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| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
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|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u> |                                                                                                                                                                                                                                                                                                                                                 |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                       |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                       |

|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                        |
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| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                              | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                         |
| <b>1a</b> Name of plan<br><u>WOOLPERT PENSION PLAN</u>                                                                                                                                                                                                                                                                                                      | <b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                             | <b>1c</b> Effective date of plan<br><u>08/01/1965</u>                                                                                                                                                  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>WOOLPERT, INC.</u><br><br><u>4454 IDEA CENTER BLVD.</u><br><u>DAYTON, OH 45430-1500</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>20-1391406</u><br><b>2c</b> Plan Sponsor's telephone number<br><u>937-461-5660</u><br><b>2d</b> Business code (see instructions)<br><u>541330</u> |

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

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

|                                                                                                 |                                                          |                   |                                                              |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | <u>Filed with authorized/valid electronic signature.</u> | <u>10/11/2016</u> | <u>JOSHUA HEID</u>                                           |
|                                                                                                 | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                          |                   |                                                              |
|                                                                                                 | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                          |                   |                                                              |
|                                                                                                 | <b>Signature of DFE</b>                                  | 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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 576                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 178<br><b>6a(2)</b> 161<br><b>6b</b> 109<br><b>6c</b> 127<br><b>6d</b> 397<br><b>6e</b> 20<br><b>6f</b> 417<br><b>6g</b><br><b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>11    1A<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                              |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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|-----------------|-----------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b> |
|-----------------|-----------------------------------------------------------------------------------|

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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.

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

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**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 \_\_\_\_\_

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|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>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.              |                                                                                                                                                  |
| A Name of plan<br>WOOLPERT PENSION PLAN                                                                                            | B Three-digit plan number (PN) 001                                                                                                               |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>WOOLPERT, INC.                                                | D Employer Identification Number (EIN)<br>20-1391406                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                    |                            |                           |                          |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                  |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2015                                                                                                                                                |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                            |                            |                           |                          |
|        | a Market value                                                                                                                                                                                     | 2a                         | 35759823                  |                          |
|        | b Actuarial value                                                                                                                                                                                  | 2b                         | 34800297                  |                          |
| 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                                                                                                                                     | 117                        | 10977002                  | 10977002                 |
|        | b For terminated vested participants                                                                                                                                                               | 281                        | 9643720                   | 9643720                  |
|        | c For active participants                                                                                                                                                                          | 178                        | 9113014                   | 9286066                  |
|        | d Total                                                                                                                                                                                            | 576                        | 29733736                  | 29906788                 |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                            |                            |                           |                          |
|        | a Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
|        | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                            | 5                          | 6.27%                     |                          |
| 6      | Target normal cost                                                                                                                                                                                 | 6                          | 0                         |                          |

Statement by Enrolled Actuary

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

|                                                         |                               |                                        |
|---------------------------------------------------------|-------------------------------|----------------------------------------|
| SIGN HERE                                               |                               | 07/22/2016                             |
|                                                         | Signature of actuary          | Date                                   |
| MATTHEW C. BURLEY, A.S.A., E.A.                         |                               | 14-05956                               |
|                                                         | Type or print name of actuary | Most recent enrollment number          |
| TRANSAMERICA                                            |                               | 508-903-6015                           |
|                                                         | Firm name                     | Telephone number (including area code) |
| 24 PRIME PARK WAY<br>SUITE 400<br>NATICK, MA 01760-1528 |                               |                                        |
|                                                         | Address of the firm           |                                        |

## Part II Beginning of Year Carryover and Prefunding Balances

|             |                                                                                                                                                         | (a) Carryover balance | (b) Prefunding balance |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>    | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                         | 0                     | 2436085                |
| <b>8</b>    | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                      | 0                     | 0                      |
| <b>9</b>    | Amount remaining (line 7 minus line 8) .....                                                                                                            | 0                     | 2436085                |
| <b>10</b>   | Interest on line 9 using prior year's actual return of <u>7.22%</u> .....                                                                               | 0                     | 175885                 |
| <b>11</b>   | Prior year's excess contributions to be added to prefunding balance:                                                                                    |                       |                        |
| <b>a</b>    | Present value of excess contributions (line 38a from prior year) .....                                                                                  |                       | 662804                 |
| <b>b(1)</b> | 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>6.48%</u> ..... |                       | 42950                  |
| <b>b(2)</b> | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       |                        |
| <b>c</b>    | Total available at beginning of current plan year to add to prefunding balance.....                                                                     |                       | 705754                 |
| <b>d</b>    | Portion of (c) to be added to prefunding balance .....                                                                                                  |                       | 705754                 |
| <b>12</b>   | Other reductions in balances due to elections or deemed elections .....                                                                                 | 0                     | 0                      |
| <b>13</b>   | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                       | 0                     | 3317724                |

| Part III | Funding Percentages |
|----------|---------------------|
|----------|---------------------|

|           |                                                                                                                                                                 |           |          |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> | Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 105.26 % |
| <b>15</b> | Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 116.36 % |
| <b>16</b> | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 104.52 % |
| <b>17</b> | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %        |

|                |                                               |
|----------------|-----------------------------------------------|
| <b>Part IV</b> | <b>Contributions and Liquidity Shortfalls</b> |
|----------------|-----------------------------------------------|

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

| (a) Date<br>(MM-DD-YYYY) |  | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) |       | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |   |
|--------------------------|--|-----------------------------------|---------------------------------|--------------------------|-------|-----------------------------------|---------------------------------|---|
| 09/18/2015               |  | 350000                            |                                 |                          |       |                                   |                                 |   |
|                          |  |                                   |                                 |                          |       |                                   |                                 |   |
|                          |  |                                   |                                 |                          |       |                                   |                                 |   |
|                          |  |                                   |                                 |                          |       |                                   |                                 |   |
|                          |  |                                   |                                 |                          |       |                                   |                                 |   |
|                          |  |                                   |                                 |                          |       |                                   |                                 |   |
|                          |  |                                   |                                 | Totals ►                 | 18(b) | 350000                            | 18(c)                           | 0 |

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

|                                                                                                                        |            |        |
|------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> |        |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                      | <b>19b</b> |        |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 335162 |

## 20 Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ..... ☐ Yes ☒ No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... ☐ Yes ☐ No

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

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.72 % | 2nd segment:<br>6.11 % | 3rd segment:<br>6.81 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 0                  |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 335162             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 335162             |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

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

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

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

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 |                                                      |     |
| A Name of plan<br>WOOLPERT PENSION PLAN                                                    | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>WOOLPERT, INC.                   | D Employer Identification Number (EIN)<br>20-1391406 |     |

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS                                                                          |
| 13-3689044                                                                                                 |

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

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

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

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

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

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

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

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

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

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

| (b)<br>Service Code(s)                 | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 12 15 28<br>38 50 59 61<br>62 63 64 | RECORD KEEPER                                                                                     | 140315                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

NATIONAL FINANCIAL SERVICES

04-3523567

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 33 71                  | SECURITIES BROKER                                                                                 | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| TRANSAMERICA RETIREMENT SOLUTIONS                                         | 11 12 15 28 38 50 59 61 62 63 64                                                                                                                                   | 0                                         |
| (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. |                                           |
| ALLIANZ<br>PO BOX 8050<br>BOSTON, MA 02266                                | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS                                         | 11 12 15 28 38 50 59 61 62 63 64                                                                                                                                   | 0                                         |
| (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. |                                           |
| BLACKROCK<br>40 EAST 52ND ST<br>NEW YORK, NY 10022                        | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS                                         | 11 12 15 28 38 50 59 61 62 63 64                                                                                                                                   | 0                                         |
| (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. |                                           |
| GOLDMAN SACHS<br>3414 PEACHTREE ROAD NE<br>SUITE 600<br>ATLANTA, GA 30326 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| TRANSAMERICA RETIREMENT SOLUTIONS                                   | 11 12 15 28 38 50 59 61 62 63 64                                                                                                                                   | 0                                         |
| (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. |                                           |
| PIMCO<br>1345 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10105          | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS                                   | 11 12 15 28 38 50 59 61 62 63 64                                                                                                                                   | 0                                         |
| (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. |                                           |
| T ROWE PRICE<br>100 EAST PRATT STREET<br>BALTIMORE, MD 21202        | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS                                   | 11 12 15 28 38 50 59 61 62 63 64                                                                                                                                   | 0                                         |
| (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. |                                           |
| TRANSAMERICA<br>PO BOX 9012<br>CLEARWATER, FL 33758                 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES                             | 33 71                                   | 0                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ALLIANZ<br>PO BOX 8050<br>BOSTON, MA 02266                          | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES                             | 33 71                                   | 0                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BLACKROCK<br>40 EAST 52ND ST<br>NEW YORK, NY 10022                  | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES                             | 33 71                                   | 0                                         |

| (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. |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GOLDMAN SACHS<br>3414 PEACHTREE ROAD NE<br>SUITE 600<br>ATLANTA, GA 30326 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                    | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                                                                             |
|----------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NATIONAL FINANCIAL SERVICES                                                | 33 71                                   | 0                                                                                                                                                                                                                     |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                                                                                                                                                                                                       |
| PIMCO<br>1345 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10105                 |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                         |                                                                                                                                                                                                                       |
| NATIONAL FINANCIAL SERVICES                                                | 33 71                                   | 0                                                                                                                                                                                                                     |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                                                                                                                                                                                                       |
| T ROWE PRICE<br>100 EAST PRATT STREET<br>BALTIMORE, MD 21202               |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                         |                                                                                                                                                                                                                       |
| NATIONAL FINANCIAL SERVICES                                                | 33 71                                   | 0                                                                                                                                                                                                                     |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                                                                                                                                                                                                       |
| TRANSAMERICA<br>PO BOX 9012<br>CLEARWATER, FL 33758                        |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                           |                                                                                                                                                                                                                              | <b>2015</b>                                    |
|                                                                                                                                                                           |                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection.</b> |

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

|                                                       |                                                |            |
|-------------------------------------------------------|------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>WOOLPERT PENSION PLAN</b> | <b>B</b> Three-digit plan number (PN) <b>►</b> | <b>001</b> |
|                                                       |                                                |            |

|                                                                                               |                                                                    |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><b>WOOLPERT, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>20-1391406</b> |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **DIVERSIFIED COLLECTIVE TRUST FUNDS**

**b** Name of sponsor of entity listed in (a): **DIVERSIFIED INVESTMENT ADVISORS**

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>04-6784256-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>6070427</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>WOOLPERT PENSION PLAN</u>                                                                                                                                                                                                                    | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>WOOLPERT, INC.</u>                                                                                                                                                                                   | <b>D</b> Employer Identification Number (EIN)<br><u>20-1391406</u>                                                                                                                                                                                                           |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                       |                 |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>                  | 10467977              | 6070427         |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                 | 25291845              | 18602129        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 35759822              | 24672556        |

**Liabilities**

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

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 35759822 | 24672556 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 350000     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 350000    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            |           |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 392673     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 392673    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | -114711   |
| (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) |            | -80581    |
| c Other income .....                                                                            | 2c     |            | 18        |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 547399    |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 11494350 |          |
| (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) |          | 11494350 |
| 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) | 70000    |          |
| (2) Contract administrator fees .....                                                | 2i(2) |          |          |
| (3) Investment advisory and management fees .....                                    | 2i(3) |          |          |
| (4) Other .....                                                                      | 2i(4) | 70315    |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |          | 140315   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 11634665 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -11087266 |
| 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: CROWE HORWATH, LLP

(2) EIN: 35-0921680

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

## Part V Trust Information

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>► <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                        |                                                                    |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>WOOLPERT PENSION PLAN</u>                                  | <b>B</b> Three-digit plan number (PN) ►<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>WOOLPERT, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>20-1391406</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u>   |
| <b>2</b> 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):<br><br>EIN(s): <u>13-3689044</u> |          |            |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |            |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>154</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                             |                                                                                                                         |                                        |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                        | <input type="checkbox"/> Yes                                                                                            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                        |                                                                                                                         |                                        |                                         |
| <b>5</b> 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. |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                              | <b>6a</b>                                                                                                               |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                  | <b>6b</b>                                                                                                               |                                        |                                         |
| <b>c</b> 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).....                                                                                                                             | <b>6c</b>                                                                                                               |                                        |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                               |                                                                                                                         |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                          | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> 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? ..... | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                             |                                   |                                   |                               |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | 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:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</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 .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/> |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                  |
|           | <b>a</b> Enter the percentage of plan assets held as:<br>Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%                                                                                                                                                                                                                                        |
|           | <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more  |
|           | <b>c</b> What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____                                                                                                                                                 |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                |                                                          |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? .....                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>20b</b> 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)? .....                                                              | <input type="checkbox"/> Design-based safe harbor method | <input type="checkbox"/> ADP/ACP test                    |
| <b>20c</b> 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))? .....                   | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>21a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): .....                                                                                                                                              | <input type="checkbox"/> Ratio percentage test           | <input type="checkbox"/> Average benefit test            |
| <b>21b</b> 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? .....                                                                           | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>22a</b> Has the plan been timely amended for all required tax law changes? .....                                                                                                                                                                                            | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <b>22b</b> 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).                                                                            |                                                          |                                                          |
| <b>22c</b> 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 _____. |                                                          |                                                          |
| <b>22d</b> 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 ____/____/____.                                                                           |                                                          |                                                          |
| <b>23</b> 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)? .....                               | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |

**WOOLPERT PENSION PLAN**

**FINANCIAL STATEMENTS**

December 31, 2015 and 2014

WOOLPERT PENSION PLAN  
FINANCIAL STATEMENTS  
DECEMBER 31, 2015 AND 2014

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## INDEPENDENT AUDITOR'S REPORT

To The Participants and Plan Trustees of  
Woolpert Pension Plan  
Dayton, Ohio

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Woolpert Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the statements of accumulated plan benefits as of December 31, 2014 and 2013, and the related statements of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

***Management's Responsibility for the Financial Statements***

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

***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 described in Note 3, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's assets and executes investment transactions. The Plan administrator has obtained certification from the trustee as of December 31, 2015 and 2014, and for the years then ended that the information provided to the plan administrator by the trustee is complete and accurate.

***Disclaimer of Opinion***

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

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(Continued)

### **Other Matters**

The supplemental Schedule H, Line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2015 and supplemental Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2015 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for purposes of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees, 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.



Crowe Horwath LLP

Oak Brook, Illinois  
October 5, 2016

WOOLPERT PENSION PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2015 and 2014

---

|                                              | <u>2015</u>              | <u>2014</u>              |
|----------------------------------------------|--------------------------|--------------------------|
| <b>ASSETS</b>                                |                          |                          |
| Investments, at fair value                   |                          |                          |
| Mutual funds                                 | \$ 18,602,129            | \$ 25,291,845            |
| Common collective trust                      | <u>6,070,427</u>         | <u>10,467,977</u>        |
| Total investments                            | <u>24,672,556</u>        | <u>35,759,822</u>        |
| <br><b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <br><u>\$ 24,672,556</u> | <br><u>\$ 35,759,822</u> |

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See accompanying notes to financial statements.

WOOLPERT PENSION PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2015 and 2014

---

|                                                              | <u>2015</u>          | <u>2014</u>          |
|--------------------------------------------------------------|----------------------|----------------------|
| Investment income:                                           |                      |                      |
| Dividends                                                    | \$ 392,673           | \$ 633,663           |
| Net appreciation in fair value of investments                | <u>-</u>             | <u>1,798,623</u>     |
| Total investment income                                      | 392,673              | 2,432,286            |
| Employer contributions                                       | <u>350,000</u>       | <u>1,400,000</u>     |
| Total additions                                              | <u>742,673</u>       | <u>3,832,286</u>     |
| Deductions from net assets attributable to:                  |                      |                      |
| Net depreciation in fair value of investments                | 188,129              | -                    |
| Benefits paid to participants                                | 11,494,351           | 1,785,396            |
| Administrative expenses (net)                                | <u>147,459</u>       | <u>38,540</u>        |
| Total deductions                                             | 11,829,939           | 1,823,936            |
| Net increase (decrease) in net assets available for benefits | (11,087,266)         | 2,008,350            |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                     |                      |                      |
| Beginning of year                                            | <u>35,759,822</u>    | <u>33,751,472</u>    |
| End of year                                                  | <u>\$ 24,672,556</u> | <u>\$ 35,759,822</u> |

---

See accompanying notes to financial statements.

WOOLPERT PENSION PLAN  
STATEMENTS OF ACCUMULATED PLAN BENEFITS  
December 31, 2014 and 2013

---

|                                                            | <u>2014</u>          | <u>2013</u>          |
|------------------------------------------------------------|----------------------|----------------------|
| Actuarial present value of accumulated plan benefits       |                      |                      |
| Vested benefits                                            |                      |                      |
| Participants currently receiving benefits                  | \$ 9,983,748         | \$ 9,245,973         |
| Other participants                                         | <u>15,203,010</u>    | <u>14,573,536</u>    |
|                                                            | 25,186,758           | 23,819,509           |
| Non-vested benefits                                        | <u>142,302</u>       | <u>176,269</u>       |
| Total actuarial present value of accumulated plan benefits | <u>\$ 25,329,060</u> | <u>\$ 23,995,778</u> |

---

See accompanying notes to financial statements.

WOOLPERT PENSION PLAN  
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS  
December 31, 2014 and 2013

---

|                                                                           | <u>2014</u>          | <u>2013</u>          |
|---------------------------------------------------------------------------|----------------------|----------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | \$ 23,995,778        | \$ 23,614,904        |
| Increase (decrease) during the year attributable to:                      |                      |                      |
| Actuarial gains                                                           | 535,882              | 240,760              |
| Increase for interest due to decrease in discount period                  | 1,849,620            | 1,821,788            |
| Increase due to changes in actuarial assumptions                          | 733,176              | 36,498               |
| Benefit payments                                                          | <u>(1,785,396)</u>   | <u>(1,718,172)</u>   |
| Actuarial present value of accumulated plan benefits at end of year       | <u>\$ 25,329,060</u> | <u>\$ 23,995,778</u> |

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See accompanying notes to financial statements.

WOOLPERT PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2015 and 2014

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**NOTE 1 - DESCRIPTION OF PLAN**

The following brief description of the Woolpert Pension Plan (the Plan) is provided for general information purposes only. For more complete information on benefit, vesting and other Plan provisions, participants should refer to the current Summary Plan Description or the Plan agreement.

General: The Plan is a noncontributory, defined benefit pension plan designed to provide retirement, disability and death benefits to eligible employees of Woolpert Inc. (the Sponsor or Employer). Substantially all employees are covered by the Plan provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective May 15, 2003, the Plan was amended and provisions were made for the last participation date for new participants to be January 1, 2003. Active employees were given various options based on age and years of service as to their new classification as a Plan participant. The Plan was also amended September 30, 2003, with an effective date of January 1, 2003, to change benefit provisions for participants employed beyond normal retirement date.

Effective March 31, 2010, the Plan was amended to freeze the accrued benefits and to stop accrual of additional service hours for all Plan participants.

Pension Benefits: Full-time employees employed before January 1, 2000, with five or more years of service are entitled to a pension benefit beginning at normal retirement age (65) equal to 1.1% of average compensation for each year of service (not to exceed thirty years). Full-time employees employed after January 1, 2000, with five or more years of service are entitled to a pension benefit beginning at normal retirement age (65) equal to 1.0% of average compensation for each year of service (not to exceed thirty years). The Plan permits early retirement at age 55 after five years of service. Pension benefits for early retirement are reduced 2.5% per year for ten years for employees employed before January 1, 2000, or 5.0% per year for ten years for employees employed after January 1, 2000, by which early retirement precedes normal retirement. Benefits for employees retiring beyond normal retirement date are based on average compensation and credited service at the late retirement date. Employees may elect to receive the value of their accumulated plan benefits upon retirement, payable as a monthly annuity, under various options and periods.

Death Benefit: If an active employee dies and is vested, the employee's surviving spouse is entitled to a death benefit as though the employee terminated on the day preceding death, survived until early retirement age and elected a 50% joint and survivor annuity.

Disability Benefit: Active employees who become totally disabled after completing five years of service qualify for the Plan's disability benefits. However, the Plan will not pay disability benefits while the employee is receiving benefits from the long-term disability plan provided by Woolpert, Inc. The Plan, however, allows the period of the employee's disability to be credited to the employee's years of service under the Plan.

Termination Benefit: Employees terminated after five years of service are entitled to an accrued retirement benefit payable at their normal retirement date.

Administrative and Investment Management Expenses: The Plan's trustee fees are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan. All other expenses of the Plan are paid by the Company.

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(Continued)

WOOLPERT PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2015 and 2014

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**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting: The financial statements of the Plan are prepared under the accrual basis of accounting.

Adoption of New Accounting Standards: In July 2015, the Financial Accounting Standards Board (FASB) amended existing guidance related to the measurement, reporting and disclosure of fully benefit-responsive investment contracts (FBRICs), and in May and July 2015 the FASB amended various other disclosure requirements applicable to investments held by defined contribution pension plans. The new guidance requires FBRICs to be measured, presented, and disclosed only at contract value, and it clarifies that a plan's investments in stable value funds are not FBRICs and should be measured and presented only at fair value. The new guidance also eliminates or simplifies various disclosure requirements applicable to plan investments. Adoption of the new guidance resulted in removal of FBRICs and investments for which fair value is measured at net asset value (or its equivalent) from the fair value hierarchy, the reporting of investments within the fair value hierarchy by general type rather than by classes of investments, and other changes in investment disclosure requirements. The Plan elected to early adopt these standards, each of which requires retrospective application to all periods presented. The adoption of these standards had no effect on the Plan's net assets available for benefits or changes therein.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

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

Payment of Benefits: Benefits are recorded when paid.

Risks and Uncertainties: Investments are exposed to various risks such as interest rate, market, liquidity, and credit risks. Due to the level of risk associated with certain Plan investments it is at least reasonably possible that changes in the values of certain Plan investments 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.

Reclassifications: Some items in the prior year financial statements and footnote disclosures were reclassified to conform to the current presentation. Reclassifications had no effect on prior year net assets available for benefits or the prior year net increase in net assets available for benefits.

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(Continued)

WOOLPERT PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2015 and 2014

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**NOTE 3 - UNAUDITED INFORMATION – CERTIFIED INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS**

Substantially all information pertaining to the Plan's investments and notes receivable and from participants included in the financial statements, including the associated investment income (loss) and interest earned on notes receivable from participants, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by State Street Bank and Trust Company, the trustee of the Plan. This information has not been audited by independent accountants.

**NOTE 4 - FAIR VALUE MEASUREMENTS**

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

- |         |                                                                                                                                                                                                                                                                                                                                   |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access as of the measurement date.                                                                                                                                                                              |
| Level 2 | Significant other observable inputs other than the level 1 prices, such as quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, and other inputs that are observable or can be corroborated by observable market data. |
| Level 3 | Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.                                                                                                                                                                |

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan

Mutual funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Common collective trust: The fair values of participation units held in collective trust are based on the net asset values per unit as reported by the fund managers. The collective trust is a direct filing entity with underlying funds and provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement..

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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(Continued)

WOOLPERT PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2015 and 2014

**NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)**

Investments measured at fair value on a recurring basis are summarized below:

|                          |                      | Fair Value Measurement Using                                               |                                                           |                                                    |
|--------------------------|----------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                          |                      | Quoted Prices<br>In Active<br>Markets for<br>Identical Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| <b>December 31, 2015</b> | <u>Total</u>         |                                                                            |                                                           |                                                    |
| Mutual funds             | \$ 18,602,129        | \$ 18,602,129                                                              | \$ -                                                      | \$ -                                               |
| Collective trust*        | <u>6,070,427</u>     | <u>-</u>                                                                   | <u>-</u>                                                  | <u>-</u>                                           |
| Total                    | <u>\$ 24,672,556</u> | <u>\$ 18,602,129</u>                                                       | <u>\$ -</u>                                               | <u>\$ -</u>                                        |
|                          |                      |                                                                            |                                                           |                                                    |
|                          |                      | Fair Value Measurement Using                                               |                                                           |                                                    |
|                          |                      | Quoted Prices<br>In Active<br>Markets for<br>Identical Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| <b>December 31, 2014</b> | <u>Total</u>         |                                                                            |                                                           |                                                    |
| Mutual funds             | \$ 25,291,845        | \$ 25,291,845                                                              | \$ -                                                      | \$ -                                               |
| Collective trust*        | <u>10,467,977</u>    | <u>-</u>                                                                   | <u>-</u>                                                  | <u>-</u>                                           |
| Total                    | <u>\$ 35,759,822</u> | <u>\$ 25,291,845</u>                                                       | <u>\$ -</u>                                               | <u>\$ -</u>                                        |

\*Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

**NOTE 5 - FUNDING POLICY**

The Sponsor's funding policy is to make annual contributions to the Plan so that all employees' benefits will be fully provided for by the time they retire. The Plan met the minimum funding requirements of ERISA for 2015. The Sponsor contributed \$350,000 in 2015 and \$1,400,000 in 2014. Contributions have consistently been made to cover the aggregate of normal service cost and interest plus an amount necessary to amortize past service costs over twenty years. Participant contributions are not permitted under the Plan.

**NOTE 6 - PLAN TERMINATION**

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA.

(Continued)

WOOLPERT PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2015 and 2014

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**NOTE 6 - PLAN TERMINATION (Continued)**

Benefits to be provided via allocated contracts under which National is obligated to pay the benefits would be excluded for allocation purposes. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("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.

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

Beginning March 5, 2015, the Plan sponsor proposed to buy out the remaining benefit for 250 terminated-vested participants through a lump-sum payment. In order to receive the lump-sum payment, participants must have elected this option by May 31, 2015. On July 1, 2015, total distributions of \$8,598,463 were made to the 137 terminated-vested participants who made the election within the provided timeframe.

**NOTE 7 - 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 their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (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.

The actuarial present value of accumulated plan benefits is determined by an actuary from the AAA Company 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 for 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, 2014 were as follows:

Mortality: RP-2014 Employee and Healthy Annuitant tables projected with Scale MP-2014 for all years.

Retirement age: Graded from age 55 to 65

Investment return: The 2014 valuation included assumed an average rate of return of 8.0%

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.

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(Continued)

WOOLPERT PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2015 and 2014

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**NOTE 7 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)**

The actuarial present value of accumulated plan benefit information as of December 31, 2014 was as follows:

|                                                            |                      |
|------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits       |                      |
| Vested benefits                                            |                      |
| Participants currently receiving payments                  | \$ 9,983,748         |
| Other participants                                         | <u>15,203,010</u>    |
|                                                            | 25,186,758           |
| Nonvested benefits                                         | <u>142,302</u>       |
| Total actuarial present value of accumulated plan benefits | <u>\$ 25,329,060</u> |

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2014, are as follows:

|                                                                                 |                      |
|---------------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits<br>as of December 31, 2013 | \$ 23,995,778        |
| Increase (decrease) during the year attributable to:                            |                      |
| Change in actuarial assumptions*                                                | 733,176              |
| Benefits accumulated and actuarial gains/losses                                 | 535,882              |
| Increase for interest due to the decrease in the discount period                | 1,849,620            |
| Benefits paid                                                                   | <u>(1,785,396)</u>   |
| Net increase                                                                    | <u>1,333,282</u>     |
| Actuarial present value of accumulated plan benefits<br>as of December 31, 2014 | <u>\$ 25,329,060</u> |

“The change in actuarial assumptions was attributed to the implementation of the RP-2014 mortality tables for males and females with generational improvements projected using the Mortality Improvement Scale MP-2014.

An actuarial valuation of the Plan’s accumulated plan benefits as of December 31, 2015, has been completed. The significant actuarial assumptions used in the valuations as of December 31, 2015 were as follows:

Mortality: RP-2014 Employee and Healthy Annuitant tables projected with Scale MP-2015 for all years.

Retirement age: Graded from age 55 to 65

Investment return: The 2015 valuation included assumed an average rate of return of 7.5%

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.

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(Continued)

WOOLPERT PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2015 and 2014

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**NOTE 7 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)**

The unaudited actuarial present value of accumulated plan benefit information as of December 31, 2015 was as follows:

|                                                            |                      |
|------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits       |                      |
| Vested benefits                                            |                      |
| Participants currently receiving payments                  | \$ 10,784,565        |
| Other participants                                         | <u>10,651,745</u>    |
|                                                            | 21,436,310           |
| Nonvested benefits                                         | <u>96,486</u>        |
| Total actuarial present value of accumulated plan benefits | <u>\$ 21,532,796</u> |

The unaudited changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2015, are as follows:

|                                                                                 |                      |
|---------------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits<br>as of December 31, 2014 | \$ 25,329,060        |
| Increase (decrease) during the year attributable to:                            |                      |
| Change in actuarial assumptions*                                                | 975,984              |
| Benefits accumulated and actuarial gains/losses                                 | 5,146,706            |
| Increase for interest due to the decrease in the discount period                | 1,575,396            |
| Benefits paid                                                                   | <u>(11,494,350)</u>  |
| Net decrease                                                                    | <u>(3,796,264)</u>   |
| Actuarial present value of accumulated plan benefits<br>as of December 31, 2015 | <u>\$ 21,532,796</u> |

"The change in actuarial assumptions was attributed to a decrease in the assumed average rate of return from 8.0% at December 31, 2014 to 7.5% at December 31, 2015.

**NOTE 8 - TRANSACTIONS WITH PARTIES-IN-INTEREST**

Parties-in-interest are defined under DOL regulations as any fiduciary of the plan, any party rendering service to the plan, the employer, and certain others. Amounts paid by the Plan to parties in interest included fees paid for investment management and actuarial services. Certain Plan investments are managed by Transamerica Retirement Solutions Corporation, record keeper of the Plan; therefore, those transactions qualify as party-in-interest transactions. Fees paid for administration services rendered by parties-in-interest during the years ended December 31, 2015 and 2014 net of available credits totaled \$147,459 and \$38,540, respectively. Certain professional fees for the administration and audit of the Plan were paid by the Company. Various administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

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(Continued)

WOOLPERT PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2015 and 2014

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**NOTE 9 - INCOME TAX STATUS**

The Internal Revenue Service has determined and informed the Sponsor by letter dated January 30, 2013, that the Plan and the related trust were designed in accordance with applicable regulations of the Internal Revenue Code (IRC). The Plan administrator and the Plan's tax counsel believe that the Plan is being operated in compliance with the applicable requirements of the IRC. Therefore, no provisions for income taxes have been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015 and 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

**NOTE 10 – SUBSEQUENT EVENTS**

Plan management has evaluated subsequent events for recognition and disclosure through October 5, 2016, which is the date the financial statements were available to be issued.

## **SUPPLEMENTARY SCHEDULES**

WOOLPERT PENSION PLAN  
SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
EMPLOYER IDENTIFICATION NUMBER 20-1391406  
PLAN NUMBER 001  
December 31, 2015

| (a) <u>Identity of Party Involved and Description of Asset</u>                | (b) | (c)<br><u>Description of Investment</u> | (d)<br><u>Cost</u>   | (e)<br><u>Current Value</u> |
|-------------------------------------------------------------------------------|-----|-----------------------------------------|----------------------|-----------------------------|
| <b>Mutual Funds</b>                                                           |     |                                         |                      |                             |
| AllianzGI NFJ Small-Cap Value Instl                                           |     | 38,320 units \$                         | 1,033,686            | \$840,349                   |
| American Century Growth R6                                                    |     | 102,114 units                           | 2,970,100            | 2,905,149                   |
| Pimco Real Return Instl                                                       |     | 92,277 units                            | 1,003,863            | 969,827                     |
| BlackRock Equity Dividend Instl                                               |     | 139,376 units                           | 3,391,266            | 2,926,906                   |
| Goldman Sachs Growth Opportunities                                            |     | 35,938 units                            | 979,574              | 844,194                     |
| T. Rowe Price New Horizons                                                    |     | 19,749 units                            | 863,426              | 838,536                     |
| Pimco Total Return Instl                                                      |     | 208,979 units                           | 2,206,946            | 2,104,416                   |
| *Transamerica International Equity I                                          |     | 182,537 units                           | 3,064,188            | 3,037,421                   |
| TIAA-CREF Large-Cap Value Index Instl                                         |     | 129,042 units                           | 2,258,094            | 2,045,313                   |
| TIAA-CREF Large-Cap Growth Index Instl                                        |     | 97,756 units                            | <u>2,036,331</u>     | <u>2,090,018</u>            |
| Total mutual funds                                                            |     | 1,046,088 units                         | <u>19,807,474</u>    | <u>18,602,129</u>           |
| <b>Common Collective Trust</b>                                                |     |                                         |                      |                             |
| Diversified Investment Advisors<br>High Quality Bond Fund                     |     | 17,930 units                            | 441,164              | 440,953                     |
| Diversified Investment Advisors<br>High Yield Bond Fund                       |     | 20,705 units                            | 844,026              | 809,786                     |
| Diversified Investment Advisors<br>Long Bond Fund                             |     | 105,137 units                           | 2,499,502            | 2,555,414                   |
| Diversified Investment Advisors<br>Real Estate Fund                           |     | 38,869 units                            | 1,383,758            | 1,420,114                   |
| Diversified Investment Advisors<br>Mid Value                                  |     | 21,224 units                            | 844,739              | 840,822                     |
| Diversified Investment Advisors<br>Money Market                               |     | 184 units                               | <u>3,338</u>         | <u>3,338</u>                |
| Total investment in Diversified Investment<br>Advisors Collective Trust Funds |     | 204,049 units                           | <u>6,016,527</u>     | <u>6,070,427</u>            |
| Total investments                                                             |     | 1,250,137 units                         | <u>\$ 25,824,001</u> | <u>\$ 24,672,556</u>        |

An (\*) in column (a) identifies a person known to be a party-in-interest to the Plan.

See accompanying notes to financial statements.

WOOLPERT PENSION PLAN  
SCHEDULE H, Line 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
EMPLOYER IDENTIFICATION NUMBER 20-1391406  
PLAN NUMBER 001  
Year ended December 31, 2015

| (a)<br><u>Identify of Party Involved</u>                                         | (b)<br><u>Description of Asset</u> | (c)<br><u>Purchase Price</u> | (d)<br><u>Selling Price</u> | (g)<br><u>Cost of Asset Sold</u> | (h)<br><u>Current Value of Asset on Transaction Date</u> | (i)<br><u>Net Gain (Loss)</u> |
|----------------------------------------------------------------------------------|------------------------------------|------------------------------|-----------------------------|----------------------------------|----------------------------------------------------------|-------------------------------|
| <b>Type (i) - Single Transactions in Excess of 5 Percent of Plan Assets</b>      |                                    |                              |                             |                                  |                                                          |                               |
| Diversified Investment Advisors                                                  | High Quality Bond Fund             | \$ -                         | \$ 2,050,676                | \$ 2,038,082                     | \$ 2,050,676                                             | \$ 12,594                     |
| Diversified Investment Advisors                                                  | Long Bond Fund                     | -                            | 2,912,363                   | 2,721,371                        | 2,912,363                                                | 190,992                       |
| Diversified Investment Advisors                                                  | Long Bond Fund                     | 2,500,000                    | -                           | -                                | 2,500,000                                                | -                             |
| Diversified Investment Advisors                                                  | Pimco Total Return Instl           |                              | 2,842,012                   | 2,814,441                        | 2,842,012                                                | 27,571                        |
| Diversified Investment Advisors                                                  | Pimco Total Return Instl           | 2,100,000                    | -                           | -                                | 2,100,000                                                | -                             |
| <b>Type (iii) - Series of Transactions in Excess of 5 Percent of Plan Assets</b> |                                    |                              |                             |                                  |                                                          |                               |
| Diversified Investment Advisors (6 transactions)                                 | High Quality Bond Fund             | \$ 1,343,409                 | \$ -                        | \$ -                             | \$ 1,343,409                                             | \$ -                          |
| Diversified Investment Advisors (40 transactions)                                | High Quality Bond Fund             | -                            | 3,969,305                   | 3,952,070                        | 3,969,305                                                | 17,235                        |
| Diversified Investment Advisors (2 transactions)                                 | Long Bond Fund                     | 3,160,000                    | -                           | -                                | 3,160,000                                                | -                             |
| Diversified Investment Advisors (14 transactions)                                | Long Bond Fund                     | -                            | 2,913,499                   | 3,104,470                        | 2,913,499                                                | (190,971)                     |
| Diversified Investment Advisors (5 transactions)                                 | Money Market                       | 653,697                      | -                           | -                                | 653,697                                                  | -                             |
| Diversified Investment Advisors (28 transactions)                                | Money Market                       | -                            | 1,579,429                   | 1,579,429                        | 1,579,429                                                | -                             |

See accompanying notes to financial statements.

WOOLPERT PENSION PLAN  
SCHEDULE H, Line 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
EMPLOYER IDENTIFICATION NUMBER 20-1391406  
PLAN NUMBER 001  
Year ended December 31, 2015

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|                                    |                            |           |           |           |           |          |
|------------------------------------|----------------------------|-----------|-----------|-----------|-----------|----------|
| Pimco (16 transactions)            | Pimco Total Return Instl   | 2,291,375 | -         | -         | 2,291,375 | -        |
| Pimco (14 transactions)            | Pimco Total Return Instl   | -         | 2,848,489 | 2,876,054 | 2,848,489 | (27,565) |
| Pimco (16 transactions)            | Pimco Real Return Instl    | 1,022,359 | -         | -         | 1,022,359 | -        |
| Pimco (14 transactions)            | Pimco Real Return Instl    | -         | 1,017,835 | 1,026,419 | 1,017,835 | (8,584)  |
| American Century (2 transactions)  | American Century Growth R6 | 202,507   | -         | -         | 202,507   | -        |
| American Century (14 transactions) | American Century Growth R6 | -         | 2,150,668 | 2,081,950 | 2,150,668 | 68,718   |

\* Party-in-interest

There were no type (ii) or (iv) transactions during the year ended December 31, 2015.

Columns (e) and (f) have been omitted because they are not applicable.

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See accompanying notes to financial statements.

**Attachment to 2015 Form 5500 Schedule SB,  
Line 26 – Schedule of Active Participant Data**

**Plan Name: Pension Plan for Nylon Employees  
Plan Sponsor: Ascend Performance Materials Holdings Inc.**

**E.I.N.: 27-0219853 Plan No.: 001  
Plan Year: January 1, 2015 to December 31, 2015**

| .....Completed Years of Credited Service ..... |                     |                     |                     |                       |                       |                       |                       |                       |                       |                |              |
|------------------------------------------------|---------------------|---------------------|---------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------|--------------|
| <u>Age</u>                                     | 0<br>to<br><u>1</u> | 1<br>to<br><u>4</u> | 5<br>to<br><u>9</u> | 10<br>to<br><u>14</u> | 15<br>to<br><u>19</u> | 20<br>to<br><u>24</u> | 25<br>to<br><u>29</u> | 30<br>to<br><u>34</u> | 35<br>to<br><u>39</u> | 40<br><u>+</u> | <u>Total</u> |
| 0 – 24                                         | 0                   | 0                   | 0                   | 0                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0              | 0            |
| 25 – 29                                        | 0                   | 0                   | 0                   | 0                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0              | 0            |
| 30 – 34                                        | 0                   | 1                   | 0                   | 0                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0              | 1            |
| 35 – 39                                        | 1                   | 19                  | 28                  | 0                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0              | 48           |
| 40 – 44                                        | 3                   | 18                  | 87                  | 26                    | 0                     | 0                     | 0                     | 0                     | 0                     | 0              | 134          |
| 45 – 49                                        | 0                   | 19                  | 121                 | 84                    | 6                     | 0                     | 0                     | 0                     | 0                     | 0              | 230          |
| 50 – 54                                        | 1                   | 27                  | 89                  | 80                    | 4                     | 14                    | 2                     | 0                     | 0                     | 0              | 217          |
| 55 – 59                                        | 0                   | 17                  | 70                  | 46                    | 8                     | 26                    | 40                    | 7                     | 0                     | 0              | 214          |
| 60 – 64                                        | 0                   | 11                  | 38                  | 9                     | 2                     | 12                    | 30                    | 12                    | 2                     | 0              | 116          |
| 65 – 69                                        | 0                   | 2                   | 7                   | 1                     | 0                     | 2                     | 3                     | 0                     | 4                     | 0              | 19           |
| 70 & Up                                        | <u>0</u>            | <u>0</u>            | <u>0</u>            | <u>0</u>              | <u>0</u>              | <u>0</u>              | <u>0</u>              | <u>0</u>              | <u>0</u>              | <u>1</u>       | <u>1</u>     |
| Totals                                         | 5                   | 114                 | 440                 | 246                   | 20                    | 54                    | 75                    | 19                    | 6                     | 1              | 980          |

**Attachment to 2015 Form 5500 Schedule SB,  
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Woolpert Pension Plan  
Plan Sponsor: Woolpert, Inc.**

**E.I.N.: 20-1391406    Plan No.: 001  
Plan Year: January 1, 2015 to December 31, 2015**

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**A    ACTUARIAL COST METHOD**

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

**B    ASSET VALUATION METHOD**

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;
2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year). However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

**Attachment to 2015 Form 5500 Schedule SB,  
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Woolpert Pension Plan  
Plan Sponsor: Woolpert, Inc.**

**E.I.N.: 20-1391406    Plan No.: 001  
Plan Year: January 1, 2015 to December 31, 2015**

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**C    INTEREST RATE METHODS**

|                                        |                                                                                                                       |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <u>Target Liability Interest Rates</u> | Segment rates for September prior to the valuation date as adjusted in accordance with Code Section 430(h)(2)(C)(iv). |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

|                            |                                                                                                                                       |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <u>PBGC Interest Rates</u> | Based on the alternative premium funding target and the Target Liability Interest Rates, unadjusted by Code Section 430(h)(2)(C)(iv). |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------|

|                                                                 |       |
|-----------------------------------------------------------------|-------|
| <u>Expected Investment Return/<br/>ASC 960-20 Interest Rate</u> | 8.00% |
|-----------------------------------------------------------------|-------|

**D    ACTUARIAL ASSUMPTIONS**

|                                           |                                                                                                                                                                                                                                    |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Pre- and Post-Retirement Mortality</u> | Static mortality table in accordance with IRS Regulation 1.430(h)(3)-1 for the valuation year for funding purposes. RP-2014 Employee and Healthy Annuitant Tables projected with Scale MP-2014 for all years for ASC 960 purposes. |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                         |                 |
|-------------------------|-----------------|
| <u>Salary Increases</u> | Not Applicable. |
|-------------------------|-----------------|

IRC Maximum Benefit and  
Compensation Limitations

|                      |                     |
|----------------------|---------------------|
| <i>Benefit Limit</i> | \$210,000 for 2015. |
|----------------------|---------------------|

|                           |                 |
|---------------------------|-----------------|
| <i>Compensation Limit</i> | Not Applicable. |
|---------------------------|-----------------|

|                         |                                      |
|-------------------------|--------------------------------------|
| <u>Withdrawal Rates</u> | Sample probabilities are as follows: |
|-------------------------|--------------------------------------|

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 25         | 11.62%      |
| 30         | 11.21%      |
| 35         | 10.55%      |
| 40         | 9.40%       |
| 45         | 7.54%       |
| 50         | 4.83%       |
| 55         | 1.73%       |

**Attachment to 2015 Form 5500 Schedule SB,  
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Woolpert Pension Plan  
Plan Sponsor: Woolpert, Inc.**

**E.I.N.: 20-1391406    Plan No.: 001  
Plan Year: January 1, 2015 to December 31, 2015**

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**D    ACTUARIAL ASSUMPTIONS (cont'd)**

**Retirement Rates**

All active participants are assumed to retire based on the following table:

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 60         | 5%          |
| 61         | 5%          |
| 62         | 10%         |
| 63         | 5%          |
| 64         | 5%          |
| 65         | 100%        |

All former partners are assumed to retire at age 65.

**Form of Payment**

50% of participants are assumed to elect the life annuity option and 50% of participants are assumed to elect the 5 year certain option. The actuarially equivalent basis for the conversion to the 5 year certain option is the IRS funding segment rates for the Funding Target Liability, and 8.00% for the ASC 960-20 Present Value of Accumulated Plan Benefits.

**Marital Assumption**

It is assumed that 80% of all active participants are married. Husbands are assumed to be three years older than their wives.

**Plan Expenses**

\$0.

**ATTACHMENT TO THE 2015 SCHEDULE H OF FORM 5500  
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &  
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS**

Plan Sponsor: Woolpert, Inc.

Plan Name: Woolpert Pension Plan

Plan Year: January 1, 2015 to December 31, 2015

EIN: 20-1391406

Plan No.: 001

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**Item 4i- Schedule of Assets Held at End of Year**

Page 18 of the attached auditor's report of the Plan for the plan year ending December 31, 2015 provides the schedule of assets information.

**Item 4j- Schedule of Reportable Transactions**

Page 19 of the attached auditor's report of the Plan for the plan year ending December 31, 2015 provides the schedule of reportable transactions.

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**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

▶ **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.

|                                                                                                                                           |  |                                                                                                                                                         |     |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>WOOLPERT PENSION PLAN                                                                                            |  | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                 | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>WOOLPERT, INC.                                                |  | <b>D</b> Employer Identification Number (EIN)<br>20-1391406                                                                                             |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B |  | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |     |

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>                                                                                                                               |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     |                            | <b>2a</b>                 | 35759823                 |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  |                            | <b>2b</b>                 | 34800297                 |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 117                        | 10977002                  | 10977002                 |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 281                        | 9643720                   | 9643720                  |
| <b>c</b> For active participants .....                                                                                                                                                                          | 178                        | 9113014                   | 9286066                  |
| <b>d</b> Total .....                                                                                                                                                                                            | 576                        | 29733736                  | 29906788                 |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       |                            | <b>4a</b>                 |                          |
| <b>b</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 ..... |                            | <b>4b</b>                 |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 6.27 %                    |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 0                         |                          |

**Statement by Enrolled Actuary**

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

|                                                                      |                                                                                     |                                                 |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>SIGN<br/>HERE</b>                                                 |  | 07/22/2016                                      |
| Signature of actuary<br>MATTHEW C. BURLEY, A.S.A., E.A.              |                                                                                     | Date<br>14-05956                                |
| Type or print name of actuary<br>TRANSAMERICA                        |                                                                                     | Most recent enrollment number<br>(508) 903-6015 |
| Firm name<br>24 PRIME PARK WAY<br>SUITE 400<br>NATICK, MA 01760-1528 |                                                                                     | Telephone number (including area code)          |
| Address of the firm                                                  |                                                                                     |                                                 |

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

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

Schedule SB (Form 5500) 2015  
v. 150123

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 2436085                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 2436085                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>7.22</u> % .....                                                                                 | 0                     | 175885                 |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 662804                 |
| <b>b(1)</b> 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>6.48</u> % ..... |                       | 42950                  |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       |                        |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 705754                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 705754                 |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....                                                                         | 0                     | 3317724                |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 105.26 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 116.36 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 104.52 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls**

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 09-18-2015               | 350000                            |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 350000                            | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |        |
|-------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 335162 |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ..... ☐ Yes ☒ No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... ☐ Yes ☐ No

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

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
4.72%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**

64

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years .....**28**

0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....**29**

0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....**30**

0

**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) .....**31a**

0

**b** Excess assets, if applicable, but not greater than line 31a .....**31b**

0

**32** Amortization installments:**a** Net shortfall amortization installment .....**b** Waiver amortization installment .....

Outstanding Balance

Installment

0

0

0

0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount .....**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....**34**

0

|                                                                        | Carryover balance | Prefunding balance | Total balance |
|------------------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>35</b> Balances elected for use to offset funding requirement ..... | 0                 | 0                  | 0             |

**36** Additional cash requirement (line 34 minus line 35) .....**36**

0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....**37**

335162

**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) .....**38a**

335162

**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****43** Excess installment acceleration amount to be carried over to future plan years .....**43**

Attachment to 2015 Form 5500 Schedule SB,  
Line 19 – Discounted Employer Contributions

Plan Name: Woolpert Pension Plan  
Plan Sponsor: Woolpert, Inc.

E.I.N.: 20-1391406 Plan No.: 001  
Plan Year: January 1, 2015 to December 31, 2015

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| <u>Date</u>        | <u>Actual<br/>Contribution</u> | <u>Discounted<br/>Contribution</u> | <u>Effective<br/>Rate</u> | <u>Plan Year</u>      |
|--------------------|--------------------------------|------------------------------------|---------------------------|-----------------------|
| September 18, 2015 | \$ 350,000                     | \$ 335,162                         | 6.27%                     | 1/1/2015 – 12/31/2015 |
| Total              | \$ 350,000                     | \$ 335,162                         |                           |                       |

**Attachment to 2015 Form 5500 Schedule SB,  
Line 22 – Description of Weighted Average Retirement Age**

**Plan Name: Woolpert Pension Plan  
Plan Sponsor: Woolpert, Inc.**

**E.I.N.: 20-1391406    Plan No.: 001  
Plan Year: January 1, 2015 to December 31, 2015**

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The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

| x  | $q_x^r$ | $l_x$     | ${}_{x-60}p_{60} = \frac{l_x}{l_{60}}$ | $q_x^r * \frac{l_x}{l_{60}}$ | $x * q_x^r * \frac{l_x}{l_{60}}$ |
|----|---------|-----------|----------------------------------------|------------------------------|----------------------------------|
| 60 | 0.05    | 1,000,000 | 1.0000                                 | 0.0500                       | 3.0000                           |
| 61 | 0.05    | 950,000   | 0.9500                                 | 0.0475                       | 2.8975                           |
| 62 | 0.10    | 902,500   | 0.9025                                 | 0.0903                       | 5.5955                           |
| 63 | 0.05    | 812,250   | 0.8123                                 | 0.0406                       | 2.5586                           |
| 64 | 0.05    | 771,638   | 0.7716                                 | 0.0386                       | 2.4692                           |
| 65 | 1.00    | 733,056   | 0.7331                                 | 0.7331                       | 47.6486                          |

Average age at retirement 64.169443

**Rounded for Schedule SB item 22 64**

**Attachment to 2015 Form 5500 Schedule SB,  
Line 26 – Schedule of Active Participant Data**

**Plan Name: Woolpert Pension Plan  
Plan Sponsor: Woolpert, Inc.**

**E.I.N.: 20-1391406 Plan No.: 001  
Plan Year: January 1, 2015 to December 31, 2015**

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| .....Completed Years of Credited Service ..... |                     |                     |                     |                       |                       |                       |                       |                       |                       |          |              |
|------------------------------------------------|---------------------|---------------------|---------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|--------------|
| <u>Age</u>                                     | 0<br>to<br><u>1</u> | 1<br>to<br><u>4</u> | 5<br>to<br><u>9</u> | 10<br>to<br><u>14</u> | 15<br>to<br><u>19</u> | 20<br>to<br><u>24</u> | 25<br>to<br><u>29</u> | 30<br>to<br><u>34</u> | 35<br>to<br><u>39</u> | 40<br>±  | <u>Total</u> |
| 0 – 24                                         | 0                   | 0                   | 0                   | 0                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0        | 0            |
| 25 – 29                                        | 0                   | 0                   | 0                   | 0                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0        | 0            |
| 30 – 34                                        | 0                   | 4                   | 0                   | 0                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0        | 4            |
| 35 – 39                                        | 0                   | 17                  | 0                   | 0                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0        | 17           |
| 40 – 44                                        | 0                   | 18                  | 17                  | 1                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0        | 36           |
| 45 – 49                                        | 0                   | 15                  | 3                   | 12                    | 7                     | 6                     | 1                     | 0                     | 0                     | 0        | 44           |
| 50 – 54                                        | 0                   | 5                   | 1                   | 4                     | 6                     | 9                     | 4                     | 3                     | 0                     | 0        | 32           |
| 55 – 59                                        | 0                   | 6                   | 0                   | 4                     | 2                     | 6                     | 2                     | 1                     | 1                     | 0        | 22           |
| 60 – 64                                        | 0                   | 2                   | 0                   | 1                     | 4                     | 3                     | 3                     | 1                     | 2                     | 0        | 16           |
| 65 – 69                                        | 0                   | 3                   | 0                   | 1                     | 0                     | 1                     | 0                     | 0                     | 0                     | 1        | 6            |
| 70 & Up                                        | <u>0</u>            | <u>1</u>            | <u>0</u>            | <u>0</u>              | <u>0</u>              | <u>0</u>              | <u>0</u>              | <u>0</u>              | <u>0</u>              | <u>0</u> | <u>1</u>     |
| Totals                                         | 0                   | 71                  | 21                  | 23                    | 19                    | 25                    | 10                    | 5                     | 3                     | 1        | 178          |

**Attachment to 2015 Form 5500 Schedule SB,  
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Woolpert Pension Plan  
Plan Sponsor: Woolpert, Inc.**

**E.I.N.: 20-1391406    Plan No.: 001  
Plan Year: January 1, 2015 to December 31, 2015**

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The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

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All employees who are plan participants on a valuation date are included in the actuarial valuation.

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1. 66.67% of gains and losses of the prior year;
2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year). However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

**Attachment to 2015 Form 5500 Schedule SB,  
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Woolpert Pension Plan  
Plan Sponsor: Woolpert, Inc.**

**E.I.N.: 20-1391406    Plan No.: 001  
Plan Year: January 1, 2015 to December 31, 2015**

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**C    INTEREST RATE METHODS**

Target Liability Interest Rates

Segment rates for September prior to the valuation date as adjusted in accordance with Code Section 430(h)(2)(C)(iv).

PBGC Interest Rates

Based on the alternative premium funding target and the Target Liability Interest Rates, unadjusted by Code Section 430(h)(2)(C)(iv).

Expected Investment Return/  
ASC 960-20 Interest Rate

8.00%

**D    ACTUARIAL ASSUMPTIONS**

Pre- and Post-Retirement Mortality

Static mortality table in accordance with IRS Regulation 1.430(h)(3)-1 for the valuation year for funding purposes. RP-2014 Employee and Healthy Annuitant Tables projected with Scale MP-2014 for all years for ASC 960 purposes.

Salary Increases

Not Applicable.

IRC Maximum Benefit and  
Compensation Limitations

*Benefit Limit*

\$210,000 for 2015.

*Compensation Limit*

Not Applicable.

Withdrawal Rates

Sample probabilities are as follows:

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 25         | 11.62%      |
| 30         | 11.21%      |
| 35         | 10.55%      |
| 40         | 9.40%       |
| 45         | 7.54%       |
| 50         | 4.83%       |
| 55         | 1.73%       |

**Attachment to 2015 Form 5500 Schedule SB,  
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**Plan Name: Woolpert Pension Plan  
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**E.I.N.: 20-1391406    Plan No.: 001  
Plan Year: January 1, 2015 to December 31, 2015**

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**D    ACTUARIAL ASSUMPTIONS (cont'd)**

Retirement Rates

All active participants are assumed to retire based on the following table:

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 60         | 5%          |
| 61         | 5%          |
| 62         | 10%         |
| 63         | 5%          |
| 64         | 5%          |
| 65         | 100%        |

All former partners are assumed to retire at age 65.

Form of Payment

50% of participants are assumed to elect the life annuity option and 50% of participants are assumed to elect the 5 year certain option. The actuarially equivalent basis for the conversion to the 5 year certain option is the IRS funding segment rates for the Funding Target Liability, and 8.00% for the ASC 960-20 Present Value of Accumulated Plan Benefits.

Marital Assumption

It is assumed that 80% of all active participants are married. Husbands are assumed to be three years older than their wives.

Plan Expenses

\$0.

**Attachment to 2015 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Woolpert Pension Plan  
Plan Sponsor: Woolpert, Inc.**

**E.I.N.: 20-1391406    Plan No.: 001  
Plan Year: January 1, 2015 to December 31, 2015**

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|                                 |                                                                                                                                                                                                                                      |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Effective Date</u>           | August 1, 1965. The Plan was amended in December 2009 to freeze benefit accruals for all participants effective March 31, 2010.                                                                                                      |
| <u>Plan Year</u>                | January 1 <sup>st</sup> through December 31 <sup>st</sup> .                                                                                                                                                                          |
| <u>Covered Employees</u>        | Full-time employees of Woolpert, Inc. who were participants on or before January 1, 2003.                                                                                                                                            |
| <u>Eligibility</u>              | January 1 or July 1 following the completion of One Year of Service with participation closed effective January 1, 2003.                                                                                                             |
| <u>Year of Service</u>          | One Year of Service is granted for each Plan Year in which a participant earns 1,000 Hours of Service. No Service for benefit purposes will be taken into account after March 31, 2010.                                              |
| <u>Earnings</u>                 | Total calendar year compensation excluding bonuses and including pre-tax Section 401(k), 125 and 132(f) deferrals. No earnings will be taken into account after March 31, 2010 for purposes of determining average monthly earnings. |
| <u>Average Monthly Earnings</u> | Highest monthly average of any 5 consecutive plan years' earnings coincident with or preceding separation from service.                                                                                                              |
| <u>Benefit Groups</u>           |                                                                                                                                                                                                                                      |
| <i>Continuing Member</i>        | Active employee on May 15, 2003 and attainment of age 45 with 10 Years of Service as of January 1, 2003 or a Choice Member who elected to become a Continuing Member.                                                                |
| <i>Frozen Member</i>            | Active employee on May 15, 2003 not eligible for Choice Member status or Choice Member electing Frozen Member status. Monthly benefit is equal to accrued benefit as of May 15, 2003.                                                |
| <i>Choice Member</i>            | Active employee on May 15, 2003 and attainment of age 35 with 5 Years of Service. Monthly benefit is calculated as for Continuing or Frozen Member based on election made.                                                           |

**Attachment to 2015 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Woolpert Pension Plan  
Plan Sponsor: Woolpert, Inc.**

**E.I.N.: 20-1391406    Plan No.: 001  
Plan Year: January 1, 2015 to December 31, 2015**

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**Normal Retirement**

|                        |                                                                                                                                                                                                                                                                                                |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Eligibility</i>     | Age 65 and 5 <sup>th</sup> anniversary of Plan participation.                                                                                                                                                                                                                                  |
| <i>Monthly Benefit</i> | 1.1% (1.0% for employees hired on or after January 1, 2000) of Average Monthly Earnings times Years of Service (maximum 30 years). Minimum monthly benefit equal to accrued benefit as of July 31, 1991.<br><br>Benefit accruals will be frozen effective March 31, 2010 for all participants. |

**Early Retirement**

|                        |                                                                                                                                                                                                           |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Eligibility</i>     | Age 55 and 5 Years of Service.                                                                                                                                                                            |
| <i>Monthly Benefit</i> | Calculated as for Normal Retirement with monthly benefit reduced 5/24 of 1% (5/12 of 1% for employees hired on or after January 1, 2000) for each month that Early Retirement precedes Normal Retirement. |

**Vested Retirement**

|                        |                                                                                                                   |
|------------------------|-------------------------------------------------------------------------------------------------------------------|
| <i>Eligibility</i>     | 5 Years of Service.                                                                                               |
| <i>Monthly Benefit</i> | Calculated as for Normal Retirement. Participant may elect to receive benefit calculated as for Early Retirement. |

**Disability Retirement**

|                        |                                                                                                                                                                                      |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Eligibility</i>     | 5 Years of Service and Total and Permanent Disability.                                                                                                                               |
| <i>Monthly Benefit</i> | Calculated as for Normal Retirement payable at Normal Retirement Date. Participant will continue to earn Years of Service if receiving disability income benefits from the employer. |

**Attachment to 2015 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Woolpert Pension Plan  
Plan Sponsor: Woolpert, Inc.**

**E.I.N.: 20-1391406 Plan No.: 001  
Plan Year: January 1, 2015 to December 31, 2015**

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Pre-Retirement Death

*Eligibility*

Married and 5 Years of Service.

*Monthly Benefit*

Calculated as for Early Retirement reflecting a 50% Joint & Survivor annuity payment form with death immediately after Early Retirement.

Payment Forms

*Normal*

Life annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor annuity for married participants.

*Optional*

67%, 75%, or 100% Joint & Survivor annuity, Life annuity with 60, 120, 180, or 240 monthly payments guaranteed, or a Certain-Only annuity with 60, 120, 180, or 240 monthly payments guaranteed.

# Schedule C, Line 2(h) Formula Descriptions

**Woolpert Pension Plan**  
**EIN No.: 20-1391406, Plan No. 001**  
**Plan Year Ending: 12/31/2015**

**Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:**

|                                   |            |
|-----------------------------------|------------|
| TRANSAMERICA RETIREMENT SOLUTIONS | 13-3689044 |
| NATIONAL FINANCIAL SERVICES       | 04-3523567 |

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

| Fund Family   | Fund Name                           | Start Date | End Date   | Revenue to<br>Transamerica<br>Retirement Solutions | Revenue to National<br>Financial Services |
|---------------|-------------------------------------|------------|------------|----------------------------------------------------|-------------------------------------------|
| ALLIANZ       | ALLIANZGI NFJ SMALL CAP VALUE       | 1/1/2015   | 12/31/2015 | 9.756                                              | 0.244                                     |
| BLACKROCK     | BLACKROCK EQUITY DIVIDEND, I        | 1/1/2015   | 12/31/2015 | 24.390                                             | 0.610                                     |
| GOLDMAN SACHS | GOLDMAN SACHS GRWTH OPP FD I        | 1/1/2015   | 6/30/2015  | 16.585                                             | 0.415                                     |
| GOLDMAN SACHS | GOLDMAN SACHS GRWTH OPP FD I        | 7/1/2015   | 12/31/2015 | 24.390                                             | 0.610                                     |
| PIMCO         | PIMCO REAL RTRN                     | 1/1/2015   | 9/30/2015  | 2.927                                              | 0.073                                     |
| PIMCO         | PIMCO TOTL RTRN                     | 1/1/2015   | 9/30/2015  | 2.927                                              | 0.073                                     |
| T ROWE PRICE  | T ROWE NEW HRZNS                    | 1/1/2015   | 12/31/2015 | 14.634                                             | 0.366                                     |
| TRANSAMERICA  | TRANSAMERICA INTERNATIONAL EQUITY I | 1/1/2015   | 12/31/2015 | 39.024                                             | 0.976                                     |

Attachment to 2015 Form 5500 Schedule SB,  
Line 19 – Discounted Employer Contributions

Plan Name: Woolpert Pension Plan  
Plan Sponsor: Woolpert, Inc.

E.I.N.: 20-1391406 Plan No.: 001  
Plan Year: January 1, 2015 to December 31, 2015

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| <u><b>Date</b></u> | <u><b>Actual<br/>Contribution</b></u> | <u><b>Discounted<br/>Contribution</b></u> | <u><b>Effective<br/>Rate</b></u> | <u><b>Plan Year</b></u> |
|--------------------|---------------------------------------|-------------------------------------------|----------------------------------|-------------------------|
| September 18, 2015 | \$ 350,000                            | \$ 335,162                                | 6.27%                            | 1/1/2015 – 12/31/2015   |
| Total              | \$ 350,000                            | \$ 335,162                                |                                  |                         |

**Attachment to 2015 Form 5500 Schedule SB,  
Line 22 – Description of Weighted Average Retirement Age**

**Plan Name: Woolpert Pension Plan  
Plan Sponsor: Woolpert, Inc.**

**E.I.N.: 20-1391406    Plan No.: 001  
Plan Year: January 1, 2015 to December 31, 2015**

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The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

| x  | $q_x^r$ | $l_x$     | ${}_{x-60}p_{60}$<br>$= l_x / l_{60}$ | $q_x^r * l_x / l_{60}$ | $x * q_x^r * l_x / l_{60}$ |
|----|---------|-----------|---------------------------------------|------------------------|----------------------------|
| 60 | 0.05    | 1,000,000 | 1.0000                                | 0.0500                 | 3.0000                     |
| 61 | 0.05    | 950,000   | 0.9500                                | 0.0475                 | 2.8975                     |
| 62 | 0.10    | 902,500   | 0.9025                                | 0.0903                 | 5.5955                     |
| 63 | 0.05    | 812,250   | 0.8123                                | 0.0406                 | 2.5586                     |
| 64 | 0.05    | 771,638   | 0.7716                                | 0.0386                 | 2.4692                     |
| 65 | 1.00    | 733,056   | 0.7331                                | 0.7331                 | 47.6486                    |

Average age at retirement 64.169443

**Rounded for Schedule SB item 22 64**

**Attachment to 2015 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Woolpert Pension Plan  
Plan Sponsor: Woolpert, Inc.**

**E.I.N.: 20-1391406    Plan No.: 001  
Plan Year: January 1, 2015 to December 31, 2015**

---

|                                 |                                                                                                                                                                                                                                      |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Effective Date</u>           | August 1, 1965. The Plan was amended in December 2009 to freeze benefit accruals for all participants effective March 31, 2010.                                                                                                      |
| <u>Plan Year</u>                | January 1 <sup>st</sup> through December 31 <sup>st</sup> .                                                                                                                                                                          |
| <u>Covered Employees</u>        | Full-time employees of Woolpert, Inc. who were participants on or before January 1, 2003.                                                                                                                                            |
| <u>Eligibility</u>              | January 1 or July 1 following the completion of One Year of Service with participation closed effective January 1, 2003.                                                                                                             |
| <u>Year of Service</u>          | One Year of Service is granted for each Plan Year in which a participant earns 1,000 Hours of Service. No Service for benefit purposes will be taken into account after March 31, 2010.                                              |
| <u>Earnings</u>                 | Total calendar year compensation excluding bonuses and including pre-tax Section 401(k), 125 and 132(f) deferrals. No earnings will be taken into account after March 31, 2010 for purposes of determining average monthly earnings. |
| <u>Average Monthly Earnings</u> | Highest monthly average of any 5 consecutive plan years' earnings coincident with or preceding separation from service.                                                                                                              |
| <u>Benefit Groups</u>           |                                                                                                                                                                                                                                      |
| <i>Continuing Member</i>        | Active employee on May 15, 2003 and attainment of age 45 with 10 Years of Service as of January 1, 2003 or a Choice Member who elected to become a Continuing Member.                                                                |
| <i>Frozen Member</i>            | Active employee on May 15, 2003 not eligible for Choice Member status or Choice Member electing Frozen Member status. Monthly benefit is equal to accrued benefit as of May 15, 2003.                                                |
| <i>Choice Member</i>            | Active employee on May 15, 2003 and attainment of age 35 with 5 Years of Service. Monthly benefit is calculated as for Continuing or Frozen Member based on election made.                                                           |

**Attachment to 2015 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

**Plan Name: Woolpert Pension Plan  
Plan Sponsor: Woolpert, Inc.**

**E.I.N.: 20-1391406    Plan No.: 001  
Plan Year: January 1, 2015 to December 31, 2015**

---

Normal Retirement

|                        |                                                                                                                                                                                                                                                                                                |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Eligibility</i>     | Age 65 and 5 <sup>th</sup> anniversary of Plan participation.                                                                                                                                                                                                                                  |
| <i>Monthly Benefit</i> | 1.1% (1.0% for employees hired on or after January 1, 2000) of Average Monthly Earnings times Years of Service (maximum 30 years). Minimum monthly benefit equal to accrued benefit as of July 31, 1991.<br><br>Benefit accruals will be frozen effective March 31, 2010 for all participants. |

Early Retirement

|                        |                                                                                                                                                                                                           |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Eligibility</i>     | Age 55 and 5 Years of Service.                                                                                                                                                                            |
| <i>Monthly Benefit</i> | Calculated as for Normal Retirement with monthly benefit reduced 5/24 of 1% (5/12 of 1% for employees hired on or after January 1, 2000) for each month that Early Retirement precedes Normal Retirement. |

Vested Retirement

|                        |                                                                                                                   |
|------------------------|-------------------------------------------------------------------------------------------------------------------|
| <i>Eligibility</i>     | 5 Years of Service.                                                                                               |
| <i>Monthly Benefit</i> | Calculated as for Normal Retirement. Participant may elect to receive benefit calculated as for Early Retirement. |

Disability Retirement

|                        |                                                                                                                                                                                      |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Eligibility</i>     | 5 Years of Service and Total and Permanent Disability.                                                                                                                               |
| <i>Monthly Benefit</i> | Calculated as for Normal Retirement payable at Normal Retirement Date. Participant will continue to earn Years of Service if receiving disability income benefits from the employer. |

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Part V – Summary of Plan Provisions**

**Plan Name: Woolpert Pension Plan  
Plan Sponsor: Woolpert, Inc.**

**E.I.N.: 20-1391406    Plan No.: 001  
Plan Year: January 1, 2015 to December 31, 2015**

---

Pre-Retirement Death

*Eligibility*

Married and 5 Years of Service.

*Monthly Benefit*

Calculated as for Early Retirement reflecting a 50% Joint & Survivor annuity payment form with death immediately after Early Retirement.

Payment Forms

*Normal*

Life annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor annuity for married participants.

*Optional*

67%, 75%, or 100% Joint & Survivor annuity, Life annuity with 60, 120, 180, or 240 monthly payments guaranteed, or a Certain-Only annuity with 60, 120, 180, or 240 monthly payments guaranteed.

**Woolpert Pension Plan**  
**EIN No.: 20-1391406, Plan No. 001**  
**Schedule H, Line 4i - Schedule of Assets**  
**Plan Year Ending: 12/31/2015**

| (a) | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment, Including Maturity Date,<br>Rate of Interest, Par or Maturity Value | (e)<br>CURRENT VALUE               |
|-----|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------|
| *   | Diversified Investment Advisors                                 | High Quality Bond Fund                                                                                | \$ 440,953                         |
| *   | Diversified Investment Advisors                                 | High Yield Bond Fund                                                                                  | \$ 809,786                         |
| *   | Diversified Investment Advisors                                 | Long Bond Fund                                                                                        | \$ 2,555,414                       |
| *   | Diversified Investment Advisors                                 | Mid Value Fund                                                                                        | \$ 840,822                         |
| *   | Diversified Investment Advisors                                 | Money Market Fund                                                                                     | \$ 3,338                           |
| *   | Diversified Investment Advisors                                 | Real Estate Fund                                                                                      | \$ 1,420,114                       |
|     |                                                                 |                                                                                                       | <b>Collective Trust Fund Total</b> |
|     |                                                                 |                                                                                                       | <b>\$ 6,070,427</b>                |
|     |                                                                 |                                                                                                       |                                    |
|     |                                                                 |                                                                                                       | \$ 840,349                         |
|     |                                                                 |                                                                                                       | \$ 2,905,149                       |
|     |                                                                 |                                                                                                       | \$ 2,926,906                       |
|     |                                                                 |                                                                                                       | \$ 844,194                         |
|     |                                                                 |                                                                                                       | \$ 969,827                         |
|     |                                                                 |                                                                                                       | \$ 2,104,416                       |
|     |                                                                 |                                                                                                       | \$ 838,536                         |
|     |                                                                 |                                                                                                       | \$ 2,090,019                       |
|     |                                                                 |                                                                                                       | \$ 2,045,313                       |
|     |                                                                 |                                                                                                       | \$ 3,037,421                       |
|     |                                                                 |                                                                                                       | <b>Mutual Fund Total</b>           |
|     |                                                                 |                                                                                                       | <b>\$ 18,602,129</b>               |
|     |                                                                 |                                                                                                       |                                    |
|     |                                                                 |                                                                                                       | <b>TOTAL PLAN ASSETS</b>           |
|     |                                                                 |                                                                                                       | <b>\$ 24,672,556</b>               |

\* Indicates Party-In-Interest to the Plan