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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>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><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div><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 |                                            |
|                                                                                                          | <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 checked="" type="checkbox"/> the final return/report;                                                                                                                       |                                            |
|                                                                                                          | <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 checked="" 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; |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                                                                                                                    |                                            |

|                                                                                                         |                                                                |                                          |                   |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------|-------------------|
| <b>Part II</b>                                                                                          | <b>Basic Plan Information</b> —enter all requested information |                                          |                   |
| <b>1a</b> Name of plan                                                                                  | <u>SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN</u>               | <b>1b</b> Three-digit plan number (PN) ▶ | <u>005</u>        |
|                                                                                                         |                                                                | <b>1c</b> Effective date of plan         | <u>01/01/2007</u> |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)                                 |                                                                |                                          |                   |
| Mailing address (include room, apt., suite no. and street, or P.O. Box)                                 |                                                                |                                          |                   |
| City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) |                                                                |                                          |                   |
| <u>AMETEK, INC.</u>                                                                                     |                                                                |                                          |                   |
|                                                                                                         | <b>2b</b> Employer Identification Number (EIN)                 | <u>14-1682544</u>                        |                   |
|                                                                                                         | <b>2c</b> Plan Sponsor's telephone number                      | <u>610-647-2121</u>                      |                   |
| <u>1100 CASSATT ROAD</u><br><u>BERWYN, PA 19312</u>                                                     | <b>2d</b> Business code (see instructions)                     | <u>331110</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>                                                                                | Filed with authorized/valid electronic signature. | 10/17/2016 | HENRY POLICARE                                               |
|                                                                                                 | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | 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                                  |
|                                                                                                 |                                                   |            |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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<br>SUPERIOR TUBE COMPANY, INC.                                                                                                                                                                                      | <b>4b</b> EIN<br>86-1118863<br><b>4c</b> PN<br>005                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 305                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <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> ).                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                | <b>6a(1)</b> 223                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     | <b>6a(2)</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    | <b>6b</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                     | <b>6c</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           | <b>6d</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                                             | <b>6e</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               | <b>6f</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                                        | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                           | <b>6h</b> 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <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>1A 1B 1C                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <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>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <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>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <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>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <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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|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</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>Single-Employer Defined Benefit Plan</b><br><b>Actuarial 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 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
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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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN</u>                                                                 | <b>B</b> Three-digit plan number (PN) ▶<br><br><u>005</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>AMETEK, INC.</u>                                           | <b>D</b> Employer Identification Number (EIN)<br><u>14-1682544</u>                                                                                      |
| <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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                      |
| <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> <u>8356732</u>                                                      |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>8239134</u>                                                      |
| <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 .....                                                                                                                                     | <u>44</u> <u>2539661</u> <u>2539661</u>                                       |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <u>33</u> <u>507046</u> <u>507046</u>                                         |
| <b>c</b> For active participants .....                                                                                                                                                                          | <u>233</u> <u>5641269</u> <u>6001211</u>                                      |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>310</u> <u>8687976</u> <u>9047918</u>                                      |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   | <input type="checkbox"/>                                                      |
| <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> <u>6.32 %</u>                                                        |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b> <u>276454</u>                                                        |

**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 HERE</b>                                                     |  | <u>09/15/2016</u>                      |
| Signature of actuary                                                 |  | Date                                   |
| <u>CURT EVANS, FSA</u>                                               |  | <u>14-05239</u>                        |
| Type or print name of actuary                                        |  | Most recent enrollment number          |
| <u>BROWN &amp; BROWN CONSULTING</u>                                  |  | <u>215-561-1143</u>                    |
| Firm name                                                            |  | Telephone number (including area code) |
| <u>601 WALNUT STREET, SUITE 805</u><br><u>PHILADELPHIA, PA 19106</u> |  |                                        |
| 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**

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                                                  |                       |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                            | 302595                | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 256186                |                        |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 46409                 | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>6.29%</u> .....                                                                                 | 2919                  | 0                      |
| <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) .....                                                                                     |                       | 1                      |
| <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>6.54%</u> ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                       |                       | 1                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                     |                       | 1                      |
| <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) .....                                                                        | 49328                 | 1                      |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 90.51 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 90.51 % |
| <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> | 85.55 % |
| <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 Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> 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 |
| 04/14/2015                                                                               | 65573                             |                                 |                          |                                   |                                 |
| 07/15/2015                                                                               | 111709                            |                                 |                          |                                   |                                 |
| 10/15/2015                                                                               | 109732                            |                                 |                          |                                   |                                 |
| 01/13/2016                                                                               | 109732                            |                                 |                          |                                   |                                 |
| 09/15/2016                                                                               | 65000                             |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 461746                          |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                                                                             |            |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> 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> | 438675  |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                                 |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                                                                             |            |         |
| Liquidity shortfall as of end of quarter of this plan year                                                                                                                                  |            |         |
| (1) 1st                                                                                                                                                                                     | (2) 2nd    | (3) 3rd |
| 0                                                                                                                                                                                           | 0          | 0       |
| (4) 4th                                                                                                                                                                                     | 0          |         |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <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> 63                                        |
| <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 checked="" type="checkbox"/> Yes <input 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>          | 276454             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 |                     |                    |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | Outstanding Balance | Installment        |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 858113              | 211244             |               |
|                                                                                                                                                                                      | 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>           | 487698             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 49328               | 0                  | 49328         |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 438370             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 438675             |               |
| <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>          | 305                |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 305                |               |
| <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>                                                                                                               |  |  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</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>Service Provider 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>SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN                         | <b>B</b> Three-digit plan number (PN) ▶                     | 005 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>AMETEK, INC.              | <b>D</b> Employer Identification Number (EIN)<br>14-1682544 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</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)

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13-2834414

| <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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 11                            | NONE                                                                                                     | 6406                                                                          | Yes <input type="checkbox"/> No <input checked="" 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"/>                                            |

**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 |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (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<br>(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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

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

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

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

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

|                    |                     |
|--------------------|---------------------|
| <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 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>SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN</u>                                                                                                                                                                                                | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>005</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AMETEK, INC.</u>                                                                                                                                                                                     | <b>D</b> Employer Identification Number (EIN)<br><u>14-1682544</u>                                                                                                                                                                                                           |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |  | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--|-----------------------|-----------------|
| <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. |                               |  |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                 |  |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |  | 51797                 | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |  |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |  | 114979                | 0               |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |  |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                  |  | 17561                 | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |  |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |  | 500510                | 0               |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>                  |  | 1772316               | 0               |
| <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>               |  | 1097050               | 0               |
| <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>               |  | 4807535               | 0               |
| <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>                  |  |                       |                 |
| <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>                 |  |                       |                 |
| <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 .....                                        | 1d(1) |                       |                 |
| (2) Employer real property .....                                     | 1d(2) |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | 1e    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | 1f    | 8361748               | 0               |

**Liabilities**

|                                                                           |    |   |   |
|---------------------------------------------------------------------------|----|---|---|
| <b>g</b> Benefit claims payable .....                                     | 1g |   |   |
| <b>h</b> Operating payables .....                                         | 1h |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | 1i |   |   |
| <b>j</b> Other liabilities .....                                          | 1j |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k | 0 | 0 |

**Net Assets**

|                                                           |    |         |   |
|-----------------------------------------------------------|----|---------|---|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | 1l | 8361748 | 0 |
|-----------------------------------------------------------|----|---------|---|

**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 .....                                        | 2a(1)(A) | 287014     |           |
| <b>(B)</b> Participants .....                                                                              | 2a(1)(B) |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | 2a(1)(C) |            |           |
| (2) Noncash contributions .....                                                                            | 2a(2)    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | 2a(3)    |            | 287014    |
| <b>b Earnings on investments:</b>                                                                          |          |            |           |
| (1) Interest:                                                                                              |          |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | 2b(1)(A) |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | 2b(1)(B) |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | 2b(1)(C) |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | 2b(1)(D) |            |           |
| <b>(E)</b> Participant loans .....                                                                         | 2b(1)(E) |            |           |
| <b>(F)</b> Other .....                                                                                     | 2b(1)(F) |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | 2b(1)(G) |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | 2b(2)(A) |            |           |
| <b>(B)</b> Common stock .....                                                                              | 2b(2)(B) | 137824     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | 2b(2)(C) |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | 2b(2)(D) |            | 137824    |
| (3) Rents .....                                                                                            | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | 2b(4)(A) |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | 2b(4)(B) |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | 2b(4)(C) |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | 2b(5)(A) |            |           |
| <b>(B)</b> Other .....                                                                                     | 2b(5)(B) | -322150    |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | 2b(5)(C) |            | -322150   |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            | 94158     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 196846    |

**Expenses**

|                                                                                      |       |        |        |
|--------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                  |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 445687 |        |
| (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) |        | 445687 |
| 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) | 0      |        |
| (2) Contract administrator fees .....                                                | 2i(2) | 10654  |        |
| (3) Investment advisory and management fees .....                                    | 2i(3) |        |        |
| (4) Other .....                                                                      | 2i(4) | 238344 |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |        | 248998 |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |        | 694685 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -497839 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan .....                                   | 2l(1) |  |         |
| (2) From this plan .....                                 | 2l(2) |  | 7863909 |

**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: ERNST & YOUNG LLP

(2) EIN: 34-6565596

**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.) .....                 |     |    |     |        |
| 4a                                                                                                                                                                                                                                                                                                               |     | 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.) ..... |     |    |     |        |
| 4b                                                                                                                                                                                                                                                                                                               |     | 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   |    |     | 10000000 |
| <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.)                                                                                                  |     | X  |     |          |
| <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?                                                                                                                                                       |     | X  |     |          |

**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) |
|--------------------------------------------|--------------|-------------|
| EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC. | 14-1682544   | 001         |
|                                            |              |             |
|                                            |              |             |
|                                            |              |             |
|                                            |              |             |

**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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <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>SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN</u>            | <b>B</b> Three-digit plan number (PN) ▶<br><u>005</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AMETEK, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>14-1682544</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>23-2926795</u> <u>13-5674085</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                                              |          |          |
| <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>6</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 type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                                         |
| <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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                                         |
| <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>                    |                             |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                                         |
| <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 checked="" type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input 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>14a</b> |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      |  | <b>14b</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             |  | <b>14c</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        |  |            |  |
| <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                              |

SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

YEARS ENDED DECEMBER 31, 2015 AND 2014

With Report of Independent Auditors

SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN

December 31, 2015 and 2014

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## Report of Independent Auditors

The Pension Investment Committee  
Superior Group, Inc. 2007 Retirement Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Superior Group, Inc. 2007 Retirement Plan, which comprise the statement of net assets available for benefits as of December 31, 2015, and the related statement of changes in net assets available for benefits for the year 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 conformity with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of 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. 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 certified investment information described in Note 4, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entities that certified the investment information meet the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of and for the year ended December 31, 2015, stating that the investment information provided to the plan administrator is complete and accurate.



### ***Disclaimer of Opinion on Financial Statements***

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.

### ***Disclaimer of Opinion on Supplemental Schedule***

The accompanying supplemental schedule of reportable transactions for the year December 31, 2015, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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.

### ***Disclaimer of Opinion of Other Auditors on 2014 Financial Statements***

Other auditors disclaimed an opinion on the 2014 financial statements of Superior Group, Inc. 2007 Retirement Plan on October 14, 2015, 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. Their report indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the 2014 financial statements other than that derived from the certified investment information were 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.

### **Report on Compliance of Form and Content with Department of Labor's Rules and Regulations**

The form and content of the information included in the 2015 financial statements and supplemental schedule, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

*Ernst & Young LLP*

October 14, 2016

SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

|                                   | DECEMBER 31, |              |
|-----------------------------------|--------------|--------------|
|                                   | 2015         | 2014         |
| ASSETS                            |              |              |
| INVESTMENTS                       |              |              |
| Mutual funds                      | \$ -         | \$ -         |
| Common stocks                     | -            | 4,807,535    |
| U.S. government bonds             | -            | 1,772,316    |
| Corporate bonds                   | -            | 1,097,050    |
| Money market funds                | -            | 494,924      |
| Total Investments                 | -            | 8,171,825    |
| EMPLOYER CONTRIBUTIONS RECEIVABLE | -            | 114,979      |
| CASH AND CASH EQUIVALENTS         | -            | 57,383       |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ -         | \$ 8,361,747 |

See accompanying notes

SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

|                                                                              | YEARS ENDED DECEMBER 31, |                     |
|------------------------------------------------------------------------------|--------------------------|---------------------|
|                                                                              | 2015                     | 2014                |
| ADDITIONS TO NET ASSETS ATTRIBUTED TO:                                       |                          |                     |
| Net (depreciation) appreciation in fair value of investments                 | \$ (322,150)             | \$ 279,679          |
| Interest and dividend income                                                 | 137,824                  | 210,696             |
| Increase in Plan interest in AMETEK, Inc. Employees' Master Retirement Trust | 94,159                   | -                   |
| Contributions – employer                                                     | <u>287,014</u>           | <u>670,893</u>      |
| Total Additions                                                              | <u>196,847</u>           | <u>1,161,268</u>    |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:                                    |                          |                     |
| Benefits paid directly to participants                                       | 445,687                  | 461,527             |
| Administrative expenses                                                      | <u>248,998</u>           | <u>291,331</u>      |
| Total Deductions                                                             | <u>694,685</u>           | <u>752,858</u>      |
| NET (DECREASE) INCREASE                                                      | (497,838)                | 408,410             |
| TRANSFER OF ASSETS OUT                                                       | <u>(7,863,909)</u>       | <u>-</u>            |
| NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR                        | 8,361,747                | 7,953,337           |
| NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR                              | <u>\$ -</u>              | <u>\$ 8,361,747</u> |

See accompanying notes

SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2015 AND 2014

NOTE 1 - Description of Plan

The following description of the Superior Group, Inc. 2007 Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement, as amended, for a more complete description of the Plan's provisions.

The Plan became effective January 1, 2007 and covers all eligible employees of Superior Group, Inc. (the "Company") and certain employees of its domestic subsidiaries including Superior Tube Company, Inc. As a result of the acquisition of the Company by AMETEK, Inc., the sponsorship of the Plan transferred to AMETEK, Inc. effective August 13, 2015.

Effective March 17, 2014, the Plan was amended to close the Plan to union employees hired or reemployed by the Company after March 17, 2014.

Effective March 18, 2014, the Plan's Trustee was changed from Vanguard Fiduciary Trust Company to Bank of America (MLTC).

Effective January 1, 2015, the Plan's Trustee was changed from Bank of America (MLTC) to First State Trust Company.

Effective October 1, 2015, the Plan's Trustee was changed from First State Trust Company to BNY Mellon.

Effective December 31, 2015, the Plan was merged into the Employees' Retirement Plan of AMETEK, Inc. as a participating plan. All assets were transferred to the Employees' Retirement Plan of AMETEK, Inc. and the Superior Plan ceased to exist.

General - The Plan is a non-contributory defined benefit plan which provides benefits upon retirement to all employees of the Company and its domestic subsidiaries who become eligible in accordance with the terms of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility - Non-bargaining full-time employees with six months of service and part-time employees with 1,000 credited hours of service during a 12-consecutive month period are eligible to participate in the Plan.

Pension Benefits - The Plan provides benefits beginning at normal retirement age (65) or earlier upon death, or upon termination after completion of three years of service. A participant's account balance is used to determine the pension benefits payable to each participant. Benefits are payable in the form of a single life annuity, lump sum, or joint and survivorship annuity. The participant's account balance is credited with contribution credits at the end of each calendar month that relates to a participant's age and service points as determined in the below table and interest credits, compounded daily, equal to the average monthly yield on 10 year U.S. Treasury securities preceding each calendar year quarter but in no event to be less than 2.25%.

SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2015 AND 2014

NOTE 1 - Description of Plan - continued

The amount of contribution credited to the account balance at the end of each calendar month is determined as follows:

| <u>Age and Service Points</u> | <u>Percentage of Compensation</u> |
|-------------------------------|-----------------------------------|
| Less than 30                  | 4%                                |
| At least 30, but less than 40 | 5%                                |
| At least 40, but less than 55 | 6%                                |
| 55 or more                    | 7%                                |

The Plan also provides benefits to full-time bargaining unit employees hired or reemployed before March 17, 2014. Benefits commence at normal retirement age 65, or earlier upon death or disability, or upon election by the employee upon meeting the requirements for early retirement age. Annual pension benefits are generally determined with reference to various formulas, including stipulated amounts determined at the date of retirement or separation from service multiplied by years of credited service. Benefits vest after five years of service. Benefits are payable in the form of a monthly annuity.

NOTE 2 - Summary of Accounting Policies

**Basis of Accounting and Use of Estimates** - The financial statements are prepared on the accrual basis of accounting. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition** - The Plan's investments are reported at fair value. Net realized and unrealized gains and losses are reported as net appreciation or depreciation in the fair value of investments in the Statements of Changes in Net Assets Available for Benefits and an increase in Plan interest in AMETEK, Inc. Employees' Master Retirement Trust. Assets attributable to the individual plans participating in the AMETEK, Inc. Employees' Master Trust are equitable shares, which are based on each Plan's proportionate share of total net assets of the Trust as of the end of each month, excluding unpaid contributions. The Trustee allocates earned income, realized gains and losses and unrealized gains and losses to individual plans based on each Plan's pro rata share of the fair value of the Trust's net assets at the end of the reporting period.

**Purchases and sales of investments** are recorded on a trade-date basis. Interest income is accrued when earned, based on the period of time investment is held. Dividend income is recorded on the ex-dividend date.

**Payment of Benefits** - Benefit payments to participants are recorded upon distribution.

**Administrative expenses** - All administrative expenses are paid by the Plan.

SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2015 AND 2014

NOTE 2 - Summary of Accounting Policies – continued

Subsequent Events

Management evaluated subsequent events for the Plan through October 14, 2016, the date the financial statements were issued. Based on this evaluation, no disclosures were required to be made to the financial statements as of December 31, 2015.

NOTE 3 – Recent Accounting Pronouncements

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-12, *Plan Accounting; Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 952), Health and Welfare Benefit Plans (Topic 965); (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Parts I and III are not applicable to the Plan. Part II of ASU 2015-12 requires plans to disaggregate their investments measured using fair value by general type, either on the face of the financial statements or in the notes. Plans are no longer required to disclose the net appreciation/depreciation in fair value of investments by general type or individual investments equal to or greater than 5% of net assets available for benefits. ASU 2015-12 is effective for interim and annual reporting periods beginning after December 15, 2015; early adoption is permitted and requires retrospective application to all periods presented. Management has elected to adopt ASU 2015-12 early.

NOTE 4 - Investments

All investment information disclosed in the accompanying financial statements and supplemental schedule including investments held at December 31, 2014, net (depreciation) appreciation in fair value of investments, interest and dividend income and increase in plan interest in AMETEK, Inc. Employees' Master Retirement Trust for the years ended December 31, 2015 and 2014, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustees.

NOTE 5 - Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Accounting standards set a framework for measuring fair value using a three-tier hierarchy based on the extent to which inputs used in measuring fair value are observable in the market.

Level 1: Quoted prices in active markets for identical assets or liabilities.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or inputs (interest rates, currency exchange rates, commodity rates and yield curves) that are observable or corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3: Inputs that are not observable in the market and reflect management's judgment about the assumptions that market participants would use in pricing the asset or liability.

SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2015 AND 2014

NOTE 5 - Fair Value Measurements - continued

The following is a description of the valuation methodologies used for assets measured at fair value as of December 31, 2014:

*Common stocks* - Shares in companies traded on national securities exchanges are valued at the closing price reported in the active market in which the individual securities are traded.

*U.S. government bonds* - Based on institutional bond quotes and evaluations based on various market and industry inputs.

*Corporate bonds* - Based on institutional bond quotes and evaluations based on various market and industry inputs.

*Money Market* - Valued at the daily closing price of the fund.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014 as reported in the accompanying statements of net assets available for benefits.

| Assets at Fair Value as of December 31, 2015 |         |         |         |       |
|----------------------------------------------|---------|---------|---------|-------|
|                                              | Level 1 | Level 2 | Level 3 | Total |
| U.S. government bonds                        | -       | -       | -       | -     |
| Corporate bonds                              | -       | -       | -       | -     |
| Money market funds                           | -       | -       | -       | -     |
| Total investments                            | \$ -    | \$ -    | \$ -    | \$ -  |

| Assets at Fair Value as of December 31, 2014 |              |              |         |              |
|----------------------------------------------|--------------|--------------|---------|--------------|
|                                              | Level 1      | Level 2      | Level 3 | Total        |
| Common stocks                                | 4,807,535    | -            | -       | 4,807,535    |
| U.S. government bonds                        | -            | 1,772,316    | -       | 1,772,316    |
| Corporate bonds                              | -            | 1,097,050    | -       | 1,097,050    |
| Money market funds                           | 494,924      | -            | -       | 494,924      |
| Total investments                            | \$ 5,302,459 | \$ 2,869,366 | \$ -    | \$ 8,171,825 |

SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2015 AND 2014

NOTE 6 – Party-In-Interest Transactions

Vanguard Fiduciary Trust Company, Bank of America (MLTC), First State Trust Company and BNY Mellon held the Plan's assets as Trustees. The Plan invested in certain securities managed by the Trustees. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 7 - Funding Policy

Employer contributions are accrued based upon amounts required to be funded under provisions of ERISA. The Company met the minimum funding requirements of ERISA in 2015 and 2014. Employer contributions are designed to provide for normal cost on a current basis and amortization of unfunded prior service costs over no greater than a 30-year period.

NOTE 8 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments 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 payable under all circumstances - retirement, disability, death, and termination of employment are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The Plan's actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to give effect to the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for disability, death, withdrawal, or retirement) between the valuation date and the expected date of payment.

SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2015 AND 2014

NOTE 8 - Actuarial Present Value of Accumulated Plan Benefits-continued

The actuarial present values of accumulated Plan benefit's as of end of each plan year was as follows:

|                                                             | December            |                     |
|-------------------------------------------------------------|---------------------|---------------------|
|                                                             | 2014                | 2013                |
| Actuarial present values of accumulated Plan benefits:      |                     |                     |
| Vested benefits:                                            |                     |                     |
| Participants currently receiving payments                   | \$ 2,376,888        | \$ 2,011,303        |
| Other participants                                          | <u>5,647,049</u>    | <u>6,848,732</u>    |
| Total vested benefits                                       | 8,023,937           | 8,860,035           |
| Nonvested benefits                                          | <u>334,689</u>      | <u>621,754</u>      |
| Total actuarial present values of accumulated Plan benefits | <u>\$ 8,358,626</u> | <u>\$ 9,481,789</u> |

The changes in the actuarial present value of accumulated Plan benefits was:

|                                                                            |                     |
|----------------------------------------------------------------------------|---------------------|
| Actuarial present value of accumulated Plan benefits,<br>December 31, 2013 | \$ 9,481,789        |
| Increase (decrease) due to:                                                |                     |
| Benefits accumulated and experience loss                                   | 423,548             |
| Interest due to the decrease in the discount period                        | 523,443             |
| Benefits paid                                                              | (461,527)           |
| Change in actuarial assumptions (A)                                        | <u>(1,608,627)</u>  |
| Actuarial present value of accumulated Plan benefits,<br>December 31, 2014 | <u>\$ 8,358,626</u> |

(A) – The mortality assumption for accounting purposes was changed from rates based on the RP-2000 mortality tables to those based on the RP-2014 mortality tables to reflect the recent mortality tables published by the Society of Actuaries. The rates of termination, disability and retirement were revised to better reflect historical plan experience and our expectation of future plan experience.

SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2015 AND 2014

NOTE 8 - Actuarial Present Value of Accumulated Plan Benefits - continued

The foregoing actuarial methods and 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.

The significant actuarial methods and assumptions used in the actuarial valuation as of plan year 2015 are as follows:

|                   |                                                                                                                                                                                                                                                                                                                                                              |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mortality Basis   | - 2015 Non-Annuitant and Annuitant Mortality Tables as set forth in Treasury Regulation Section 1.430(h)(3)-1E, for determining the plan's minimum funding and PBGC variable rate premium requirements. The RP-2014 Sex-Distinct Employee, Annuitant and Disabled Tables with Blue Collar Adjustment for union employees projected with Scale AA to 2021.    |
| Investment Return | - 7.0%                                                                                                                                                                                                                                                                                                                                                       |
| Discount Rate     | - The Plan has elected to use stabilized segment rates for the plan year beginning in 2014 as allowable under the Moving Ahead for Progress in the 21 <sup>st</sup> Century Act (MAP-21). MAP-21 segment rates (for 2015 are 4.72%, 6.11% and 6.81%, which produce an effective interest rate of 6.32%) for determining plan's minimum funding requirements. |
| Retirement Age    | - Retirement rates from age 55 to 65; and from age 50 to 65 for collectively bargained benefits.                                                                                                                                                                                                                                                             |

SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2015 AND 2014

NOTE 9 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated January 27, 2015, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended and restated. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes that the Plan, as amended and restated, is qualified and the related trust is tax-exempt.

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 tax 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, there are no uncertain tax positions taken or expected to be taken that 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 examinations for years prior to 2012.

NOTE 10 - Risks and Uncertainties and Significant Estimates

The Plan invested in various types of investment securities. These investment securities are exposed to various risks such as market volatility, interest rate, and credit risks. Therefore, it is at least reasonably possible that changes in value could occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is 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 could be material to the financial statements.

NOTE 11 – Plan Termination

Although it has not expressed an intention to do so, AMETEK, Inc. reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination, the net assets of the Plan will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the plan documents.

Should the Plan terminate at some future time, its assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Superior Group, Inc. 2007 Retirement Plan

EIN: 14-1682544; Plan No.: 005

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2015

| Identity of<br>Party<br>Involved | Description of Asset                           | Purchase<br>Price | Selling<br>Price | Cost<br>of Asset | Current<br>Value of<br>Asset on<br>Transaction<br>Date | Net Gain<br>or (Loss) |
|----------------------------------|------------------------------------------------|-------------------|------------------|------------------|--------------------------------------------------------|-----------------------|
| **                               | BIF Money Fund                                 | \$ -              | \$ 494,919       | \$ 494,919       | \$ 494,919                                             | \$ -                  |
| **                               | Morgan Stanley Bank Deposit                    | 500,505           | -                | 500,505          | 500,505                                                | -                     |
| **                               | Morgan Stanley Bank Deposit                    | 824,787           | -                | 824,787          | 824,787                                                | -                     |
| **                               | Morgan Stanley Bank Deposit                    | -                 | 615,423          | 615,423          | 615,423                                                | -                     |
| **                               | Ishares MSCI EAFE Index Fund                   | -                 | 1,116,410        | 1,122,237        | 1,116,410                                              | (5,827)               |
| **                               | Ishares Core MSCI EAFE ETF                     | -                 | 1,059,920        | 1,160,724        | 1,059,920                                              | (100,804)             |
|                                  |                                                |                   |                  |                  |                                                        |                       |
| **                               | BIF Money Fund                                 | \$ -              | \$ 495,476       | \$ 495,476       | \$ 495,476                                             | \$ -                  |
| **                               | BIF Money Fund                                 | 552               | -                | 552              | 552                                                    | -                     |
| **                               | Morgan Stanley Bank Deposit                    | 2,652,287         | -                | 2,652,287        | 2,652,287                                              | -                     |
| **                               | Morgan Stanley Bank Deposit                    | -                 | 2,652,287        | 2,652,287        | 2,652,287                                              | -                     |
| **                               | Ishares TR Russell 2000 I Fund                 | -                 | 408,098          | 418,262          | 408,098                                                | (10,164)              |
| **                               | Northern Institutional Diversified Assets – SW | 316,556           | -                | 316,556          | 316,556                                                | -                     |
| **                               | Northern Institutional Diversified Assets – SW | -                 | 316,556          | 316,556          | 316,556                                                | -                     |
| **                               | Ishares MSCI EAFE Index Fund                   | -                 | 1,190,397        | 1,190,588        | 1,190,397                                              | (191)                 |

\*\* - Transactions made on market.

There were no category 2 or 4 reportable transactions during 2015.

Columns for "Lease rental" and "Expense incurred with transaction" are not applicable.

SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN

EIN: 14-1682544; PN: 005

UNION

2015 Schedule SB Attachment, Line 26 - Schedule of Active Participant Data

| Attained Age | Years of Credited Service |        |        |          |          |          |          |          |          |         |
|--------------|---------------------------|--------|--------|----------|----------|----------|----------|----------|----------|---------|
|              | Under 1                   | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 40 | 40 & up |
| Under 25     |                           | 7      |        |          |          |          |          |          |          |         |
| 25 to 29     |                           | 10     |        |          |          |          |          |          |          |         |
| 30 to 34     |                           | 15     | 4      |          |          |          |          |          |          |         |
| 35 to 39     |                           | 5      | 1      | 1        |          |          |          |          |          |         |
| 40 to 44     |                           | 7      | 1      |          |          | 3        |          |          |          |         |
| 45 to 49     |                           | 2      | 3      | 1        |          | 1        | 7        |          |          |         |
| 50 to 54     |                           | 2      | 2      | 1        |          | 2        | 14       |          | 1        |         |
| 55 to 59     |                           | 3      | 8      | 3        | 1        | 2        | 10       | 5        | 25       | 1       |
| 60 to 64     |                           | 6      | 2      | 3        | 4        |          | 5        |          | 4        | 6       |
| 65 to 69     |                           |        |        | 1        | 1        | 1        |          |          | 1        | 1       |
| 70 & up      |                           |        |        |          |          |          |          |          |          | 1       |
| Total        | 0                         | 57     | 21     | 10       | 6        | 9        | 36       | 5        | 31       | 9       |

SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN

EIN: 14-1682544; PN: 005

NONUNION

2015 Schedule SB Attachment, Line 26 - Schedule of Active Participant Data

| Attained Age | Years of Credited Service |        |        |          |          |          |          |          |          |         |   |
|--------------|---------------------------|--------|--------|----------|----------|----------|----------|----------|----------|---------|---|
|              | Under 1                   | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 40 | 40 & up |   |
| Under 25     |                           | 1      |        |          |          |          |          |          |          |         |   |
| 25 to 29     |                           | 5      | 3      |          |          |          |          |          |          |         |   |
| 30 to 34     |                           | 1      | 3      |          |          |          |          |          |          |         |   |
| 35 to 39     |                           | 3      | 1      |          |          |          |          |          |          |         |   |
| 40 to 44     |                           | 4      |        | 2        |          |          |          |          |          |         |   |
| 45 to 49     |                           | 4      |        |          |          |          |          |          |          |         |   |
| 50 to 54     |                           | 3      | 1      |          |          | 2        |          | 1        |          |         |   |
| 55 to 59     |                           | 3      |        |          |          |          |          |          | 1        |         |   |
| 60 to 64     |                           | 2      |        |          |          |          |          |          |          |         |   |
| 65 to 69     |                           | 1      |        |          |          |          | 1        | 2        |          |         |   |
| 70 & up      |                           |        |        |          |          |          |          |          |          |         |   |
| Total        | 0                         | 27     | 8      | 2        | 0        | 2        | 1        | 3        | 1        |         | 7 |

**SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN**  
**EIN: 14-1682544; PN: 005**  
**2015 SCHEDULE SB ATTACHMENT, PART V – STATEMENT OF ACTUARIAL**  
**ASSUMPTIONS/METHODS**

**Actuarial Methods**

**Actuarial Cost Method**

The actuarial cost method used to determine the Plan's funding, PBGC, and accounting requirements, and the Plan Sponsor's accounting requirements, is the Unit Credit method. Under this method, the funding target is the actuarial present value of accrued benefits as of the valuation date for all participants. The target normal cost is the actuarial present value of benefits expected to accrue in the current Plan year for each active participant under the assumed retirement age.

**Asset Valuation Method**

Plan assets used to determine the Plan's funding requirements are equal to a 3-year averaged fair market value of assets. Under this asset valuation method, Plan assets are equal to the average of (1) the adjusted fair market value of assets based on the December 31, 2012 market value of assets modified to reflect 2013 and 2014 distributions, contributions and expected investment income, (2) the adjusted fair market value of assets based on the December 31, 2013 market value of assets modified to reflect 2014 distributions, contributions and expected investment income and (3) the fair market value of assets as of the current Plan year. Expected investment income is based on expected rates of return on Plan assets of 5.35% for 2013 and 5.67% for 2014. The resulting value cannot be less than 90%, nor greater than 110%, of the fair market value of assets.

**SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN**  
**EIN: 14-1682544; PN: 005**  
**2015 SCHEDULE SB ATTACHMENT, PART V – STATEMENT OF ACTUARIAL**  
**ASSUMPTIONS/METHODS**

Actuarial Assumptions

Discount Rate:

- MAP-21 segment rates (for 2015 are 4.72%, 6.11% and 6.81%, which produce an effective interest rate of 6.32%) for determining plan's minimum funding requirements.
- Pre-MAP-21 segment rates with four month look back (for 2015 are 1.15%, 4.06% and 5.15%, which produce an effective interest rate of 4.43%) for determining maximum funding and PBGC variable rate premium requirements.
- 7.0% per year, for determining plan's (ASC 960) accounting requirements.

Compensation Increases 2.5% per year for determining the plan's funding and accounting requirements and plan sponsor's accounting requirements.

Mortality 2015 Non-Annuitant and Annuitant Mortality Tables as set forth in Treasury Regulation Section 1.430(h)(3)-1(e), for determining the plan's minimum funding and PBGC variable rate premium requirements. The RP-2014 Sex-Distinct Employee, Annuitant and Disabled Tables with Blue Collar Adjustment for union employees projected with Scale AA to 2021, for determining plan's (ASC 960) accounting requirements.

Termination Unisex rates based on age. Rates for representative ages are shown below:

| <u>Age</u> | <u>Nonunion</u> | <u>Union</u> |
|------------|-----------------|--------------|
| 20         | 23.22%          | 8.38%        |
| 30         | 14.06           | 6.88         |
| 40         | 7.76            | 3.38         |
| 50         | 2.54            | 0.25         |
| 60         | 0.00            | 0.13         |

Disability Illustrative rates of disability for representative ages are shown below:

| <u>Age</u> | <u>Nonunion</u> | <u>Union - Male</u> | <u>Union - Female</u> |
|------------|-----------------|---------------------|-----------------------|
| 20         | 0.002%          | 0.012%              | 0.007%                |
| 30         | 0.004           | 0.025               | 0.021                 |
| 40         | 0.010           | 0.049               | 0.045                 |
| 50         | 0.029           | 0.100               | 0.099                 |
| 60         | 0.103           | 0.266               | 0.191                 |

**SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN**  
**EIN: 14-1682544; PN: 005**  
**2015 SCHEDULE SB ATTACHMENT, PART V – STATEMENT OF ACTUARIAL**  
**ASSUMPTIONS/METHODS**

Future disabled participants are assumed to be eligible for Social Security benefits at date of disability.

**Retirement**

Active participants are assumed to retire in accordance with the following rates of retirement:

| Age   | Per Annum Rate |
|-------|----------------|
| 55-59 | 2%             |
| 60-61 | 5              |
| 62    | 10             |
| 63    | 4              |
| 64    | 4              |
| 65    | 100            |

Deferred vested participants are assumed to commence benefits at age 65.

**Form of Payment**

Life annuity for union employees and a lump sum distribution for nonunion employees.

**Preretirement Death Benefit**

80% of non-union participants and 60% of union participants are assumed to be married at date of death and wives are assumed to be 3 years younger than husbands.

**Interest Credit**

Future interest credit on cash balances is assumed to be 2.35%.

**Increases in Maximum Benefit and Annual Compensation Limitations**

0% per year for determining plan's funding requirements; 3% per year for determining plan sponsor's accounting requirements.

**Expenses**

Amount expected to be paid from plan assets during the current plan year (\$135,000) for plan funding purposes.

**Decrement Timing**

Mid-year.

Superior Group, Inc. 2007 Retirement Plan  
EIN: 14-1682544; Plan No.: 005  
Schedule H, Line 4j – Schedule of Reportable Transactions  
Year Ended December 31, 2015

| Identity of<br>Party<br>Involved | Description of Asset                           | Purchase<br>Price | Selling<br>Price | Cost<br>of Asset | Current<br>Value of<br>Asset on<br>Transaction<br>Date | Net Gain<br>or (Loss) |
|----------------------------------|------------------------------------------------|-------------------|------------------|------------------|--------------------------------------------------------|-----------------------|
| **                               | BIF Money Fund                                 | \$ -              | \$ 494,919       | \$ 494,919       | \$ 494,919                                             | \$ -                  |
| **                               | Morgan Stanley Bank Deposit                    | 500,505           | -                | 500,505          | 500,505                                                | -                     |
| **                               | Morgan Stanley Bank Deposit                    | 824,787           | -                | 824,787          | 824,787                                                | -                     |
| **                               | Morgan Stanley Bank Deposit                    | -                 | 615,423          | 615,423          | 615,423                                                | -                     |
| **                               | Ishares MSCI EAFE Index Fund                   | -                 | 1,116,410        | 1,122,237        | 1,116,410                                              | (5,827)               |
| **                               | Ishares Core MSCI EAFE ETF                     | -                 | 1,059,920        | 1,160,724        | 1,059,920                                              | (100,804)             |
|                                  |                                                |                   |                  |                  |                                                        |                       |
| **                               | BIF Money Fund                                 | \$ -              | \$ 495,476       | \$ 495,476       | \$ 495,476                                             | \$ -                  |
| **                               | BIF Money Fund                                 | 552               | -                | 552              | 552                                                    | -                     |
| **                               | Morgan Stanley Bank Deposit                    | 2,652,287         | -                | 2,652,287        | 2,652,287                                              | -                     |
| **                               | Morgan Stanley Bank Deposit                    | -                 | 2,652,287        | 2,652,287        | 2,652,287                                              | -                     |
| **                               | Ishares TR Russell 2000 I Fund                 | -                 | 408,098          | 418,262          | 408,098                                                | (10,164)              |
| **                               | Northern Institutional Diversified Assets – SW | 316,556           | -                | 316,556          | 316,556                                                | -                     |
| **                               | Northern Institutional Diversified Assets – SW | -                 | 316,556          | 316,556          | 316,556                                                | -                     |
| **                               | Ishares MSCI EAFE Index Fund                   | -                 | 1,190,397        | 1,190,588        | 1,190,397                                              | (191)                 |

\*\* - Transactions made on market.

There were no category 2 or 4 reportable transactions during 2015.

Columns for "Lease rental" and "Expense incurred with transaction" are not applicable.

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefits 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. 1510-0047

**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>Superior Group, Inc. 2007 Retirement Plan                                                                        | <b>B</b> Three-digit plan number (PIN)<br>005                                                                                                           |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>AMPTRX, Inc.                                                  | <b>D</b> Employer Identification Number (EIN)<br>14-1602544                                                                                             |
| <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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                    |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2015</u>                                                                                                                    |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                   |                            |                           |                          |
| a Market value                                                                                                                                                                                     | <b>2a</b>                  | 8,356,732                 |                          |
| b Actuarial value                                                                                                                                                                                  | <b>2b</b>                  | 8,239,134                 |                          |
| <b>3</b> 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                                                                                                                                     | 44                         | 2,539,661                 | 2,539,661                |
| b For terminated vested participants                                                                                                                                                               | 33                         | 507,346                   | 507,346                  |
| c For active participants                                                                                                                                                                          | 233                        | 5,641,269                 | 6,001,211                |
| d Total                                                                                                                                                                                            | 310                        | 8,687,976                 | 9,047,918                |
| <b>4</b> 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                                                                                                                                       | <b>4a</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>                   | 6.32%                     |                          |
| <b>6</b> Target normal cost                                                                                                                                                                        | <b>6</b>                   | 276,454                   |                          |

**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 HERE</b>                    | <u>Curt Evans</u> <u>CE</u>   | <u>9/15/16</u>                                  |
|                                     | Signature of actuary          | Date                                            |
| <u>CURT EVANS, FSA</u>              | Type or print name of actuary | <u>14-05239</u>                                 |
| <u>BROWN &amp; BROWN CONSULTING</u> | Firm name                     | Pos: recent enrollment number<br>(215) 561-1143 |
| <u>601 WALNUT STREET, SUITE 805</u> |                               | Telephone number (including area code)          |
| <u>PHILADELPHIA</u>                 | <u>PA 19106</u>               |                                                 |
| 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 Notices 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 |
| 7                                                           | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                              | 302,595               | 0                      |
| 8                                                           | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                           | 256,106               |                        |
| 9                                                           | Amount remaining (line 7 minus line 8) .....                                                                                                                 | 46,409                | 0                      |
| 10                                                          | Interest on line 9 using prior year's actual return of <u>6.29%</u> .....                                                                                    | 2919                  | 0                      |
| 11                                                          | Prior year's excess contributions to be added to prefunding balance:                                                                                         |                       |                        |
|                                                             | a Present value of excess contributions (line 38a from prior year) .....                                                                                     |                       | 1                      |
|                                                             | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.54%</u> ..... |                       | 0                      |
|                                                             | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
|                                                             | c Total available at beginning of current plan year to add to prefunding balance .....                                                                       |                       | 1                      |
|                                                             | d Portion of (c) to be added to prefunding balance .....                                                                                                     |                       | 1                      |
| 12                                                          | Other reductions in balances due to elections or deemed elections .....                                                                                      | 0                     | 0                      |
| 13                                                          | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....                                                                           | 49,328                | 1                      |

  

| Part III Funding Percentages                                                                                                                                        |    |  |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|---------|
| 14 Funding target attainment percentage .....                                                                                                                       | 14 |  | 90.51 % |
| 15 Adjusted funding target attainment percentage .....                                                                                                              | 15 |  | 90.51 % |
| 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | 16 |  | 85.55 % |
| 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | 17 |  | %       |

  

| Part IV Contributions and Liquidity Shortfalls                                    |                                   |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<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 |
| 04/14/2015                                                                        | 65,573                            |                                 |                          |                                   |                                 |
| 07/15/2015                                                                        | 111,709                           |                                 |                          |                                   |                                 |
| 10/15/2015                                                                        | 109,732                           |                                 |                          |                                   |                                 |
| 01/13/2016                                                                        | 109,732                           |                                 |                          |                                   |                                 |
| 09/15/2016                                                                        | 65,000                            |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
| Totals ▶                                                                          |                                   |                                 | 18(b)                    | 461,746                           | 18(c) 0                         |

  

|                                                                                                                               |             |
|-------------------------------------------------------------------------------------------------------------------------------|-------------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |             |
| a Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | 19a 0       |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                   | 19b 0       |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | 19c 438,675 |

  

|                                                                                                                  |                                                                     |         |         |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------|---------|
| 20 Quarterly contributions and liquidity shortfalls:                                                             |                                                                     |         |         |
| a Did the plan have a "funding shortfall" for the prior year? .....                                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |         |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |         |
| c If line 20a is "Yes," see instructions and complete the following table as applicable:                         |                                                                     |         |         |
| Liquidity shortfall as of end of quarter of this plan year                                                       |                                                                     |         |         |
| (1) 1st                                                                                                          | (2) 2nd                                                             | (3) 3rd | (4) 4th |
| 0                                                                                                                | 0                                                                   | 0       | 0       |

**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>6.61 %                                    | <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> 63                                        |
| <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 checked="" type="checkbox"/> Yes | <input 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>          | 276,454            |               |
| <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 .....                                                                                                                                | 950,113             | 211,244            |               |
| <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>           | 487,698            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 49,320              | 0                  | 49,320        |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 438,370            |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 438,675            |               |
| <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>          | 305                |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 305                |               |
| <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>                                                                                                               |  |  |

**SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN**

**EIN: 14-1682544 / PN: 005**

**2015 SCHEDULE SB ATTACHMENT, LINE 22 - DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE**

| <u>Retirement<br/>Age</u> | <u>Rates of<br/>Retirement</u> | <u>Weighted<br/>Age</u> |
|---------------------------|--------------------------------|-------------------------|
| 55                        | 2.0%                           | 1.1000                  |
| 56                        | 2.0%                           | 1.0976                  |
| 57                        | 2.0%                           | 1.0949                  |
| 58                        | 2.0%                           | 1.0918                  |
| 59                        | 2.0%                           | 1.0884                  |
| 60                        | 5.0%                           | 2.7118                  |
| 61                        | 5.0%                           | 2.6191                  |
| 62                        | 10.0%                          | 5.0579                  |
| 63                        | 4.0%                           | 1.8502                  |
| 64                        | 4.0%                           | 1.8044                  |
| 65                        | 100.0%                         | <u>43.9821</u>          |
|                           |                                | 63                      |

**SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN**  
**EIN: 14-1682544; PN: 005**  
**2015 SCHEDULE SB ATTACHMENT, PART V – SUMMARY OF PLAN PROVISIONS**

**A. NONUNION BENEFITS**

(1) Eligibility for Participation

Non-union employees enter the Plan on the first day of January, April, July or October following the completion of 6 months of service with respect to full-time employees and following the completion of 1,000 hours of service during the 12-consecutive month period beginning on date of hire or any following plan year with respect to part-time employees.

(2) Definitions

(a) Compensation: W-2 earnings plus elective deferrals made under Sections 125 or 401(k), but excludes deferred compensation, fringe benefits, expense reimbursements, allowances and severance payments. Compensation is limited to the dollar limitation under section 401(a)(17) of the Code with respect to a Plan Year.

(b) Plan Year: January 1 through December 31.

(c) Service: For full-time employees, 12 months of service equals one year of service. For part-time employees, any Plan Year in which an employee completed at least 1,000 hours of service.

(d) Prior Plan: The Superior Group, Inc. Retirement Plan.

(3) Normal Retirement Benefit

(a) Eligibility: Age 65.

(b) Account Balance: "Contribution Credits" are added to the cash balance at the end of each calendar month, based on the sum of the participant's age and Service at the beginning of the month based on the following schedule:

| <u>Age plus Service Points</u> | <u>Percentage of Compensation</u> |
|--------------------------------|-----------------------------------|
| Less than 30                   | 4.0                               |
| 30 but less than 40            | 5.0                               |
| 40 but less than 55            | 6.0                               |
| 55 or more                     | 7.0                               |

A participant's age and service points are equal to the sum of whole and fractional years of age and service.

**SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN**  
**EIN: 14-1682544; PN: 005**  
**2015 SCHEDULE SB ATTACHMENT, PART V – SUMMARY OF PLAN PROVISIONS**

Cash balances are compounded daily with “Interest Credits” based on the greater of the average monthly yield on 10-year constant Treasury securities for the second month preceding each calendar quarter and 2.25%.

- (c) Life Annuity Benefit: The actuarial equivalent of the participant’s Account Balance determined as of the benefit commencement date.
- (4) Termination Benefit
  - (a) Eligibility: 3 years of Service. Participants who were participants in the Prior Plan on December 31, 2006 and who became covered employees on January 1, 2007 are 100% vested.
  - (b) Benefit: The benefit described in 3(c) as of the date of benefit commencement.
- (5) Late Retirement
  - (a) Eligibility: Actual retirement after Normal Retirement Date.
  - (b) Benefit: The benefit described in 3(c) as of the date of postponed retirement.
- (6) Disability Benefit
  - (a) Eligibility: Total Disability while an Eligible Employee.
  - (b) Benefit: Contribution Credits are provided until the earlier of the cessation of Total Disability, the benefit commencement date or the participant’s normal retirement date based on the participant’s base rate of compensation for the month preceding the date of disability.
- (7) Death Benefits
  - (a) Eligibility: Any participant who dies while an Eligible Employee is automatically vested and eligible for a death benefit.
  - (b) Benefit: 100% of the participant’s Account balance, payable as a lump sum to the designated beneficiary. A surviving spouse may choose a single life annuity.
- (8) Forms of Payment
  - (a) Normal Form: Life annuity, if single; actuarially-reduced 50% joint and survivor annuity, if married. Life annuity is actuarially equivalent to the cash balance.
  - (b) Optional Forms: Life annuity; actuarially-reduced life annuity with 5, 10 or 15 years certain; actuarially-reduced 50%, 66.67%, 75%, or 100% joint and survivor annuity; lump sum equal to the participant’s Account Balance.

**SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN**  
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- (c) Actuarial Equivalence: IRC 417(e)(3)(C) interest rates for the second month preceding the Plan Year of distribution and the IRC 417(e)(3)(B) mortality table for the Plan Year of distribution.

**B. UNION BENEFITS**

- (1) Eligibility for Participation  
Employees who are members of Local Union No. 9455-0 of the United Steelworkers Union hired before March 17, 2014 enter the plan on their date of hire.
- (2) Definitions
- (a) Effective Date: January 1, 2007.
- (b) Plan Year: January 1 through December 31.
- (c) Vesting Service: Any 12-consecutive months of Credited Service as an employee.
- (d) Credited Service: Complete and fractional years of service calculated to the nearest month. Credited Service for determining a participant's accrued benefit was frozen on March 17, 2014.
- (e) Prior Plan: The Superior Group, Inc. Retirement Plan
- (f) Accrued Benefit: The product of the participant's Credited Service and the Benefit Rate in effect at the date of termination based on the following schedule:

*Service prior to January 1, 2007*

| <b>Date of Termination</b>          | <b>Benefit Rate</b> |
|-------------------------------------|---------------------|
| January 1, 2007 – December 31, 2007 | \$5.00              |
| January 1, 2008 – December 31, 2008 | \$6.00              |
| January 1, 2009 – March 14, 2010    | \$7.00              |
| March 15, 2010 and after            | \$10.00             |

*Service after January 1, 2007*

| <b>Date of Termination</b>          | <b>Benefit Rate</b> |
|-------------------------------------|---------------------|
| January 1, 2007 – December 31, 2007 | \$35.00             |
| January 1, 2008 – December 31, 2008 | \$36.00             |

**SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN**  
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|                                  |         |
|----------------------------------|---------|
| January 1, 2009 – March 14, 2010 | \$37.00 |
| March 15, 2010 – March 17, 2013  | \$40.00 |
| March 18, 2013 and after         | \$42.00 |

The Benefit Rate is \$12 for Service prior to January 1, 2007 for participants who terminated after attaining early retirement eligibility between March 17, 2013 and March 17, 2014 and who provided notice of separation of service on or before December 31, 2013.

(3) Normal Retirement Benefit

- (a) Eligibility: Age 65.
- (b) Benefit: Accrued Benefit as of the date of normal retirement.

(4) Early Retirement Benefit

- (a) Eligibility: Earliest of (i) age 55, and 5 years of Vesting Service, (ii) 30 years of service and (iii) age 55 and age plus service is at least 70 or age plus service is at least 80 with no age requirement, provided the termination (or return is deemed unlikely) is a result of a permanent shutdown, layoff, or physical disability.
- (b) Benefit: Accrued Benefit as of the date of Early Retirement, reduced by 4% per year from age 65 for benefit commencements on or after age 55 and before age 62. The reduction factors for benefit commencement dates before age 55 are as follows:

| Age | Reduction Factor |
|-----|------------------|
| 48  | 32.22%           |
| 49  | 36.02%           |
| 50  | 39.09%           |
| 51  | 42.48%           |
| 52  | 46.21%           |
| 53  | 50.34%           |
| 54  | 54.92%           |

There is no early retirement reduction for participants who commence benefits on or after age 62 or satisfy one of the conditions in (4)(a)(iii) listed above.

**SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN**  
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**2015 SCHEDULE SB ATTACHMENT, PART V – SUMMARY OF PLAN PROVISIONS**

- (c) Ancillary Benefit: Participants who retire under condition (4)(a)(iii) are entitled to a benefit of \$75 per month payable in any month in which the participant is not eligible for Social Security Benefits. This benefit is payable from the Prior Plan (which is administered by John Hancock) for anyone who was a participant in the Prior Plan.
- (5) Postponed Retirement Benefit
- (a) Eligibility: After Normal Retirement.
- (b) Benefit: The greater of Accrued Benefit as of the date of postponed retirement or the actuarial equivalent value of the Normal Retirement Benefit.
- (6) Termination Benefit
- (a) Eligibility: 5 years of Vesting Service.
- (b) Benefit: Accrued Benefit determined at termination, payable at Normal Retirement. Alternatively the participant may elect to receive a reduced benefit on or after attaining age 55. The reduction for early commencement is one-half of 1% for each month (6% per year) that benefit commencement precedes Normal Retirement.
- (7) Preretirement Death Benefit
- (a) Eligibility: Beneficiaries of vested participants who die prior to retirement.
- (b) Benefit: The surviving spouse shall receive the survivor portion of the 50% joint and survivor annuity commencing at participant's earliest retirement date.
- (c) Additional Surviving Spouse Death Benefit: If an active employee dies before normal retirement after attaining age 50 with 10 years of service, The participant's surviving spouse will receive an additional benefit equal to a percentage of the participant's Accrued Benefit (or \$100 aggregated with Prior Plan benefit) based on the following table.

| <b>Participant's Age</b> | <b>Percentage</b> |
|--------------------------|-------------------|
| 55 and over              | 50%               |
| 54                       | 48%               |
| 53                       | 46%               |
| 52                       | 44%               |
| 51                       | 42%               |

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50

40%

The additional benefit is payable commencing on the first of the month following the participant's death and ending on the earlier of the surviving spouse's attainment of age 65 or date of death. If the surviving spouse has not attained age 50 at the time of the participant's death, the benefit is reduced by 0.5% for each year by which the surviving spouse is less than 50. No benefit is provided if the participant is less than age 55 and his surviving spouse is less than age 45 at the time of the participant's death. At the time the surviving spouse attains age 62, the amount of the monthly surviving spouse benefit is reduced by 65% of the amount of the benefit, if any, that the surviving spouse is entitled to receive as a surviving spouse under Social Security, but the reduction shall not reduce the benefit below \$25.

(8) Additional Surviving Spouse Postretirement Death Benefit

- (a) Eligibility: Surviving spouses of participants who retired under the early or disability retirement provisions of the Plan who die between the ages of 55 and 65.
- (b) Benefit: The surviving spouse shall receive the same benefit as described in section 7(c) above; however, no benefit is payable if a participant is receiving a benefit in the form of an annuity which designated a person other than or in addition to his or her spouse as beneficiary. Furthermore, the total benefit payable to the surviving spouse is limited to the greater of the this additional benefit or the benefit payable for such month as determined under the terms of the qualified joint and survivor annuity or contingent annuity option.

(9) Ancillary Death Benefit

- (a) Eligibility: Beneficiaries of participants who die prior to or after retirement who were hired on or after January 1, 2007. The ancillary death benefit for participants hired before January 1, 2007 is provided by the Prior Plan.
- (b) Benefit: \$5,000 lump sum death benefit payable at time of death.

(10) Disability Benefit

**SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN**  
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**2015 SCHEDULE SB ATTACHMENT, PART V – SUMMARY OF PLAN PROVISIONS**

- (a) Eligibility: Completion of 10 years of service and termination due to Total Disability, which has continued for a period of six months.
  - (b) Benefit: Greater of \$150 (aggregated with Prior Plan benefit) or Accrued Benefit at date of disability.
  - (c) Ancillary Benefit: \$100 per month payable in any month in which the participant is not eligible for Social Security Benefits. This benefit is payable from the Prior Plan (which is administered by John Hancock) for anyone who was a participant in the Prior Plan.
- (11) Forms of Payment
- (a) Normal Form: If single, life annuity; if married, actuarially-reduced 50% joint and survivor annuity.
  - (b) Optional Forms: Life annuity, joint & 50% survivor annuity, joint & 66-2/3% survivor annuity, joint & 75% survivor annuity, joint & 100% survivor annuity. Participants may elect a lump sum cash-out benefit if the present value of the benefit is greater than \$1,000 but less than \$5,000. Benefit is automatically paid as a lump sum cashed-out at date of termination if the present value is less than \$1,000 or less than \$5,000 to a surviving spouse.
  - (c) Actuarial Equivalence: 6.5% interest rate and the 1994 Group Annuity Reserving Mortality Table blended 50% male and 50% female, to 2002 using Scale AA.

Changes Since Prior Valuation

Effective March 17, 2014, benefit accruals and future participation were frozen for all union participants.

**SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN**  
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**2015 SCHEDULE SB ATTACHMENT, LINE 32 - SCHEDULE OF AMORTIZATION BASES**

**Shortfall Amortization Charge**

The shortfall amortization charge is the sum of the shortfall amortization installments. The shortfall amortization installment is the level annual payment of the shortfall amortization base amortized over seven years based on interest rates in effect for the first six years. The shortfall amortization charge as of the valuation date for the current plan year is shown below.

| Original<br>Shortfall<br>Amortization<br><u>Base</u> | Inception<br><u>Date</u> | Shortfall<br>Amortization<br>Balance<br><u>on 1/1/2015</u> | Remaining<br><u>Years</u> | Shortfall<br>Amortization<br><u>Installment</u> |
|------------------------------------------------------|--------------------------|------------------------------------------------------------|---------------------------|-------------------------------------------------|
| \$ 1,614,554                                         | 01/01/2013               | \$ 1,241,608                                               | 5                         | \$ 271,738                                      |
| 168,320                                              | 01/01/2014               | 149,654                                                    | 6                         | 28,170                                          |
| (533,149)                                            | 01/01/2015               | <u>(533,149)</u>                                           | 7                         | <u>(88,664)</u>                                 |
|                                                      |                          | 858,113                                                    |                           | 211,244                                         |

**SUPERIOR GROUP, INC. 2007 RETIREMENT PLAN**  
**EIN: 14-1682544; PN: 005**  
**2015 SCHEDULE SB ATTACHMENT, LINE 24 – CHANGE IN ACTUARIAL**  
**ASSUMPTIONS**

**Changes Since Prior Valuation**

The salary scale was decreased from 3.5% to 2.5% to better reflect the plan sponsor's expectation of future pay increases.

The rates of termination, disability and retirement were revised to better reflect historical plan experience and our expectation of future plan experience.