair Avenue • Cleveland, OH 44114
(216) 687-0220 • FAX: (216) 687-0224

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Defined Benefit Pension Plan of
Vocational Guidance Services
Cleveland, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Defined Benefit Pension Plan of Vocational Guidance Services, which comprise the statements of net assets available for benefits as of December 31, 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 December 31, 2014 and 2013, and statement of changes in accumulated plan benefits for the year ended December 31, 2014, 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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by PNC Bank, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the custodian 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.

Other Matter

The supplemental schedules of Assets Held for Investment Purposes, and Schedule of Reportable Transactions, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of

the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Samuel, Kellogg & Co. Inc.

SAMUEL, KELLOGG & CO., INC.

Cleveland, Ohio

September 28, 2016

DEFINED BENEFIT PENSION PLAN
for the Employees' of
VOCATIONAL GUIDANCE SERVICES
Statement of Net Assets Available for Benefits
As of December 31,

	<u>2015</u>	<u>2014</u>
ASSETS:		
Investments, at fair value:		
Registered investment companies	\$ 4,607,288	\$ 4,969,217
Money market funds	208,425	119,452
Accrued income	5,844	6,212
	<u>\$ 4,821,557</u>	<u>\$ 5,094,881</u>
Employer receivable	<u>135,069</u>	<u>205,530</u>
TOTAL ASSETS	<u><u>\$ 4,956,626</u></u>	<u><u>\$ 5,300,411</u></u>
LIABILITIES:		
Benefit claims payable	\$ <u>-</u>	\$ <u>-</u>
TOTAL LIABILITIES	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 4,956,626</u></u>	<u><u>\$ 5,300,411</u></u>

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

DEFINED BENEFIT PENSION PLAN
for the Employees' of
VOCATIONAL GUIDANCE SERVICES
Statement of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
ADDITIONS TO NET ASSETS:		
Investment Income:		
Net appreciation (depreciation) in fair value of investments	\$ (204,929)	\$ 88,084
Dividends, net of foreign taxes	182,617	148,950
Interest	62	51
Other income	466	49
	<u>(21,784)</u>	<u>237,134</u>
Less - investment expenses	<u>(36,256)</u>	<u>(46,393)</u>
	(58,040)	190,741
Contributions:		
Employer	379,818	457,951
TOTAL ADDITIONS TO NET ASSETS	<u>321,778</u>	<u>648,692</u>
DEDUCTIONS FROM NET ASSETS:		
Benefits paid directly to participants	571,914	577,300
Administrative expenses	93,649	96,322
TOTAL DEDUCTIONS FROM NET ASSETS	<u>665,563</u>	<u>673,622</u>
NET (DECREASE)	(343,785)	(24,930)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>5,300,411</u>	<u>5,325,341</u>
End of year	<u>\$ 4,956,626</u>	<u>\$ 5,300,411</u>

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

DEFINED BENEFIT PENSION PLAN
for the Employees' of
VOCATIONAL GUIDANCE SERVICES
Statement of Accumulated Plan Benefits
As of December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
Vested benefits:		
Retired Participants and Beneficiaries receiving payments	\$ 1,396,324	\$ 1,362,452
Terminated vested participants	888,419	1,113,349
Other active participants	<u>3,899,619</u>	<u>3,718,063</u>
	6,184,362	6,193,264
Non-vested benefits	<u>22,836</u>	<u>30,853</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u><u>\$ 6,207,198</u></u>	<u><u>\$ 6,224,117</u></u>

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

DEFINED BENEFIT PENSION PLAN
for the Employees' of
VOCATIONAL GUIDANCE SERVICES
Statement of Changes in Accumulated Plan Benefits
For the Year Ended December 31, 2014

	<u>2014</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	\$ 6,224,117
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	128,921
Benefits accumulated including gains and losses	56,653
Increase for interest due to the decrease in the discount period at 6.10%	374,807
Benefits paid	<u>(577,300)</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	\$ <u>6,207,198</u>

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

DEFINED BENEFIT PENSION PLAN
for the Employees' of
VOCATIONAL GUIDANCE SERVICES
Notes to Financial Statements

(1) DESCRIPTION OF PLAN

The following brief description of the Defined Benefit Pension Plan of Vocational Guidance Services is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

a.) General -

The Plan is a defined benefit pension plan covering substantially all salaried employees of Vocational Guidance Services (Agency). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b.) Pension Benefits -

Any employee who was a participant prior to July 1, 1997 shall continue to participate. Any eligible employee who was hired prior to July 1, 1997 who has both attained the age of 21 and completed two years of service participated starting on the date they satisfied such requirements. Each other employee participates on the date they have both obtained age 21 and completed one year of service. No new participants are permitted after March 19, 2010.

During 2010, the Plan was amended to reflect the following changes in coverage and benefits:

- a. Effective March 19, 2010, this Plan was frozen and no eligible employee shall become a participant after that date.
- b. With respect to highly compensated employees only, all benefit accruals ceased as of December 31, 2009.
- c. With respect to highly compensated employees only, no future periods of service will be earned for benefit accrual purposes after December 31, 2009.
- d. With respect to highly compensated employees only, average monthly compensation shall take into account monthly compensation earned through the earlier of the participant's termination of employment, or December 31, 2009.

The accrued benefit is equal to a monthly life annuity starting at age 65 equal to the greater of (1) the frozen accrued benefit and (2) 1.5% of the average monthly compensation times the participant's credited service at normal retirement plus 0.5% of the average monthly compensation in excess of the social security covered compensation multiplied by the participant's credited service (up to 25 years) at normal retirement with the resulting sum multiplied by a fraction whose numerator is the participant's credited service at termination and whose denominator is the participant's credited service at normal retirement. This amount was frozen for all Officers of the plan as of December 31, 2009 and for all other participant's as of December 31, 2010.

c.) Death and Disability Benefits -

The spouse of an active participant will receive a benefit equal to 66-2/3% of the vested accrued benefit reduced for early commencement and reduced to reflect payment as a Joint and 66-2/3% Survivor Annuity with 10 years certain.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

a.) Basis of Accounting -

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

b.) Estimates -

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

c.) Investment Valuation and Income Recognition -

Quoted market prices are used to value investments. Many factors are considered in arriving at that fair market value. In general, however, corporate bonds are valued based upon yields currently available on comparable securities of issuers with similar credit ratings. All investments are managed by PNC Bank which has determined all market values. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded as paid. Market value reflects any earned but unpaid interest or dividends.

d.) Actuarial Present Value of Accumulated Plan Benefits -

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. 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 under the Plan are based on employees' compensation during the highest 3-year average of credited service. The accumulated plan benefits for active employees are based on their highest 3-year average of credited service as of the valuation date. 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. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary from Findley Davies, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2013 were (a) life expectancy of participants (the 1983 Group Annuity Mortality Table was used), (b) retirement age assumptions (the assumed average retirement age was 65), and (c) investment return (7.0%). The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Credited service is the continuous service while both a participant and a employee in a position covered by the plan. No Officer of the plan shall accrue additional credited service after January 1, 2010. This amount was frozen as of December 31, 2010 for all other participants.

e.) Payment of Benefits -

Benefit payments to participants are recorded upon distribution.

f.) Plan Administration -

Certain administrative functions are performed by Officers or employees of the Company. No such Officers or employees receive compensation from the Plan. Generally, administrative expenses, other than those paid to the actuary, investment advisor, and investment custodian, are paid directly by

the Company and are excluded from these financials. Certain expenses incurred in connection with the general administration of 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 the net appreciation (depreciation) in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

g.) Date of Management Review -

Subsequent events were evaluated through September 28, 2016, which is the date the financial statements were available to be issued.

(3) FUNDING POLICY:

The Agency's funding policy is to make annual contributions to the Plan in amounts deemed necessary so that all employee's benefits will be fully provided for by the time they retire.

Although it has not expressed any intention to do so, the Agency has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

(4) FAIR VALUE MEASUREMENTS:

The Plan has adopted the provisions of ASC 820, *Fair Value Measurements and Disclosure*, which defines fair values as 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 and establishes a framework for measuring fair values. The pronouncement establishes a three-level hierarchy for fair value measurements based on the transparency of inputs to the valuation of an asset or liability as of the measurement date. It also expands disclosures about instruments measured at fair value which includes the disclosure of the three levels of inputs that may be used to measure fair value. These include:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Funds

Valued at the net asset value of the shares held in the plan at year end.

U.S. Government securities, Corporate bonds and debentures, Money market funds

Valued at the closing price reported on the active market on which the individual securities are traded

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

Assets at Fair Value as of December 31, 2015				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Funds	\$ 208,425	\$ -	\$ -	\$ 208,425
Equity Securities	-	-	-	-
Registered Investment Companies				
Domestic Equity	1,276,433	-	-	1,276,433
International Equity	621,430	-	-	621,430
Corporate Bonds	-	2,502,634	-	2,502,634
Commodities	206,791	-	-	206,791
Accrued Income	5,844	-	-	5,844
	<u>\$ 2,318,923</u>	<u>\$ 2,502,634</u>	<u>\$ -</u>	<u>\$ 4,821,557</u>

Assets at Fair Value as of December 31, 2014				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Funds	\$ 119,452	\$ -	\$ -	\$ 119,452
Equity Securities	-	-	-	-
Registered Investment Companies				
Domestic Equity	1,004,490	-	-	1,004,490
International Equity	1,023,611	-	-	1,023,611
Corporate Bonds	-	2,706,940	-	2,706,940
Commodities	234,176	-	-	234,176
Accrued Income	6,212	-	-	6,212
	<u>\$ 2,387,941</u>	<u>\$ 2,706,940</u>	<u>\$ -</u>	<u>\$ 5,094,881</u>

During 2015 and 2014, the investments appreciated (depreciated) in fair value by a net as follows:

	<u>2015</u>	<u>2014</u>
Registered Investment Companies		
Blackrock Total Return Bond Fund Class A	\$ (40,910)	\$ (1,282)
Credit Suisse Commodity Return Fund Class A	(65,385)	(43,717)
Eaton Vance Atlanta Capital SMID	12,559	10,038
American Euro Pacific Growth Fund	(8,218)	(11,027)
Fidelity Contrafund Inc.	5,311	10,740
Harbor International Fund	(20,958)	(28,016)
John Hancock Funds III Disciplined Value Fund	(32,438)	23,634
Metropolitan West Total Return Bond Fund	(23,861)	32,251
Neuberger Berman High Income Bond Fund	(20,243)	(10,190)
Pimco Total Return Bond Fund	-	33,183
Principal Investors Real Estate Securities Fund	(5,860)	69,587
Vanguard Inflation Protected Securities Admiral Fund	(4,926)	2,883
	<u>\$ (204,929)</u>	<u>\$ 88,084</u>

(5) INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN:

The information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the custodian as of December 31, 2015 and 2014.

	<u>2015</u>	<u>2014</u>
Investments, at fair value:		
Registered investment companies	\$ 4,607,288	\$ 4,969,217
Money market funds	208,425	119,452

Accrued income	5,844	6,212
	<u>\$ 4,821,557</u>	<u>\$ 5,094,881</u>
Investment income	<u>\$ (21,784)</u>	<u>\$ 237,134</u>
Investment and administrative expenses	<u>\$ 129,905</u>	<u>\$ 142,715</u>
Benefits paid to participants	<u>\$ 571,914</u>	<u>\$ 577,300</u>

The following table presents the fair values of investments that represent 5% or more of the Plan's net assets.

	<u>2015</u>	<u>2014</u>
Registered Investment Companies		
Blackrock Total Return Bond Fund Class A	\$ 1,299,791	\$ 1,402,869
Eaton Vance Atlanta Capital SMID	351,681	359,054
American Euro Pacific Growth Fund	310,972	333,861
Fidelity Contrafund Inc.	342,414	362,271
Harbor International Fund	310,458	330,696
John Hancock Funds III Disciplined Value Fund	331,439	382,520
Metropolitan West Total Return Bond Fund	836,550	898,081
Principal Investors Real Estate Securities Fund	250,899	259,699

(6) PLAN TERMINATION:

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All non-vested benefits.

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. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that PBGC guarantees. For Plan terminations occurring during 2016, that ceiling is \$5,011.36 per month at age 65. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than single-life life annuity, the corresponding ceilings are actuarially adjusted downward.

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 for accumulated

benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by PBGC.

(7) TAX STATUS:

The Internal Revenue Service has determined and informed the Agency by a letter dated December 30, 1988, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has most recently been amended January 1, 2010 subsequent to receiving the original determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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 be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there is currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

(8) RELATED PARTY TRANSACTIONS:

Certain plan investments are shares in PNC Money Market Fund. PNC Institutional Asset Management is the custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to PNC Institutional Asset Management for the investment management services amounted to \$11,169 for the year ended December 31, 2015.

(9) 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 the amounts reported in the statement of net assets available for benefits.

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.

(10) SUBSEQUENT EVENTS:

In preparing these financial statements, the Plan's Management has evaluated events and transactions for potential recognition or disclosure through September 28, 2016 the date the financial statements were available to be issued.

**DEFINED BENEFIT PENSION PLAN
for the Employees' of
VOCATIONAL GUIDANCE SERVICES**

EIN 34-0714650 Plan Number 001

Schedule H, line 4i - Schedule of Assets Held for Investment Purposes
December 31, 2015

<u>(a)</u>	<u>(b) and (c) Identity of issue, description of investment</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
Registered Investment Companies			
	Blackrock Total Return Bond Fund Class A	\$ 1,340,439	\$ 1,299,791
	Credit Suisse Commodity Return Fund Class A	349,939	206,791
	Eaton Vance Atlanta Capital SMID	251,748	351,681
	American Euro Pacific Growth Fund	276,308	310,972
	Fidelity Contrafund Inc.	269,340	342,414
	Harbor International Fund	306,713	310,458
	John Hancock Funds III Disciplined Value Fund	279,366	331,439
	Metropolitan West Total Return Bond Fund	836,901	836,550
	Neuberger Berman High Income Bond Fund	201,909	180,470
	Principal Investors Real Estate Securities Fund	203,470	250,899
	Vanguard Inflation Protected Securities Admiral Fund	202,239	185,823
		<u>4,518,372</u>	<u>4,607,288</u>
Money market funds			
*	PNC Money Market Fund	208,425	208,425
		<u>208,425</u>	<u>208,425</u>
Accrued investment income			
		<u>-</u>	<u>5,844</u>
Total Assets Held for Investment Purposes		<u>\$ 4,726,797</u>	<u>\$ 4,821,557</u>

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

5% Report by asset-single transaction

5% Report by asset-single transaction

Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Valuation	Threshold
PNC MONEY MARKET FUND	PUR	08/30/15	273,167.080	\$273,167.08	\$0.00	\$0.00	\$273,167.08	\$273,167.08	\$5,094,880.82	\$254,744.04
FUND #417										
1 PURCHASES FOR				\$273,167.08	TOTAL ISSUE AGGREGATE		\$273,167.08			
0 SALES FOR				\$0.00						

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





INSTITUTIONAL
ASSET MANAGEMENT

VOC GUIDANCE SERV INC PEN FUND
DB TRUST STATEMENT
Account number 20-75-073-4453453
January 1, 2015 - December 31, 2015

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Detail

Schedule H, line 4j - Schedule of Reportable Transactions									
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Valuation
Report by asset-aggregate									
PNC MONEY MARKET FUND	PUR	01/31/15	6,381.370	\$6,381.37	\$0.00	\$0.00	\$6,381.37	\$6,381.37	\$5,094,880.82
FUND #417	SAL	02/28/15	10,650.270	10,650.27	0.00	0.00	10,650.27	10,650.27	\$254,744.04
	PUR	03/31/15	5,269.530	5,269.53	0.00	0.00	5,269.53	5,269.53	
	PUR	04/30/15	33,489.830	33,489.83	0.00	0.00	33,489.83	33,489.83	
	SAL	05/31/15	5,321.040	5,321.04	0.00	0.00	5,321.04	5,321.04	
	SAL	06/30/15	12,866.760	12,866.76	0.00	0.00	12,866.76	12,866.76	
	SAL	07/31/15	72,205.240	72,205.24	0.00	0.00	72,205.24	72,205.24	
	SAL	08/31/15	10,354.250	10,354.25	0.00	0.00	10,354.25	10,354.25	
	PUR	09/30/15	273,167.080	273,167.08	0.00	0.00	273,167.08	273,167.08	
	SAL	10/31/15	4,598.820	4,598.82	0.00	0.00	4,598.82	4,598.82	
	SAL	11/30/15	60,931.760	60,931.76	0.00	0.00	60,931.76	60,931.76	
	SAL	12/31/15	52,406.480	52,406.48	0.00	0.00	52,406.48	52,406.48	
4 PURCHASES FOR				\$318,307.81				\$547,642.43	
8 SALES FOR				\$229,334.62					
TOTAL ISSUE AGGREGATE									

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

Schedule SB, Line 26 - Schedule of Active Participant Data

January 1, 2015 Valuation
Vocational Guidance Services Pension Plan
(EIN: 34-0714650; PN: 001)

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-
30 to 34	-	4 (*)	1 (*)	-	-	-	-	-	-	-
35 to 39	-	1 (*)	-	3 (*)	-	-	-	-	-	-
40 to 44	-	2 (*)	1 (*)	3 (*)	-	-	-	-	-	-
45 to 49	-	-	-	2 (*)	-	-	-	-	-	-
50 to 54	-	1 (*)	2 (*)	3 (*)	-	-	-	-	-	-
55 to 59	-	2 (*)	2 (*)	-	2 (*)	-	-	-	-	-
60 to 64	-	1 (*)	3 (*)	3 (*)	4 (*)	2 (*)	-	1 (*)	-	-
65 to 69	-	1 (*)	1 (*)	-	-	-	2 (*)	-	-	-
70 & up	-	-	-	-	-	-	-	-	-	-

* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

APPENDIX B

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Interest Rates

Funding: 24-month segment rates averaged through the end of August 2014 and published in September 2014:

	Before MAP-21	Reflecting MAP-21
a. First Rate, Years 1-5	1.15%	4.72%
b. Second Rate, Years 5-20	4.06%	6.11%
c. Third Rate, Years 20+	5.15%	6.81%
d. Effective Interest Rate using the above rates	4.15%	6.16%
e. Interest rate for developing expected value of assets, (before applying statutory cap of 6.99%)		8.00%

Salary Scale

N/A

Mortality

Funding: RP-2000 static, non-generational Mortality Table as described in Regulation 1.430(h)(3) projected by Scale AA, to between 7 and 15 years beyond the year of the obligation, male and female, with combined rates for annuitants and nonannuitants.

Rates of Retirement

All participants are assumed to retire at age 65.

Weighted Average Retirement Age is 65. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Disability

None assumed.

Rates of Turnover

Based on age sample rates follow:

	Completed Years of Service					
Age	0	1	2	3	4	5+
25	46.00%	39.10%	20.70%	17.00%	17.00%	17.00%
30	48.00	40.80	21.60	16.80	12.25	12.25
35	48.00	40.80	21.60	16.80	12.00	7.50
40	45.00	38.25	20.25	15.75	11.25	7.50
45	42.00	35.70	18.90	14.70	10.50	7.50
50	35.00	29.75	15.75	12.25	8.75	7.50

APPENDIX B (Continued)

<i>Assumptions Made In Valuing Spouse's Benefit</i>	Eighty percent of the employees included in the valuation are assumed to be married. These percentages are used as the probabilities that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.
<i>Optional Form Election</i>	90% of employees are assumed to elect a lump sum distribution and 10% of employees are assumed to elect the life annuity benefit.
<i>Annual Increases to Maximum Benefits and Plan Compensation Limits</i>	N/A
<i>Annual Increases to Social Security</i>	N/A
<i>Provision for Expenses</i>	The expected administrative (i.e. non-investment) expenses that will be paid from plan assets, which were assumed to equal actual expenses during the prior year were included in the Target Normal Cost for minimum contribution purposes.
<i>Fiscal Year</i>	The 12-month period ending each December 31.
<i>Standing Elections</i>	The sponsor has not signed an election that provides for the automatic use of the Carryover and/or Prefunding Balance if necessary at the end of the plan year to meet the minimum funding requirement.
<i>Asset Method</i>	Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.

APPENDIX B (Continued)

Employees Valued

Only participants as of the valuation date were valued.

***Changes in
Assumptions and
Methods since the Last
Actuarial Valuation***

The segmented interest rates used for determining the funding target were 4.99%, 6.32% and 6.99%. These rates were updated to the rates required for the current plan year.

The mortality table for the funding target was changed as required under PPA '06.

***Justification for
Changes in Actuarial
Assumptions***

The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

Detail

% Report by asset-single transaction

The accompanying notes

							Valuation	Threshold	
							\$5,094,880.82	\$254,744.04	
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
PNC MONEY MARKET FUND FUND #417	PUR	09/30/15	273,167.080	\$273,167.08	\$0.00	\$0.00	\$273,167.08	\$273,167.08	\$0.00
1 PURCHASES FOR				\$273,167.08	TOTAL ISSUE AGGREGATE		\$273,167.08		
0 SALES FOR				\$0.00					

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



VOC GUIDANCE SERV INC PEN FUND
DB TRUST STATEMENT

Account number 20-75-073-4453453
January 1, 2015 - December 31, 2015

Detail

5% Report by asset-aggregate

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

15

Valuation				Threshold
\$5,094,880.82				\$254,744.04
Previous				
Cost of asset	annual market		Net gain/loss	
\$6,381.37	\$6,381.37		\$0.00	
10,650.27	10,650.27		0.00	
5,269.53	5,269.53		0.00	
33,489.83	33,489.83		0.00	
5,321.04	5,321.04		0.00	
12,866.76	12,866.76		0.00	
72,205.24	72,205.24		0.00	
10,354.25	10,354.25		0.00	
273,167.08	273,167.08		0.00	
4,598.82	4,598.82		0.00	
60,931.76	60,931.76		0.00	
52,406.48	52,406.48		0.00	
\$547,642.43				

Schedule H, line 4j - Schedule of Reportable Transactions

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>			
► 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 VOCATIONAL GUIDANCE SERVICES PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ►</td> <td style="width: 30%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF VOCATIONAL GUIDANCE SERVICES	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 34-0714650</td> </tr> </table>	D Employer Identification Number (EIN) 34-0714650	
D Employer Identification Number (EIN) 34-0714650			
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other			
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500			

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value.....	2a	5,295,696	
b Actuarial value.....	2b	5,382,223	
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.....	32	1,396,324	1,396,324
b For terminated vested participants.....	71	888,419	888,419
c For active participants.....	47	3,899,619	3,922,455
d Total.....	150	6,184,362	6,207,198
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	6.16%	
6 Target normal cost.....	6	130,297	

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

SIGN HERE	 Signature of actuary	<u>9-27-2016</u> Date 1406478
PAUL J. GIBBONS Type or print name of actuary		Most recent enrollment number 216-875-1900
FINDLEY DAVIES, INC. Firm name		Telephone number (including area code)
1300 EAST NINTH STREET, SUITE 850 CLEVELAND OH 44114-1516 Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>3.94</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.31</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	86.70%
15 Adjusted funding target attainment percentage	15	86.70%
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	83.34%
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
04/15/2015	119,386	0			
07/15/2015	43,780	0			
10/14/2015	81,583	0			
01/14/2016	81,583	0			
09/14/2016	53,486	0			
Totals ▶			18(b)	379,818	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	362,616

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	
0	0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
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	130,297	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
	824,975	232,298	
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	362,595	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	362,595	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	362,616	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	21	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB, Line 22 – Description of Weighted Retirement Age
Vocational Guidance Services Pension Plan
January 1, 2015 Valuation
EIN/PN: 34-0714650 / 001

Rates of Retirement

All participants are assumed to retire at age 65.

Weighted Average Retirement Age is 65. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

APPENDIX A

SUMMARY OF PRINCIPAL PLAN PROVISIONS

<i>Plan Sponsor</i>	Vocational Guidance Services
<i>EIN/PN</i>	34-0714650/001
<i>Effective Date</i>	July 1, 1979; amended and restated effective July 1, 1997, and January 1, 2002 and January 1, 2010, amended by the first amendment.
<i>Plan Year</i>	The 12-month period beginning each January 1.
<i>Participation</i>	Any Employee who was a participant prior to July 1, 1997 shall continue to participate. Any Eligible Employee who was hired prior to July 1, 1997 who has both attained age 21 and completed two Years of Service participated starting on the date he satisfied such requirements. Each other employee participates on the date he has both attained age 21 and completed one Year of Service. (A Year of Service is a Plan Year in which an employee is paid for at least 1,000 hours.) No new participants are permitted after March 19, 2010.
<i>Compensation</i>	Total wages, salary, commissions and overtime pay including amounts received under the Cash Profit Sharing Plan, Management Performance payments and other incentive pay, as limited by IRC Section 401(a)(17).
<i>Average Monthly Compensation</i>	1/36th of Compensation for the highest 3 years of employment, where the pay is annualized for any year in which less than one year of service is credited. This amount was frozen for all officers of the plan January 1, 2010 and for all other participants January 1, 2011.
<i>Social Security Covered Compensation</i>	The average of the Social Security Maximum Taxable Wage Bases for the 35-year period ending with the year in which Social Security Retirement Age is attained. Social Security Retirement Age is 65 for employees born before 1938, 67 for those born after 1954, and 66 for those born in between. This amount was frozen for all officers of the plan January 1, 2010 and for all other participants December 31, 2010.
<i>Vesting Service</i>	Vesting Service is the continuous service during which a participant is an employee of the employer.

APPENDIX A (Continued)

Credited Service

Credited Service is the continuous service while both a participant and an employee in a position covered by the plan. No officer of the plan shall accrue additional credited service after January 1, 2010. This amount was frozen as of December 31, 2010 for all other participants.

Accrued Benefit

A monthly life annuity starting at age 65 equal to the greater of (1) the Frozen Accrued Benefit and (2) of 1.5% of Average Monthly Compensation times the participant's Credited Service at Normal Retirement plus 0.5% of Average Monthly Compensation in excess of Social Security Covered Compensation multiplied by the participant's Credited Service (up to 25 years) at Normal Retirement with the resulting sum multiplied by a fraction whose numerator is the participant's Credited Service at termination and whose denominator is the participant's Credited Service at Normal Retirement. This amount was frozen for all officers of the plan December 31, 2009 and for all other participants December 31, 2010.

Frozen Accrued Benefit

A monthly life annuity starting at age 65 calculated as of the last day of the Plan Year preceding a Plan Year for which any amendment that affected the employee's benefit was made effective.

Normal Retirement Benefit

Eligibility:

Age 65.

Monthly Benefit:

The Accrued Benefit.

Early Retirement Benefit

Eligibility:

Age 55.

Monthly Benefit:

The Accrued Benefit at early retirement reduced by 1/15th for each of the first five years and 1/30th for each of the next five years preceding age 65. An unreduced benefit is payable to participants hired before July 1, 1997 who have attained age 62 with 30 years of Credited Service.

APPENDIX A (Continued)

Disability Retirement Benefit

Eligibility:

Permanent and total disability at any age.

Monthly Benefit:

A single sum actuarially equivalent to the Accrued Benefit at disability retirement.

Termination Benefit

Eligibility:

Termination of employment prior to retirement after completion of at least five years of Vesting Service. Participants hired before July 1, 1997 vest immediately upon becoming participants in the plan. Participants become 100% vested upon reaching Normal or Early Retirement eligibility.

Monthly Benefit:

The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.

Death Benefit

Eligibility:

100% vested and married for at least one year.

Monthly Benefit:

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 66 2/3% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 66 2/3% Joint and Survivor Annuity form of payment.

Optional Forms of Payments

Life Annuity

Joint & Survivor with 50%, 66 2/3%, 75% or 100% continuation

5 or 10 Year Certain and Continuous

The conversion factors are based on the 1983 Group Annuity Mortality Table projected to 1988 by Scale H, set back 4-years for participants and set back 4-years for beneficiaries and 9.50% interest.

APPENDIX A (Continued)

***Benefits Available as
Lump Sums***

The conversion factors are based on the Applicable Mortality Table and Applicable Interest Rate as required under IRC Section 417(e)(3) for each November preceding the plan year of distribution.

***Maximum Benefit
Limit***

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

***Plan Compensation
Limit***

The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.

***Changes in Plan
Provisions***

None.

DEFINED BENEFIT PENSION PLAN
for the Employees' of
VOCATIONAL GUIDANCE SERVICES
 EIN 34-0714650 Plan Number 001
 Schedule H, line 4i - Schedule of Assets Held for Investment Purposes
 December 31, 2015

<u>(a)</u>	<u>(b) and (c) Identity of issue, description of investment</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
Registered Investment Companies			
	Blackrock Total Return Bond Fund Class A	\$ 1,340,439	\$ 1,299,791
	Credit Suisse Commodity Return Fund Class A	349,939	206,791
	Eaton Vance Atlanta Capital SMID	251,748	351,681
	American Euro Pacific Growth Fund	276,308	310,972
	Fidelity Contrafund Inc.	269,340	342,414
	Harbor International Fund	306,713	310,458
	John Hancock Funds III Disciplined Value Fund	279,366	331,439
	Metropolitan West Total Return Bond Fund	836,901	836,550
	Neuberger Berman High Income Bond Fund	201,909	180,470
	Principal Investors Real Estate Securities Fund	203,470	250,899
	Vanguard Inflation Protected Securities Admiral Fund	202,239	185,823
		<u>4,518,372</u>	<u>4,607,288</u>
Money market funds			
*	PNC Money Market Fund	208,425	208,425
		<u>208,425</u>	<u>208,425</u>
Accrued investment income			
		<u>-</u>	<u>5,844</u>
Total Assets Held for Investment Purposes		<u>\$ 4,726,797</u>	<u>\$ 4,821,557</u>

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

Schedule SB, Line 32 – Schedule of Amortization Bases
Vocational Guidance Services Pension Plan
January 1, 2015 Valuation
EIN/PN: 34-0714650 / 001

Exhibit VII

Schedule of Amortization Bases

	Plan Year Beginning			1/01/2015
	Date Established	Present Value of Payments	Remaining Years	Amortization Installment
Shortfall Amortization Bases	1/01/2015	\$ 147,722	7	\$ 24,567
	1/01/2014	169,422	6	31,891
	1/01/2013	201,864	5	44,180
	1/01/2012	(289,144)	4	(77,361)
	1/01/2011	426,803	3	148,877
	1/01/2010	221,433	2	113,269
	1/01/2009	<u>(53,125)</u>	1	<u>(53,125)</u>
	Total	\$ 824,975		\$ 232,298
Waiver Amortization Bases	1/01/2015	\$ 0		\$ 0