Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FELSBURG, HOLT & ULLEVIG, INC. 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1993

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

6300 S SYRACUSE WAY SUITE 600
CENTENNIAL, CO 80111

2b Employer Identification Number (EIN)
84-0965977

2c Plan Sponsor's telephone number
720-200-8917

2d Business code (see instructions)
541330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2016	PATRICIA BRUNGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	138
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	122
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	134
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	15
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	149
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	149
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	120
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
FELSBURG, HOLT & ULLEVIG, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FELSBURG, HOLT & ULLEVIG, INC

D Employer Identification Number (EIN)
84-0965977

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

1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE AND ANNUITY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0467907	68322	374422-01	36	01/01/2015	12/31/2015

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	1166898
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**	1273744		
	(2) Dividends and credits	**7c(2)**	0		
	(3) Interest credited during the year	**7c(3)**	1731		
	(4) Transferred from separate account	**7c(4)**	1265082		
	(5) Other (specify below)	**7c(5)**	0		
	▶ LOAN PAYMENTS				
	(6) Total additions			**7c(6)**	2540557
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	2540557
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	0		
	(2) Administration charge made by carrier	**7e(2)**	0		
	(3) Transferred to separate account	**7e(3)**	1373659		
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	1373659
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	1166898

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan FELSBURG, HOLT & ULLEVIG, INC. 401K PROFIT SHARING PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FELSBURG, HOLT & ULLEVIG, INC	**D** Employer Identification Number (EIN) 84-0965977

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

WELLS FARGO BANK N.A.

608 2ND AVENUE SOUTH
MINNEAPOLIS, MN 55402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	155	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
FELSBURG, HOLT & ULLEVIG, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FELSBURG, HOLT & ULLEVIG, INC

D Employer Identification Number (EIN)
84-0965977

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

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE RETURN FUND N6

b Name of sponsor of entity listed in (a): WELLS FARGO BANK N.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)
52-2251407-001	C	0

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
FELSBURG, HOLT & ULLEVIG, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FELSBURG, HOLT & ULLEVIG, INC

D Employer Identification Number (EIN)
84-0965977

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	63081	29633
(9) Value of interest in common/collective trusts	1c(9)	1007389	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9322628	9050892
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	1166898
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	10393098	10247423
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10393098	10247423

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	103300	
(B) Participants	2a(1)(B)	813360	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		916660
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	2236	
(F) Other	2b(1)(F)	1731	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3967
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	275419	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		275419
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-268527
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		927519
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1073039	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1073039
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	155	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		155
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1073194
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-145675
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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: NIEWALD & MARTIN, LLC **(2)** EIN: 46-0658412

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

FELSBURG, HOLT & ULLEVIG, INC. 401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION
WITH INDEPENDENT AUDITORS' REPORT

AS OF DECEMBER 31, 2015 AND 2014,
AND FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

FELSBURG, HOLT & ULLEVIG, INC. 401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION
WITH INDEPENDENT AUDITORS' REPORT

AS OF DECEMBER 31, 2015 AND 2014,
AND FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

FELSBURG, HOLT & ULLEVIG, INC. 401(K) PROFIT SHARING PLAN

DECEMBER 31, 2015 AND 2014

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NIEWALD & MARTIN, LLC
CERTIFIED PUBLIC ACCOUNTANTS
1660 S Albion Street, Ste 900
Denver, Colorado 80222

INDEPENDENT AUDITORS' REPORT

Plan Administration
Felsburg, Holt & Ullevig, Inc. 401(k) Profit Sharing Plan
Denver Colorado

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Felsburg, Holt & Ullevig, Inc. 401(k) Profit Sharing Plan (the "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 related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Great-West Life & Annuity Insurance Company, Great-West Trust Company, LLC and Wells Fargo Business Retirement Solutions, the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC held the Plan's investment assets and executed investment transactions from November 18, 2015 to December 31, 2015, and that Wells Fargo Business

Retirement Solutions held the Plan's investment assets and executed transactions as of December 31, 2014, and for the period January 1, 2014 to November 17, 2015. The plan administrator has obtained certification from the trustees as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matters 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 the financial statements referred to in the first paragraph.

Other Matter—Supplemental Schedule

The supplemental schedule of Schedule H, Line 4i-Schedule of Assets (Held At End of Year) as of or for the year ended December 31, 2015, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, 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.

Niewald & Martin, LLC

Niewald & Martin, LLC

Denver, Colorado
October 13, 2016

FELSBURG, HOLT & ULLEVIG, INC. 401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2015 AND 2014

	2015	2014
ASSETS		
Participant-directed investments, at fair value	$ 9,050,892	$ 10,330,017
Participant-directed investments, at contract value	1,166,898	-
Receivables:		
Employer contributions	79,029	103,300
Participant contributions	-	29,058
Notes receivable from particpants	29,633	63,081
Total receivables	108,662	195,439
Total assets	10,326,452	10,525,456
Net assets available for benefits	$ 10,326,452	$ 10,525,456

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

FELSBURG, HOLT & ULLEVIG, INC. 401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2015

ADDITIONS	2015	2014
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation)		
in fair value of investments	$ (268,529)	$ 45,834
Interest and dividend income	277,150	508,665
	8,621	554,499
Contributions:		
Participants	784,304	722,737
Employer	79,029	103,300
Rollover	-	14,923
	863,333	840,960
Interest income on notes receivable from participants	2,236	3,000
Total additions	874,190	1,398,459
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	1,073,039	588,615
Distributed loans	-	5,488
Administration expenses	155	106
Total deductions	1,073,194	594,209
Net increase (decrease)	-199,004	804,250
Net assets available for benefits at beginning of year	10,525,456	9,721,206
Net assets available for benefits at end of year	$ 10,326,452	$ 10,525,456

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

FELSBURG, HOLT & ULLEVIG, INC. 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2015 AND 2014

Note 1: Description of Plan

The following description of the Felsburg, Holt & Ullevig, Inc. 401(k) Profit Sharing Plan (the "Plan"), provides only general information. Participants should refer to the Summary Plan Description or the prototype Plan document and the accompanying adoption agreement for a more complete description of the Plan's provisions. The Summary Plan Description has been made available to all participants in the Plan, and a copy of the Plan documents is available from the Plan administrator.

General

The Plan is a defined contribution plan established effective January 1, 1993. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Most recently, the Plan was amended to comply with current law and make the following changes to the Plan:

- Exclude part-time, temporary and seasonal employees from being eligible employees
- Exclude bonus pay from Plan compensation
- Define year of Service as 1,000 hours
- Change the entry date to the 1st of each month
- Provide for a fixed match of 50% of elective deferrals up to a limit of 6% of compensation.
- Allow forfeitures to be used to offset employer contributions
- Allow for in-plan Roth rollover contributions.

The restated and amended provisions of the Plan were effective on December 30, 2015, with the exception of the fixed match and the Roth rollover provisions which are effective January 1, 2016.

Administration

The Plan is administered and sponsored by Felsburg, Holt & Ullevig, Inc. (the "Company"). Wells Fargo Business Retirement Solutions ("Wells Fargo"), served as the trustee and record-keeper of the Plan through November 17, 2015. Effective November 18, 2016 the Plan assets were transferred to Great-West Trust Company, LLC ("Great-West"). Great-West now serves as the Trustee, manages Plan assets and maintains the records for the Plan. The Company provides, at no cost to the Plan, certain administrative, accounting, and legal services to the Plan and also pays the cost of certain outside services for the Plan.

Note 1: Description of Plan (cont.)

Eligibility

The Plan is available to employees' age 18 years or older who have completed 3 months of service. During 2015 and 2014, employees could enter the Plan on the first day of the plan year quarter coinciding with or next following the date on which the eligibility requirements have been satisfied.

Contributions

Participants may make before-tax contributions up to 100 percent of their annual compensation excluding bonuses, subject to limitations imposed by the Internal Revenue Service ("IRS"), which is adjusted annually by the Secretary of the Treasury for inflation. See Note 12 for further discussion of the definition of Plan compensation. Additional catch-up contributions are available if the participant is 50 years of age or older as of the end of the Plan year. Employees may elect to defer all or a portion of contributions on an after-tax basis as Roth 401(k) deductions. Provided requirements are met, withdrawals of contributions and any earnings are tax-free from Roth 401(k) accounts. A participant's combined pre-tax and Roth 401(k) contributions cannot exceed the maximum annual amount allowed by law. Employee contributions to the Plan are made through regular payroll deductions. The Plan also permits rollover contributions from other qualified retirement plans.

For eligible participants that have completed 1,000 hours of service (500 hours of service in 2014) during the Plan year and are employed on the last day of the Plan year, the Company may make a discretionary matching contribution equal to a dollar amount or uniform percentage of participant deferrals, as determined by the Company. For the years ended December 31, 2015 and 2014, respectively, the Company elected to make a discretionary match of $79,029 and $103,300 (10% and 15% of elective deferrals) with no cap.

Vesting

Participants are immediately 100% vested in their voluntary contributions, and allocated earnings or losses thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is vested 100% after four years of credited service as follows:

Note 1: Description of Plan (cont.)

Vesting, (cont)

Years of Service	Vested Interest
Less than 1 year	0%
1 year	25%
2 years	50%
3 years	75%
4 years	100%

A participants account becomes 100% vested upon death, attaining normal retirement age of 65, retirement due to disability, or if the Plan is terminated.

Participant Accounts

Each participant's account is credited with the participant's contribution, rollover contributions, and an allocation of the Company's contribution, if any, Plan earnings and losses thereon, forfeitures, and an allocation of Plan expenses. Allocations are based on participant earnings (losses) on account balances, as defined in the Plan. The benefit to which a participant is entitled is the vested portion of the participant's account.

Notes receivable form Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their account balance. A participant may not have more than two loans outstanding at a time. The notes are secured by the balance in the participant's account and bear interest at the rate of 4.25%, which is commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

Upon death, disability, retirement or termination of service, a participant may elect to receive a lump-sum payment in the amount equal to the participant's vested account balance. Distributions are subject to the applicable provisions of the Plan agreement, and are made as soon as is administratively possible after the receipt of the distribution request. Vested account

Note 1: Description of Plan (cont.)

Payment of Benefits, (cont.)

balances of less than $1,000 may be immediately distributed upon a distribution event. In the event of a distribution where the participant's balance is greater than $1,000 and does not exceed $5,000 and the participant has not elected a distribution, the vested account balance will be paid as a distribution to an individual retirement account established for the participant by the Plan administrator. If a participant's vested account balance exceeds $5,000, they can elect to maintain their vested account balance in the Plan subject to the IRS minimum distribution rules.

Withdrawals

Participants may make withdrawals from their elective deferral account, subject to federal income taxes, under the hardship provisions of the Plan while still employed with the Company. Hardship withdrawals require a suspension from contributions to the Plan for a period of six months after receipt of the hardship distribution. A participant who reaches age 59 ½ and who is actively employed by the Company may elect to withdraw all or a portion of the balance in their elective deferral account and the vested portion of their employer contribution account.

Plan Termination and Forfeitures

If at the time of termination of employment the participant is not 100% vested, the non-vested portion ("forfeitures") of the participant's account shall be placed in a separate account. Forfeitures are allocated to participants in the same manner as the employer's contribution. Subsequent to December 30, 2015, forfeitures may be used to offset employer contributions. At December 31, 2015 and 2014 forfeited non-vested accounts totaled $359 and $3, respectively.

Note 2: Summary of Significant Accounting Policies

Date of Management's Review

The Plan has evaluated subsequent events through October 13, 2016, which is the date the financial statements were available to be issued.

Note 2: Summary of Significant Accounting Policies (cont.)

Use of Estimates

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

Method of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). Wherever necessary, prior period financial statements have been restated to conform to changes in the way amounts are classified in the current year financial statements.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is recorded at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by investment advisers, the trustee and insurance company

Purchases and sales of investments are recorded on a trade-date basis. Dividends are recognized on the ex-dividend date. Interest and dividends include distributions from the investment in registered investment companies. Net appreciation includes the Plan's gain and losses on investments bought and sold as wells as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses as incurred. As of December 31, 2015 and 2014, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Note 2: Summary of Significant Accounting Policies (cont.)

Contributions

Employee contributions are recorded in the period during which the Company makes payroll deductions from the participants' earnings. Matching Company contributions, if applicable, would be recorded in the same period.

Benefits

Benefit claims are recorded as expenses when they have been approved for payment and paid by the Plan.

Recent Accounting Pronouncements

Accounting Standards Update ("ASU") No. 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investment in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent)

ASU 2015-07 exempts investments measured using the net asset value (NAV) practical expedient in ASC 820, Fair Value Measurement, from categorization within the fair value hierarchy. The guidance requires retrospective application and is effective for public business entities for fiscal years, and interim period within those years, beginning after December 15, 2015. For all other entities, the guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2016. Early adoption is permitted. The Plan has early adopted and applied the amendments for the year ended December 31, 2015. Other than requiring a change to the disclosures, the adoption of this standard did not have a material impact on the financial statements.

Accounting Standards Update ("ASU") No. 2015-12, Plan Accounting: Defined Contribution Plans (Topic 962)

Part I of ASU 2015-12 requires fully benefit-responsive investment contracts to be measured, presented and disclosed at contract value. Contract value is the relevant measure for those contracts because that is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Part II of ASU 2015-12 eliminated or simplifies various disclosure requirements applicable to plan investments.

Note 2: Summary of Significant Accounting Policies (cont.)

Recent Accounting Pronouncements (cont.)

Accounting Standards Update ("ASU") No. 2015-12, Plan Accounting: Defined Contribution Plans (Topic 962) (cont.)

Part III of ASU 2015-12 provides for a measurement-date practical expedient. Part III is not applicable to this Plan.

Parts I and II are effective for years beginning after December 15, 2015 and should be applied retrospectively, with early application permitted. The Plan has early adopted and applied the amendments for the year ended December 31, 2015. Other than requiring a change to the disclosures, the adoption of Parts I and II of this amendment did not have a material impact on the financial statements. Part III is not applicable to this Plan

Note 3: Certified Financial Information (Unaudited)

Great-West Life & Annuity Insurance Company, Great-West Trust Company, LLC has certified in writing to the Plan administrator that the stated amounts for investments at fair value as of December 31, 2015, and the income earned or losses incurred thereon for the period November 18, 2015 to December 31, 2015, as reflected in the accompanying financial statements and the supplemental schedule, are complete and accurate.

Wells Fargo Business Retirement Solutions has certified in writing to the Plan administrator that the stated amounts for investments at fair value as of December 31, 2014, and the income earned or losses incurred thereon for the period January 1, 2014 to November 17, 2015, as reflected in the accompanying financial statements and the supplemental schedule, are complete and accurate.

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's auditors not to perform any auditing procedures with respect to the investment information certified by the trustees, except for comparing the information contained therein to information included in the financial statements and the supplemental schedule.

Note 3: Certified Financial Information (Unaudited) (cont.)

The fair value and contract value of investments at December 31, 2015, reported by Great-West Life & Annuity Insurance Company, and Great-West Trust Company, LLC, the trustees, is as follows:

	2015
Mutual Funds:	
Vanguard Target Retirement Income Inv	$ 68,556
Vanguard Target Retirement 2010 Inv	22,885
Vanguard Target Retirement 2020 Inv	233,162
Vanguard Target Retirement 2025 Inv	9,796
Vanguard Target Retirement 2030 Inv	511,710
Vanguard Target Retirement 2040 Inv	699,881
Vanguard Target Retirement 2045 Inv	576
Vanguard Target Retirement 2050 Inv	231,677
Vanguard Target Retirement 2055 Inv	2,206
Vanguard Target Retirement 2060 Inv	493
American Funds Europacific Gr R6	686,226
DFA Emerging Markets Core Equity I	17,172
Ivey International Core Equity I	312,498
Oppenheimer Global I	18,458
Principal Global Real Estate Sec Inst	5,006
T. Rowe Price Intl. Gr & Inc	13,204
Deutsche Enhanced Commodity Strat Inst	8,152
Vanguard REIT Index Adm	6,502
Vanguard Small Cap Value Index Admiral	10,482
Vanguard Strategic Small-Cap Equity Inv	193,787
Wells Fargo Small CP Growth I	284,252
Vanguard Mid Cap Growth Inv	493,441
Vanguard Mid Cap Index Fund-Admiral	243,992
Vanguard Mid-Cap Value Index Admiral	376,244
Parnassus Endeavor Fund	1,885
TIAA-CREF Large-Cap Growth Index Inv	1,658,228
Vanguard 500 Index Admiral	990,512
Vanguard FTSE Social Index Inv	467
Vanguard Value Index ADM	573,601

Note 3: Certified Financial Information (Unaudited) (cont.)

Mutual Funds (cont.):	2015	
American Funds American Balanced R6	$ 600,169	
Blackrock High Yield Bond Blackrock K	8,624	
Dreyfus/Standish Global Fixed income I	11,738	
JPMorgan Core Plus Bond R6	750,748	
PIMCO Income Instl	1,567	
Vanguard Inflation-Protected Sec ADM	2,995	
Total Mutual Funds	9,050,892	
Insurance Company Group Annuity Contract:		
Key Guaranteed Portfolio Fund	1,166,898	*
Total Group Annuity Contract	1,166,898	
Total Investments	$ 10,217,790	

**Includes $359 for forfeitures not included in the certification.*

The income earned or losses incurred thereon for the period November 18, 2015 to December 31, 2015 reported by Great-West Life & Annuity Insurance Company, and Great-West Trust Company, LLC, the trustees, is as follows:

Certified Investment Loss:	2015
Interest and dividend income	$ 232,784
Net depreciation in investments	(243,065)
Total Investment Loss	$ (10,281)

The fair value and contract value of investments at December 31, 2014, reported by Wells Fargo Business Retirement Solutions, the trustee, is as follows:

	2014
Registered Investment Companies:	
Wells Fargo Advantage Core Bond Admin	$ 823,827
American Funds American Balanced R4	889,013
MFS Value R3	593,281
Wells Fargo Advantage Intrinsic Val Adm	451,727
Wells Fargo Advantage Index Adm	150,129
JP Morgan US Equity Sel	305,920
T. Rowe Price Blue Chip Growth Adv	1,773,839
JP Morgan Mid Cap Value Sel	418,879
Scout Mid Cap	233,586

Note 3: Certified Financial Information (Unaudited) (cont.)

	2014
Registered Investment Companies (cont.):	
Prudential Jennison Mid Cap Growth A	$ 475,535
Wells Fargo Advantage Small Cap Val Inv	366,697
Baron Small Cap Retail	323,733
American Funds-Europacific GR R4	738,760
MFS Research International R3	371,057
Wells Fargo Advantage DJ Target 2010 Adm	20,580
Wells Fargo Advantage DJ Target 2020 Adm	206,751
Wells Fargo Advantage DJ Target 2030 Adm	389,500
Wells Fargo Advantage DJ Target 2040 Adm	442,533
Wells Fargo Advantage DJ Target 2050 Adm	242,019
Wells Fargo Advantage DJ Target TOD Adm	105,262
Total Registered Investment Companies	9,322,628
Collective Trust:	
Wells Fargo Stable Return Fund N60	1,007,389
Total Collective Trust	1,007,389
Total Investments	$ 10,330,017

The income earned or losses incurred thereon for the period January 1, 2015 to November 17, 2015 and the year ended December 31, 2014, reported by Wells Fargo Business Retirement Solutions, the trustee, is as follows:

Certified Investment Income:	2015	2014
Interest and dividend income	$ 43,447	$ 508,665
Net appreciation (depreciation) in investments	(25,463)	45,834
Total Investment Income	$ 17,984	$ 554,499

Note 4: Fair Value Measurements

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

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

There have been no changes in methodologies used at December 31, 2015 and 2014. A description of the investments by level and the valuation techniques and inputs used in the fair market value measurement of the Plan follows.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open ended funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds are deemed to be actively traded.

Stable value fund: Valued at NAV of the fund. The NAV is calculated by the fund based on "net assets", which includes fully benefit-responsive investment contracts at contract

Note 4: Fair Value Measurements (cont.)

value. This NAV represents the Plan's fair value since this is the amount at which the Plan transacts with the fund.

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

	Fair Value Measurements Using			
	Level 1	Level 2	Level 3	Total
December 31, 2015				
Mutual Funds	$ 9,050,892	-	-	$ 9,050,892
Total Assets in fair value hierarchy	$ 9,050,892	-	-	9,050,892
Investments measured at net asset value				-
Investments at fair value				$ 9,050,892

	Fair Value Measurements Using			
	Level 1	Level 2	Level 3	Total
December 31, 2014				
Mutual Funds	$ 9,322,628	-	-	$ 9,322,628
Total Assets in fair value hierarchy	$ 9,362,628	-	-	9,362,628
Investments measured at net asset value (a)				1,007,389
Investments at fair value				$10,330,017

(a) *The Wells Fargo Stable Return Fund N60 ("Wells Fargo Trust"), a collective trust stable value fund, is measured at fair value using the NAV and, therefore, has not been classified in the fair value hierarchy.*

The Plan applied the practical expedient as of December 31, 2014 to the investment in the Wells Fargo Trust. The use of net asset value as fair value is deemed appropriate as the collective trust does not have a finite life, unfunded commitments relating to its investments or significant restrictions on redemptions.

Note 5: Investment Contract with Insurance Company

The Plan has a fully benefit-responsive group annuity investment contract with Great-West Life & Annuity Insurance Company (Great-West) that invests contributions in the Key Guaranteed Portfolio Fund. The Key Guaranteed Portfolio Fund is a general account product. The investment contract is considered a "traditional" contract, meaning that the Plan owns the contract itself and not the underlying assets of the investment contract.

Contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the group annuity contract since the contract was determined to be fully benefit-responsive. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. The interest crediting rate is reset quarterly.

Certain events limit the Plan's ability to transact at contract value with Great-West. Such events include the following: (a) amendments to the plan documents (including partial plan termination or merger with another plan), (b) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events that cause a significant withdrawal from the plan, or (d) failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring. If the contract is terminated prior to Great-West's recovery of any and all start-up costs (as defined in the contract) such amounts, as well as any and all other outstanding charges and fees, shall be recouped as a contract termination fee.

The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

Note 6: Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions any time and to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated for any reason, all participants become 100% vested, and the Plan administrator is to distribute each participant's interest to the participant or the participant's beneficiary.

Note 7: Related Party Transactions

Certain expenses of administration and servicing of the Plan, including payroll-related expenses of administrative and clerical personnel, consulting, audit, and fees of the trustee are paid by the Company without charge to the Plan. Great-West Life & Annuity Insurance Company, Great-West Trust Company, LLC and Wells Fargo Business Retirement Solutions are parties-in-interest as defined by ERISA as a result of being the record keeper and trustee of the Plan. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investments as they are paid through the related investment, rather than as a direct payment.

Note 8: Income Tax Status

The Plan has adopted a prototype non-standardized profit sharing plan which received an opinion letter from the Internal Revenue Service dated March 31, 2008, stating that the prototype was designed in accordance with the applicable sections of the Internal Revenue Code. The Plan administrator believes that the Plan continues to be operated and administered in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, no provision for income taxes has been included in the accompanying financial statements.

Accounting principles generally accepted in the United States of America, require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and had 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 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 examination for years prior to 2012.

Note 9: Compliance Testing

During both 2015 and 2014, the plan was determined to be in compliance with the top heavy rules required by ERISA.

Note 10: Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of the Form 5500:

	December 31, 2015	December 31, 2014
Net assets available for benefits per the financial statements	$ 10,326,452	$ 10,525,456
Contributions receivable per the financial statements at December 31, 2015 and 2014	(79,029)	(132,358)
Net assets available for benefits per Schedule H of the Form 5500	$ 10,247,423	$ 10,393,098

The following is a reconciliation of change in net assets available for benefits per the financial statements to Schedule H of the Form 5500 for the year ended December 31, 2015 and 2014:

	December 31, 2015	December 31, 2014
Change in net assets available for benefits per the financial statements	$ (199,004)	$ 804,250
Decrease (increase) in employer contributions received	24,271	(11,201)
Decrease (increase) in employee contributions received	29,058	(3,940)
Change in net assets available for benefits per Schedule H of the Form 5500	$ (145,675)	$ 789,109

Note 11: Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reporting in the statement of net assets available for benefits. Additionally, some of the investments held are invested in the securities of foreign companies, which involves special risk and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlements practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of securities of comparable U.S. Companies.

Note 12: Subsequent Event

Voluntary Correction Program

The Plan was amended and restated on January 8, 2010 to comply with the Economic Growth Tax Relief Reconciliation Act of 2001. Subsequent to the year ended December 31, 2014, it was determined that in the process of amending and restating the Plan, the definition of Plan compensation used to calculate elective employee deferrals was inadvertently changed. In the prior version of the Plan, bonuses were excluded from Plan compensation for purposes of calculating participants' elective deferrals. However, the Plan, as amended and restated on January 8, 2010, did not exclude bonuses from Plan compensation for purposes of calculating participants' elective deferrals. The Plan filed a voluntary correction under the Internal Revenue Service's (IRS) Voluntary Correction Program seeking to retroactively restate and amend the Plan to correct the definition of Plan compensation so that it excludes bonuses for purposes of calculating participants' elective deferrals. The voluntary correction was approved by the IRS as proposed, on August 16, 2016. The voluntary correction will have no financial impact on the Plan.

SUPPLEMENTAL INFORMATION

FELSBURG, HOLT & ULLEVIG, INC. 401(K) PROFIT SHARING PLAN
SUPPLEMENTAL INFORMATION: SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
YEAR ENDED DECEMBER 31, 2015

PLAN SPONSOR EMPLOYER IDENTIFICATION NUMBER: 84-0965977

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity	(d) Cost	(e) Current Value
Registered Investment Companies:				
	Vanguard	Vanguard Target Retirement Income Inv $12.45/unit	**	68,556
	Vanguard	Vanguard Target Retirement 2010 Inv $24.88/unit	**	22,885
	Vanguard	Vanguard Target Retirement 2020 Inv $27.15/unit	**	233,162
	Vanguard	Vanguard Target Retirement 2025 Inv $15.62/unit	**	9,796
	Vanguard	Vanguard Target Retirement 2030 Inv $27.72/unit	**	511,710
	Vanguard	Vanguard Target Retirement 2040 Inv $28.45/unit	**	699,881
	Vanguard	Vanguard Target Retirement 2045 Inv $17.78/unit	**	576
	Vanguard	Vanguard Target Retirement 2050 Inv $28.49/unit	**	231,677
	Vanguard	Vanguard Target Retirement 2055 Inv $30.83/unit	**	2,206

(continued)

FELSBURG, HOLT & ULLEVIG, INC. 401(K) PROFIT SHARING PLAN
SUPPLEMENTAL INFORMATION: SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
YEAR ENDED DECEMBER 31, 2015

PLAN SPONSOR EMPLOYER IDENTIFICATION NUMBER: 84-0965977

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity	(d) Cost	(e) Current Value
		(continued)		
	Vanguard	Vanguard Target Retirement 2060 Inv $27.21/unit	**	493
	The American Funds	American Funds Europacific Gr R6 $45.32/unit	**	686,226
	Dimensional Fund Advisors	DFA Emerging Markets Core Equity I $15.76/unit	**	17,172
	Ivey International	Ivey International Core Equity I $16.77/unit	**	312,498
	Oppenheimer	Oppenheimer Global I $75.15/unit	**	18,458
	Principal	Principal Global Real Estate Sec Inst $8.93/unit	**	5,006
	T Rowe Price	T. Rowe Price Intl. Gr & Inc $13.07/unit	**	13,204
	Deutsche	Deutsche Enhanced Commodity Strat Inst $11.42/unit	**	8,152
	Vanguard	Vanguard REIT index Adm $112.98/unit	**	6,502

(continued)

FELSBURG, HOLT & ULLEVIG, INC. 401(K) PROFIT SHARING PLAN
SUPPLEMENTAL INFORMATION: SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
YEAR ENDED DECEMBER 31, 2015

PLAN SPONSOR EMPLOYER IDENTIFICATION NUMBER: 84-0965977

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity	(d) Cost	(e) Current Value
		(continued)		
	Vanguard	Vanguard Small Cap Value Index Admiral $42.46/unit	**	10,482
	Vanguard	Vanguard Strategic Small-Cap Equity Inv $28.98/unit	**	193,787
	Wells Fargo	Wells Fargo Small CP Growth I $40.95/unit	**	284,252
	Vanguard	Vanguard Mid Cap Growth Inv $22.45/unit	**	493,441
	Vanguard	Vanguard Mid Cap Index Fund-Admiral $148.72/unit	**	243,992
	Vanguard	Vanguard Mid-Cap Value Index Admiral $44.54/unit	**	376,244
	Parnassus Investments	Parnassus Endeavor Fund $28.07/unit	**	1,885
	TIAA-CREF	TIAA-CREF Large-Cap Growth Index Inv $15.80/unit	**	1,658,228
	Vanguard	Vanguard 500 Index Admiral $188.48/unit	**	990,512
	Vanguard	Vanguard FTSE Social Index Inv $13.21/unit	**	467

FELSBURG, HOLT & ULLEVIG, INC. 401(K) PROFIT SHARING PLAN
SUPPLEMENTAL INFORMATION: SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
YEAR ENDED DECEMBER 31, 2015

PLAN SPONSOR EMPLOYER IDENTIFICATION NUMBER: 84-0965977

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity	(d) Cost	(e) Current Value
		(continued)		
	Vanguard	Vanguard Value Index ADM $31.82/unit	**	573,601
	American Funds	American Funds American Balanced R6 $23.84/unit	**	600,169
	Blackrock	Blackrock High Yield Bond Blackrock K $7.13/unit	**	8,624
	Drefyus	Dreyfus/Standish Global Fixed income I $21.06/unit	**	11,738
	JP Morgan	JPMorgan Core Plus Bond R6 $8.06/unit	**	750,748
	PIMCO	PIMCO Income Instl $11.73/unit	**	1,567
	Vanguard	Vanguard Inflation-Protected Sec ADM $25.21/unit	**	2,995
Insurance Company Group Annuity Contract:				
*	Great West	Key Guaranteed Portfolio Fund	**	1,166,898
Notes Receivable from Participants:				
*	Notes Receivable from Participants	Various maturity dates through 2028, interest rate at 4.25%	-	29,633

* Indicates an identified person known to be a party-in-interest to the Plan.

** The information in Column (d) has not been presented since investments are participant directed.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Felsburg, Holt & Ullevig, Inc. 401(k) Profit Sharing Plan
01-JAN-15 to 31-DEC-15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTINX			70,281.56	68,556.12
1VTENX			24,167.78	22,885.47
1VTWNX			243,612.68	233,162.23
1VTTVX			10,399.62	9,795.65
1VTHRX			533,286.46	511,710.01
1VFORX			725,520.62	699,881.50
1VTIVX			583.21	576.07
1VFIFX			238,681.92	231,677.35
1VFFVX			2,216.68	2,206.08
1VTTSX			495.46	492.71
1RERGX			720,573.75	686,226.03
1DFCEX			17,659.71	17,171.84
1ICEIX			318,411.64	312,497.79
1OGLIX			19,348.20	18,457.78
1POSIX			5,109.74	5,006.03
1TRIGX			13,699.91	13,203.88
1SKIRX1			8,264.24	8,151.81
1VGSLX			6,431.83	6,502.14
1VSIAX			10,907.78	10,482.27
1VSTCX			200,699.39	193,786.61
1WSCGX			288,458.91	284,251.53
1VMGRX			531,249.81	493,440.89
1VIMAX			246,190.14	243,991.91
1VMVAX			380,395.06	376,244.20
1PARWX			1,969.06	1,884.70
1TILGX			1,694,426.94	1,658,227.79
1VFIAX			997,233.81	990,512.44
1VFTSX			480.66	467.33
1VVIAX			576,259.69	573,601.20
1RLBGX			623,941.69	600,169.10
1BRHYX			8,704.31	8,624.12
1SDGIX			11,868.27	11,737.83
1JCPUX			759,908.56	750,748.33
1PIMIX			1,615.34	1,566.86
1VAIPX			3,037.71	2,994.56
1KGPF		1.200	1,164,868.36	1,166,538.55
			10,460,960.50	**10,217,430.71**
PARTICIPANT LOANS	VARIOUS	4.250-4.250	29,632.91	29,632.91
FORFEITURES			358.82	359.34

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Felsburg, Holt & Ullevig, Inc. 401(k) Profit Sharing Plan
01-JAN-15 to 31-DEC-15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1VTINX	Vanguard Target Retirement Income Inv
1VTWNX	Vanguard Target Retirement 2020 Inv
1VTHRX	Vanguard Target Retirement 2030 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv
1RERGX	American Funds EuroPacific Gr R6
1ICEIX	Ivy International Core Equity I
1POSIX	Principal Global Real Estate Sec Inst
1SKIRX1	Deutsche Enhanced Commodity Strat Inst
1VSIAX	Vanguard Small Cap Value Index Admiral
1WSCGX	Wells Fargo Small Co Growth I
1VIMAX	Vanguard Mid Cap Index Fund - Admiral
1PARWX	Parnassus Endeavor Fund
1VFIAX	Vanguard 500 Index Admiral
1VVIAX	Vanguard Value Index Adm
1BRHYX	BlackRock High Yield Bond BlackRock K
1JCPUX	JPMorgan Core Plus Bond R6
1VAIPX	Vanguard Inflation-Protected Secs Adm
1VTENX	Vanguard Target Retirement 2010 Inv
1VTTVX	Vanguard Target Retirement 2025 Inv
1VFORX	Vanguard Target Retirement 2040 Inv
1VFIFX	Vanguard Target Retirement 2050 Inv
1VTTSX	Vanguard Target Retirement 2060 Inv
1DFCEX	DFA Emerging Markets Core Equity I
1OGLIX	Oppenheimer Global I
1TRIGX	T. Rowe Price Intl Gr & Inc
1VGSLX	Vanguard REIT Index Adm
1VSTCX	Vanguard Strategic Small-Cap Equity Inv
1VMGRX	Vanguard Mid Cap Growth Inv
1VMVAX	Vanguard Mid-Cap Value Index Admiral
1TILGX	TIAA-CREF Large-Cap Growth Inst
1VFTSX	Vanguard FTSE Social Index Inv
1RLBGX	American Funds American Balanced R6
1SDGIX	Dreyfus/Standish Global Fixed Income I
1PIMIX	PIMCO Income Instl
1KGPF	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year