

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>POGGEMEYER DESIGN GROUP INC EMPLOYEES 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>01/01/1990</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>POGGEMEYER DESIGN GROUP, INC.</u> <u>1168 NORTH MAIN STREET</u> <u>BOWLING GREEN, OH 43402</u>	2b Employer Identification Number (EIN) <u>34-1056617</u> 2c Plan Sponsor's telephone number <u>419-352-7537</u> 2d Business code (see instructions) <u>541330</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/17/2016</u>	<u>KATHY BILEK</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 208
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 141 6a(2) 137 6b 2 6c 58 6d 197 6e 2 6f 199 6g 160 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan POGGEMEYER DESIGN GROUP INC EMPLOYEES 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 POGGEMEYER DESIGN GROUP, INC.	D Employer Identification Number (EIN) 34-1056617	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORD KEEPER	75061	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

NATIONAL FINANCIAL SERVICES

04-3523567

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

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

TDC

20-1017513

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 53	INVESTMENT ADVISOR	60446	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA 245 SUMMER STREET FLOOR 3 BOSTON, MA 02210	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY 100 CROSBY PARKWAY COVINGTON, KY 41015	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA 245 SUMMER STREET FLOOR 3 BOSTON, MA 02210	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY 100 CROSBY PARKWAY COVINGTON, KY 41015	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>POGGEMEYER DESIGN GROUP INC EMPLOYEES 401(K) PLAN</u>		B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>POGGEMEYER DESIGN GROUP, INC.</u>		D Employer Identification Number (EIN) <u>34-1056617</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	23858	12124
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	41105	39542
(3) Other.....	1b(3)	243	184
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4967	5153
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	86018	88635
(9) Value of interest in common/collective trusts.....	1c(9)	618855	557255
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	11572496	11341369
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12347542	12044262

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12347542	12044262
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	528311	
(C) Others (including rollovers)	2a(1)(C)	197688	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		725999
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3909	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3910
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	179426	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		179426
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2473
(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)		-366964
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		544844

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	712614	
(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)		712614
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	60446	
(4) Other	2i(4)	75064	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		135510
j Total expenses. Add all expense amounts in column (b) and enter total	2j		848124

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-303280
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: RADEL, SMITH & ASSOCIATES

(2) EIN: 34-1710233

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X		
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

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

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

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

Part V Trust Information

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>POGEMEYER DESIGN GROUP INC EMPLOYEES 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>POGEMEYER DESIGN GROUP, INC.</u>	D Employer Identification Number (EIN) <u>34-1056617</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3689044</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		14a	
	a The current year		14b	
	b The plan year immediately preceding the current plan year		14c	
	c The second preceding plan year			
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:			
	a The corresponding number for the plan year immediately preceding the current plan year		15a	
	b The corresponding number for the second preceding plan year		15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:			
	a Enter the number of employers who withdrew during the preceding plan year		16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers		16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐			

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
----------------	---

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

POGGEMEYER DESIGN GROUP, INC.
EMPLOYEES 401(k) PLAN

Financial Statements For The
Years Ended December 31, 2015 and 2014,
Supplementary Schedule As Of
December 31, 2015, and
Independent Auditors' Report

POGGEMEYER DESIGN GROUP, INC. EMPLOYEES 401(k) PLAN

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SUPPLEMENTARY SCHEDULE*:	
Schedule H, Line 4i – Schedule Of Assets (Held At Year End)	SCHEDULE I

* Other schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



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Certified Public Accountants

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INDEPENDENT AUDITORS' REPORT

Administrative Committee of
Poggemeyer Design Group, Inc.
Employees 401(k) Plan
1166 North Main Street
Bowling Green, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Poggemeyer Design Group, Inc. Employees 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.



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INDEPENDENT AUDITORS' REPORT (CONTINUED)

Disclaimer of Opinion

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

Other Matter

The supplementary Schedule H, line 4i-Schedule of Assets (Held at Year End) as of December 31, 2015, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the Supplementary Schedule referred to above.

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

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

Bowling Green, Ohio
October 11, 2016

POGGEMEYER DESIGN GROUP, INC. EMPLOYEES 401(k) PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2015 AND 2014**

	<u>2015</u>	<u>2014</u>
ASSETS		
Cash	\$ 17,277	\$ 28,825
INVESTMENTS, AT FAIR VALUE:		
Mutual funds	11,341,369	11,572,496
Common/collective trust	<u>557,255</u>	<u>618,855</u>
Total investments	<u>11,898,624</u>	<u>12,191,351</u>
RECEIVABLES:		
Participant contributions	39,542	41,105
Notes receivable from participants	88,635	86,018
Interest receivable	<u>184</u>	<u>243</u>
Total receivables	<u>128,361</u>	<u>127,366</u>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	12,044,262	12,347,542
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(2,680)</u>	<u>(8,256)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$12,041,582</u>	<u>\$12,339,286</u>

See Independent Auditors' Report.
See notes to financial statements.

POGGEMEYER DESIGN GROUP, INC. EMPLOYEES 401(k) PLAN

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2015**

ADDITIONS

Investment income:	
Interest and dividends	\$ 179,426
Net gain from common/collective trusts	8,049
Interest on notes receivable from participants	<u>3,909</u>
	<u>191,384</u>
Contributions:	
Employee elective contributions	528,311
Employee rollover contributions	<u>197,688</u>
	<u>725,999</u>
Total additions	<u>917,383</u>

DEDUCTIONS

Benefits paid to participants	712,614
Net depreciation in fair market value of investments:	
Mutual funds	366,962
Administrative expense	75,064
Advisory and investment expense	<u>60,447</u>
Total deductions	<u>1,215,087</u>

NET DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS (297,704)

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>12,339,286</u>
End of year	<u>\$12,041,582</u>

See Independent Auditors' Report.
See notes to financial statements.

POGGEMEYER DESIGN GROUP, INC. EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

1. PLAN DESCRIPTION

The following summary description of the Poggemeyer Design Group, Inc. Employees 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, as amended, is a defined contribution plan covering all eligible employees of Poggemeyer Design Group, Inc., and Industrial Fluid Management, Inc. (collectively the Company). Employees, excluding interns and contractual inspectors, are eligible to participate if they are at least 20 1/2 years old and have completed 90 days of service.

Administration

The Plan has entered into a trust agreement with State Street Bank and Trust Company (State Street) as of October 1, 2012, as Trustee to manage its assets. State Street utilizes Transamerica Retirement Solutions Corporation (formerly Diversified Retirement Corporation) (Transamerica) as Plan Recordkeeper. At December 31, 2015, the Plan's investments include \$557,255 in securities offered by Transamerica and an additional \$17,277 in cash held at State Street. At December 31, 2014, the Plan's investments include \$618,855 in securities offered by transamerica and an additional \$28,825 in cash held at State Street.

Contributions

- Salary Reduction

Participants may elect to contribute a percentage of their pretax compensation not to exceed a maximum amount determined by the Secretary of the Treasury. The elective deferral per the Plan is limited to 60% of compensation. Employer matching contributions are discretionary and were zero for 2015 and 2014.

- Profit Sharing

The Company's profit sharing contribution to the Plan (not to exceed the amount deductible by the Company for federal income tax purposes) is determined annually solely at the Company's discretion. Contributions are allocated to participants' accounts based on compensation. The Company did not make any profit sharing contributions in 2015 or 2014.

Forfeitures

Non-vested account balances of terminated participants' are used by the Company to reduce administrative fees and future employer matching contributions within the Plan year the forfeiture occurs. Forfeitures held in a separate account were \$39,091 and \$38,623 at December 31, 2015 and 2014, respectively.

1. PLAN DESCRIPTION (CONTINUED)

Participants' Accounts

Each participant's account is credited with the participant's voluntary contribution, an allocation of the Company's contributions and Plan earnings. Allocations are based on the participant's annual compensation or account balance, as defined by the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account balance. Participants are responsible for directing 100% of their investments into the investment options provided by the Plan.

Payment of Benefits

Plan benefits are payable to participants or their beneficiaries due to disability, retirement, death, or termination. Benefits are payable as an immediate lump-sum distribution or an annuity. The Plan provides for mandatory distribution to participants who terminate with vested account balances of \$1,000 or less. The Plan provides for automatic rollover into an Individual Retirement Account (IRA) on the participant's behalf for balances greater than \$1,000 up to \$5,000.

Notes Receivable from Participants

Participants may borrow from their fund accounts with the approval of the Plan administrator. Participant loans shall be made at a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from 1-5 years or up to 10 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at rates from 4.25% to 6.0%. Principal and interest is paid ratably through payroll deductions. As participant loans are repaid, the amounts are allocated to the investment funds from which the original borrowing was made.

Vesting

Participants are immediately vested in their Elective Contributions plus earnings thereon. The remainder of their account balance is 100% vested upon the participant's retirement, total and permanent disability or death or vested at termination of employment based on the following:

<u>Years of Service</u>	<u>Employer Match Vested Percentage</u>	<u>Employer Profit Sharing Vested Percentage</u>
Less than 1	0%	0%
1	20%	0%
2	40%	20%
3	60%	40%
4	80%	60%
5	100%	80%
6 or more		100%

Advisory and Investment Expense

Investment advisory fees and participant loan origination and maintenance fees, if applicable, are paid by the respective participants of the Plan.

1. PLAN DESCRIPTION (CONTINUED)

Administrative Expense

Administrative expenses of the Plan are generally paid by the Plan and may be paid utilizing employee forfeitures.

Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan, subject to the provisions of the ERISA. In the event of Plan termination, all participants will be 100% vested in their accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared based on the accrual method of accounting with investments carried at fair value.

Investment Valuation and Income Recognition

Investments are valued at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation and depreciation includes realized and unrealized gains and losses. Realized gains and losses on investment transactions are recorded as the difference between proceeds received and market value at the beginning of the Plan year or cost if acquired during the year. Net unrealized appreciation or depreciation in the fair value of investments is recorded as the change between the fair market value of investments at the end of the year and the beginning of the year, or cost if acquired during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Subsequent Events

The Plan has evaluated subsequent events through October 11, 2016, the date the financial statements were available to be issued.

Estimates and Assumptions

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 the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

3. FINANCIAL DATA CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements, that was prepared by or derived from information prepared by the Trustee and furnished to the Plan administrator. The Plan administrator has obtained certification from the Trustee that the information is complete and accurate as of December 31:

	<u>2015</u>	<u>2014</u>
Cash	<u>\$ 17,277</u>	<u>\$ 28,825</u>
Investments, at fair value:		
Mutual funds	\$ 11,341,369	\$ 11,572,496
Common/collective trust	<u>557,255</u>	<u>618,855</u>
Investments	<u>\$ 11,898,624</u>	<u>\$ 12,191,351</u>
Notes receivable from participants	\$ 88,635	\$ 86,018
Other receivables	<u>184</u>	<u>243</u>
	<u>\$ 88,819</u>	<u>\$ 86,261</u>
Investment income (loss):		
Net depreciation in fair value	\$ (366,962)	
Interest and dividends	179,426	
Net gain from common/collective trusts	8,049	
Interest on notes receivable from participants	<u>3,909</u>	
Investment loss, net	<u>\$ (175,578)</u>	

All information included in the supplementary schedule.

4. INVESTMENTS

The following table presents investments that represent five percent or more of the Plan's net assets at December 31:

	<u>2015</u>	<u>2014</u>
Fidelity Low-Priced Stock Fund, 23,175 and 22,653 Shares, respectively	\$ 1,106,599	\$ 1,138,332
Dimensional US Core Equity Fund, 51,620 and 70,622 Shares, respectively	843,994	1,235,881
Fidelity Blue Chip Growth Fund, 11,724 and 12,197 Shares, respectively	808,589	834,527
Dimensional US Small Cap Value Fund, 16,296 and 21,284 Shares, respectively	496,874	744,292
Dimensional DFA Global 60/40 Fund, 42,186 and 41,246 Shares, respectively	639,546	648,380
Trans America Diversified Stable Pooled Investment Fund, 50,967 and 56,910 Shares, respectively	557,255	618,855

During 2015, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$366,962.

5. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below.

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

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical assets or liabilities in inactive markets;

Level 2 – Inputs to valuation methodology include:

- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means;

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. The techniques utilized in estimating fair values of financial instruments are reliant on the assumptions used, including discount rates and estimates of the amount and timing of future cash flows. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Mutual funds: Valued based on the market value of the underlying investments as of the last business day of the year.

5. FAIR VALUE MEASUREMENTS (CONTINUED)

Common / collective trusts: Valued at fair value using an applicable interest rate at year end which is a blend of the contract's rate of return and the liquidity component's daily rate. The Diversified Stable Pooled Investment Fund is a common / collective trust that is a commingled pool of funds that strives to preserve principal while earning interest income. The pool invests in investment contracts issued by insurance companies and other financial institutions, in certain types of fixed income securities, and money market funds. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative fees. The contracts are included in the statements of net assets available for plan benefits at fair value. The adjustment from fair value to contract value for the investment contract is based on the contract value as reported by the contract issuer and represents contributions made under the contract, plus earnings, less participant withdrawals and distractive expenses. The contracts are fully benefit-responsive. For example, participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Certain events, such as premature termination of the contracts by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value. The Plan administrator believes the occurrence of such events that would also limit the Plan's ability to transact at contract value with Plan participants is not probable. The average yield and crediting interest rates were 1.37% and 1.79%, respectively, for the year ended December 31, 2015. The average yield and crediting interest rates were 1.25% and 1.64%, respectively, for the year ended December 31, 2014. The crediting interest rate is based on a formula agreed upon with the issuer, but cannot be less than zero. Such rates are reviewed on a quarterly basis for resetting.

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

The following tables set forth by level within the fair value hierarchy the Plan's assets at fair value:

<u>December 31, 2015:</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash	\$ 17,277	\$ 0	\$ 0	\$ 17,277
Mutual funds:				
Small / mid cap stock funds	3,679,056	0	0	3,679,056
Large-cap stock funds	2,221,223	0	0	2,221,223
Fixed income / bond funds	1,905,479	0	0	1,905,479
International funds	1,774,913	0	0	1,774,913
Multi-asset funds	1,760,698	0	0	1,760,698
Total mutual funds	11,341,369	0	0	11,341,369
Common / collective trusts	0	557,255	0	557,255
Total assets at fair value	<u>\$11,358,646</u>	<u>\$ 557,255</u>	<u>\$ 0</u>	<u>\$ 11,915,901</u>

5. FAIR VALUE MEASUREMENTS (CONTINUED)

<u>December 31, 2014:</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash	\$ 28,825	\$ 0	\$ 0	\$ 28,825
Mutual funds:				
Small / mid cap stock funds	4,327,686	0	0	4,327,686
Large-cap stock funds	2,342,291	0	0	2,342,291
Fixed income / bond funds	1,908,925	0	0	1,908,925
Multi-asset funds	1,610,503	0	0	1,610,503
International funds	<u>1,383,091</u>	<u>0</u>	<u>0</u>	<u>1,383,091</u>
Total mutual funds	11,572,496	0	0	11,572,496
Common / collective trusts	<u>0</u>	<u>618,855</u>	<u>0</u>	<u>618,855</u>
Total assets at fair value	<u>\$11,601,321</u>	<u>\$ 618,855</u>	<u>\$ 0</u>	<u>\$ 12,220,176</u>

6. INCOME TAX STATUS

The Plan is intended to be qualified under Section 401(a) of the Internal Revenue Code (the "Code") and is intended to be exempt from taxation under Section 501(a) of the Code. The Plan has not requested a determination letter from the IRS concerning the Plan's tax status, however, the IRS has determined and informed the Trustee by a letter dated March 31, 2008, that the prototype plan and related trust, documents upon which the Plan is based, are designed in accordance with application sections of the Code. Although the Plan has been amended since receiving this determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. 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 tax examinations for years prior to 2013.

7. PARTY-IN-INTEREST TRANSACTIONS

State Street is the Trustee of the Plan, who, through Transamerica and certain affiliated entities, also provides certain recordkeeping services to the Plan in accordance with the trust agreement, all of whom are considered parties-in-interest to the Plan.

8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for plan benefits.

9. RECONCILIATION BETWEEN FINANCIAL STATEMENTS AND FORM 5500

The accompanying financial statements present fully benefit-responsive contracts at contract value. The Form 5500 requires fully benefit-responsive contracts to be reported at fair value. Therefore, the adjustment from fair value to contract value for fully benefit-responsive investment contracts represents a reconciling item.

A reconciliation of net assets available for benefits per the financial statements to the Form 5500 is as follows at December 31:

	<u>2015</u>	<u>2014</u>
Net assets available for benefits per financial statements	\$ 12,041,582	\$ 12,339,286
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>2,680</u>	<u>8,256</u>
Net assets available for benefits per Form 5500	<u>\$ 12,044,262</u>	<u>\$ 12,347,542</u>

A reconciliation of the net change in assets available for benefits per the financial statements to the Form 5500 is as follows for the year ended December 31, 2015:

Net decrease in assets available for benefits per financial statements	\$ (297,704)
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(5,576)</u>
Total net loss per Form 5500	<u>\$ (303,280)</u>

SUPPLEMENTARY INFORMATION

POGGEMEYER DESIGN GROUP, INC. EMPLOYEES 401(k) PLAN**SCHEDULE I****EMPLOYER I.D. # 34-1056617****PLAN NUMBER: 002****SUPPLEMENTARY SCHEDULE****SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR END)****DECEMBER 31, 2015**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		MUTUAL FUNDS:		
	Vanguard	1,404 Vanguard REIT Index Admiral Fund		\$ 158,637
	Columbia	1,256 Shares Acorn International Fund		49,116
	Dimensional Fund Advisors	51,620 Shares US Core Equity Fund		843,994
		42,186 Shares DFA Global 60/40 Fund		639,546
		52,814 Shares Intermediate-Term Ext Quality Fund		552,434
		16,296 Shares US Small Cap Value Fund		496,874
		23,634 Shares International Small Cap Value Fund		441,487
		35,489 Shares 5-Year Global Fixed-Income Fund		386,835
		23,072 Shares International Value Fund		369,837
		11,995 Shares US Large Cap Value Fund		369,677
		31,560 Shares Inflation Protected Securities Fund		359,151
		34,864 Shares 2-Year Global Fixed-Income Fund		346,204
		19,058 Shares Emerging Markets Core Equity Fund		300,351
		21,030 Shares Global Allocation 25/75 Fund		263,297
		20,966 Shares International Core Equity Fund		238,802
		8,357 Shares US MicroCap Fund		146,325
		24,775 Shares Commodity Strategy Fund		132,051

See Independent Auditors' Report.

POGGEMEYER DESIGN GROUP, INC. EMPLOYEES 401(k) PLAN**SCHEDULE I****EMPLOYER I.D. # 34-1056617****PLAN NUMBER: 002****SUPPLEMENTARY SCHEDULE****SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR END) (CONTINUED)****DECEMBER 31, 2015**

<u>(a)</u>	<u>(b)</u> Identity of Issue, Borrower, Lessor or Similar Party	<u>(c)</u> Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	<u>(d)</u> Cost	<u>(e)</u> Current Value
		6,009 Shares US Large Company Fund		96,023
		17,498 Shares International Real Estate Securities Fund		86,789
	Fidelity Management Trust Company	23,175 Shares Low-Priced Stock Fund		1,106,599
		11,724 Shares Blue Chip Growth Fund		808,589
		3,442 Shares Growth Company Fund		471,295
		14,508 Shares Growth & Income Fund		419,567
		10,705 Shares Diversified International Fund		375,320
		8,637 Shares Mid-Cap Stock Fund		282,683
		2,680 Shares Value Fund		256,635
		8,312 Shares Select Natural Resources Fund		196,502
		2,548 Shares Select Utilities Fund		163,489
		781 Shares Select Health Care Fund		162,651
		9,225 Shares Small Cap Stock Fund		160,244
		14,411 Shares Strategic Income Fund		146,275
		3,524 Shares Leveraged Company Stock Fund		140,276
		9,972 Shares U.S. Bond Index Fund		114,580
		820 Shares Select Technology Fund		96,840
		1,923 Shares Select Consumer Discretionary Fund		65,700

See Independent Auditors' Report.

POGGEMEYER DESIGN GROUP, INC. EMPLOYEES 401(k) PLAN**SCHEDULE I****EMPLOYER I.D. # 34-1056617****PLAN NUMBER: 002****SUPPLEMENTARY SCHEDULE****SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR END) (CONTINUED)****DECEMBER 31, 2015**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		1,731 Shares Capital Appreciation Fund		56,072
		1,143 Shares Select Industrials Fund		33,377
		86 Shares Select Financial Services Fund		<u>7,245</u>
		Total		<u>\$11,341,369</u>

See Independent Auditors' Report.

POGGEMEYER DESIGN GROUP, INC. EMPLOYEES 401(k) PLAN**SCHEDULE I****EMPLOYER I.D. # 34-1056617****PLAN NUMBER: 002****SUPPLEMENTARY SCHEDULE****SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR END) (CONTINUED)****DECEMBER 31, 2015**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		CASH:		
*	State Street Bank & Trust Company	Cash Reserve Account		\$ <u>17,277</u>
		COMMON/COLLECTIVE TRUST:		
*	Transamerica Retirement Solutions Corporation	50,967 Shares Diversified Stable Pooled Investment Fund		\$ <u>557,255</u>
		NOTES RECEIVABLE:		
*	Participants	Interest rates at 4.25% with maturity dates ranging from August 2016 to December 2019		\$ <u>88,635</u>

Transamerica Retirement Solutions Corporation, State Street Bank & Trust Company, and participants are known parties-in-interest of the Plan.

This schedule was prepared from data certified by the Trustee.

See Independent Auditors' Report.

Schedule C, Line 2(h) Formula Descriptions

Poggemeyer Design Group, Inc. Employees 401(k) Plan

EIN No.: 34-1056617, Plan No. 002

Plan Year Ending: 12/31/2015

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

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

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

Fund Family	Fund Name	Start Date	End Date	Revenue to Transamerica Retirement Solutions	Revenue to National Financial Services
COLUMBIA	COLUMBIA ACORN INTERNATIONAL	1/1/2015	12/31/2015	39.024	0.976
FIDELITY	FIDELITY BLUE CHIP GROWTH FUND	1/1/2015	12/31/2015	24.390	0.610
FIDELITY	FIDELITY CAPITAL APPRECIATION	1/1/2015	12/31/2015	24.390	0.610
FIDELITY	FIDELITY DIVERSIFIED INTERN'L	1/1/2015	12/31/2015	24.390	0.610
FIDELITY	FIDELITY GROWTH & INCOME	1/1/2015	12/31/2015	24.390	0.610
FIDELITY	FIDELITY GROWTH COMPANY RETAIL	1/1/2015	12/31/2015	24.390	0.610
FIDELITY	FIDELITY LEVERAGED CO STOCK	1/1/2015	12/31/2015	24.390	0.610
FIDELITY	FIDELITY LOW-PRICED STOCK FUND	1/1/2015	12/31/2015	24.390	0.610
FIDELITY	FIDELITY MID-CAP STOCK FUND	1/1/2015	12/31/2015	24.390	0.610
FIDELITY	FIDELITY SEL CONS DISCRETIONRY	1/1/2015	12/31/2015	24.390	0.610
FIDELITY	FIDELITY SEL FINANCIAL SVC	1/1/2015	12/31/2015	24.390	0.610
FIDELITY	FIDELITY SEL HEALTH CARE	1/1/2015	12/31/2015	24.390	0.610
FIDELITY	FIDELITY SEL INDUSTRIALS	1/1/2015	12/31/2015	24.390	0.610
FIDELITY	FIDELITY SEL NATURAL RESOURCES	1/1/2015	12/31/2015	24.390	0.610
FIDELITY	FIDELITY SEL TECHNOLOGY	1/1/2015	12/31/2015	24.390	0.610
FIDELITY	FIDELITY SEL UTILITIES PORTFL	1/1/2015	12/31/2015	24.390	0.610
FIDELITY	FIDELITY SMALL CAP STOCK	1/1/2015	12/31/2015	24.390	0.610
FIDELITY	FIDELITY STRATEGIC INCOME	1/1/2015	12/31/2015	9.756	0.244
FIDELITY	FIDELITY VALUE	1/1/2015	12/31/2015	24.390	0.610

Poggemeyer Design Group, Inc. Employees 401(k) Plan

EIN No.: 34-1056617, Plan No. 002

Schedule H, Line 4i - Schedule of Assets

Plan Year Ending: 12/31/2015

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) CURRENT VALUE
*	State Street Bank & Trust Co.	Cash Reserve Account	\$ 17,277
*	Diversified Investment Advisors	Stabled Pooled-Investment Class	\$ 554,575
		Collective Trust Fund Total	\$ 554,575
	Columbia	Columbia Acorn International Z	\$ 49,116
	Dimensional	DFA Commodity Strategy	\$ 132,051
	Dimensional	DFA Emerging Markets Core Equity I	\$ 300,351
	Dimensional	DFA 5 Year Global Fixed-Income I	\$ 386,835
	Dimensional	DFA Global Allocation 25/75 I	\$ 263,297
	Dimensional	DFA Global Allocation 60/40 I	\$ 639,546
	Dimensional	DFA Inflation Protected Securities I	\$ 359,151
	Dimensional	DFA Inter-Term Ext Qlty Instl	\$ 552,434
	Dimensional	DFA International Core Equity I	\$ 238,802
	Dimensional	DFA Internatonal Real Estate Sec I	\$ 86,789
	Dimensional	DFA International Small Cap Value I	\$ 441,487
	Dimensional	DFA International Value I	\$ 369,837
	Dimensional	DFA 2 Year Global Fixed-Income I	\$ 346,204
	Dimensional	DFA US Core Equity 2 I	\$ 843,994
	Dimensional	DFA US Large Cap Value I	\$ 369,677
	Dimensional	DFA US Large Company	\$ 96,023
	Dimensional	DFA US MicroCap I	\$ 146,325
	Dimensional	DFA US Small Cap Value I	\$ 496,874
	Fidelity	Fidelity Blue Chip Growth	\$ 808,589
	Fidelity	Fidelity Capital Appreciation	\$ 56,072
	Fidelity	Fidelity Diversified International	\$ 375,320
	Fidelity	Fidelity Growth & Income	\$ 419,567
	Fidelity	Fidelity Growth Company	\$ 471,295
	Fidelity	Fidelity Leveraged Company Stock	\$ 140,276
	Fidelity	Fidelity Low-Priced Stock	\$ 1,106,599
	Fidelity	Fidelity Mid Cap Stock	\$ 282,683
	Fidelity	Fidelity Select Consumer Discretionary	\$ 65,700
	Fidelity	Fidelity Select Financial Services	\$ 7,245
	Fidelity	Fidelity Select Health Care	\$ 162,651
	Fidelity	Fidelity Select Industrials	\$ 33,377
	Fidelity	Fidelity Select Natural Resources	\$ 196,502
	Fidelity	Fidelity Select Technology	\$ 96,840
	Fidelity	Fidelity Select Utilities Portfolio	\$ 163,489
	Fidelity	Fidelity Small Cap Stock	\$ 160,244
	Fidelity	Fidelity U.S. Bond Index	\$ 114,580
	Fidelity	Fidelity Strategic Income	\$ 146,275
	Fidelity	Fidelity Value	\$ 256,635
	Vanguard	Vanguard REIT Index Adm	\$ 158,637
		Mutual Fund Total	\$ 11,341,369
*	Participants	Notes Receivable with an interest rate of 4.25%	\$ 88,635
		TOTAL PLAN ASSETS	\$ 12,001,856

* Indicates Party-In-Interest to the Plan