

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>09/01/2015</u> and ending <u>08/31/2016</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>FREUND, FREEZE & ARNOLD 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>09/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>09/01/2000</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>FREUND, FREEZE & ARNOLD, A LEGAL PROFESSIONAL ASSOCIATION</u> <u>ONE DAYTON CENTRE</u> <u>1 SOUTH MAIN STREET, STE 1800</u> <u>DAYTON, OH 45402-2017</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1080275</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>937-222-2424</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1080275</u>	2c Plan Sponsor's telephone number <u>937-222-2424</u>	2d Business code (see instructions) <u>541110</u>	
2b Employer Identification Number (EIN) <u>31-1080275</u>					
2c Plan Sponsor's telephone number <u>937-222-2424</u>					
2d Business code (see instructions) <u>541110</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	Filed with authorized/valid electronic signature.	06/15/2017	STEPHEN V. FREEZE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor FREUND FREEZE & ARNOLD LEGAL PROFES S. CORP. 401K PLAN ONE DAYTON CENTRE DAYTON, OH 45402-2017	3b Administrator's EIN 31-1080275
	3c Administrator's telephone number 937-222-2424
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	5 135
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 102
a(2) Total number of active participants at the end of the plan year	6a(2) 76
b Retired or separated participants receiving benefits.....	6b 7
c Other retired or separated participants entitled to future benefits.....	6c 35
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 118
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 118
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 118
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 3D 2J 2E 2F 2T	
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) ☐ <u>0</u> 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 09/01/2015 and ending 08/31/2016		
A Name of plan FREUND, FREEZE & ARNOLD 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 FREUND, FREEZE & ARNOLD, A LEGAL PROFESSIONAL ASSOCIATION	D Employer Identification Number (EIN) 31-1080275	

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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647886

(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)

(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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="font-size: 1.5em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>09/01/2015</u> and ending <u>08/31/2016</u>		
A Name of plan <u>FREUND, FREEZE & ARNOLD 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<div style="border: 1px solid black; padding: 2px; width: 50px; margin: 0 auto;">002</div>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FREUND, FREEZE & ARNOLD, A LEGAL PROFESSIONAL ASSOCIATION</u>	D Employer Identification Number (EIN) <u>31-1080275</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	42566
	(2) Participant contributions	1b(2)	0	171343
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	608263	1057135
	(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)	220623	183433
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	16211132	15650038
	(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	17040018	17104515

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17040018	17104515
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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)	271664	
(B) Participants	2a(1)(B)	662440	
(C) Others (including rollovers)	2a(1)(C)	12000	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		946104
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	189	
(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)	12769	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12958
(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)	826951	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		826951
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		179993
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1966006

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1900240	
(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)		1900240
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)		
(4) Other	2i(4)	1269	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1269
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1901509

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		64497
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: **DUVALL & ASSOCIATES**

(2) EIN: **31-1182600**

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.)		☒		
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.)		☒		

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

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

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

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

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

Part V Trust Information

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

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.

For calendar plan year 2015 or fiscal plan year beginning 09/01/2015 and ending 08/31/2016

A Name of plan <u>FREUND, FREEZE & ARNOLD 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>FREUND, FREEZE & ARNOLD, A LEGAL PROFESSIONAL ASSOCIATION</u>	D Employer Identification Number (EIN) <u>31-1080275</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>04-6568107</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:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: <u>0.0</u> % 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

FREUND, FREEZE & ARNOLD 401(K) PLAN

FINANCIAL STATEMENTS

AUGUST 31, 2016

FREUND, FREEZE & ARNOLD 401(K) PLAN
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AUGUST 31, 2016

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NOTE: Certain supplemental schedules are required by the Department of Labor Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974 (ERISA). Schedules not filed herewith are omitted because of the absence of conditions under which they are required.



DUVALL & ASSOCIATES, INC.

c e r t i f i e d p u b l i c a c c o u n t a n t s

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Independent Auditors' Report

To the Administrative Committee of
the Freund, Freeze & Arnold 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Freund, Freeze & Arnold 401(k) Plan, which comprise the statements of net assets available for benefits as of August 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended August 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. 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 August 31, 2016 and 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Duvall & Associates, Inc.

DUVALL & ASSOCIATES, INC.
Dayton, Ohio

June 6, 2017

FREUND, FREEZE & ARNOLD 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AUGUST 31, 2016 AND 2015

ASSETS	<u>2016</u>	<u>2015</u>
INVESTMENTS, AT FAIR VALUE		
Cash	\$ 1,057,135	\$ 608,264
Investments	<u>15,650,032</u>	<u>16,211,126</u>
	16,707,167	16,819,390
RECEIVABLES		
Employer's contribution receivable	42,566	-
Employee's contribution receivable	171,343	-
Notes receivable from participants	<u>183,433</u>	<u>220,623</u>
TOTAL ASSETS	<u>17,104,509</u>	<u>17,040,013</u>
LIABILITIES		
TOTAL LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 17,104,509</u>	<u>\$ 17,040,013</u>

The accompanying notes are an integral part of these statements.

FREUND, FREEZE & ARNOLD 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED AUGUST 31, 2016

ADDITIONS TO NET ASSETS

ATTRIBUTED TO:

Investment income:

Interest and dividends	\$ 839,909
Net realized and unrealized gains from investments	179,992
	<u>1,019,901</u>

Contributions:

Participant	662,440
Employer	271,664
Rollover	12,000
	<u>946,104</u>

TOTAL ADDITIONS 1,966,005

DEDUCTIONS FROM NET ASSETS

ATTRIBUTED TO:

Benefits paid to participants	1,900,240
Administration expenses	1,269
	<u>1,901,509</u>

TOTAL DEDUCTIONS 1,901,509

NET INCREASE IN NET ASSETS 64,496

NET ASSETS AVAILABLE FOR BENEFITS

BEGINNING OF YEAR 17,040,013

NET ASSETS AVAILABLE FOR BENEFITS

END OF YEAR \$ 17,104,509

The accompanying notes are an integral part of these statements.

SUPPLEMENTAL SCHEDULE

FREUND, FREEZE & ARNOLD 401(K) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AUGUST 31, 2016

Schedule H - Part IV

Plan's EIN: 31-1080275

Line 4(i) - Schedule of Assets (Held at End of Year)

Plan number: 002

(b) Identity of Issue	(c) Description of Investment (Share Balance, Rounded)	(e) Current Value
Mutual Funds of Fidelity Management Trust Company		
Fid Fidelity Fund	18,446	\$ 770,293
Fid Puritan	23,490	495,177
PIM Total Rt Inst	48,245	498,850
INVS Intl Growth R6	3,289	106,364
FID Growth Company	6,590	918,912
FID Ivst Gr Bd	73,314	589,443
Amcent Infl ADJBD IS	8,859	105,508
FID OTC Portfolio	10,459	896,676
FID Blue Chip Growth	30,110	2,107,689
FID Low Priced Stk	12,630	628,232
FID Growth Strategies	51,078	1,753,503
FID Diversified Intl	17,792	624,161
Am Cent Eq Inc Inst	90,903	829,032
Brown Small Co Inst	1,882	145,319
FID Mid Cap Stock	21,702	749,813
FID Freedom Income	5,868	67,781
Thornburg Int Val R6	14,181	338,361
FID Freedom 2010	39,114	597,272
FID Freedom 2020	68,432	1,039,487
FID Freedom 2030	5,678	89,822
FID Sm Cap Discovery	3,973	114,779
FID Total Mkt Index	6,055	381,707
FID Retire Money Market	1,057,135	1,057,135
FID Freedom 2040	10,580	96,382
FID Extnd Mkt Index	421	22,809
Artisan Mid Cap Val	26,442	561,894
FID Real Estate Inc.	12,615	155,413
FID Freedom 2025	9,230	119,712
FID Freedom 2035	48,350	627,589
FID Freedom 2045	3,130	32,243
FID Freedom 2050	9,727	100,672
FID Freedom 2055	35	408
FID Small Cap Value	4,617	84,729
		<u>\$ 16,707,167</u>
Participant loans, interest at 6.5%		<u>\$ 183,433</u>

The accompanying notes are an integral part of these statements.

FREUND, FREEZE & ARNOLD 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2016

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States as more explicitly described in the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC). Under this method of accounting, income and expenses are identified with specific periods of time and are recorded as earned or incurred, along with acquired assets, without regard to the date of receipt or payment of cash.

Investments

Investments are stated at fair values and unrealized gains and losses are included in income. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end. The value of the shares are based on generally published quoted market values. Participant loans are valued at their outstanding balances, which approximate fair value.

Estimates

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

Other

Certain expenses of the Plan are paid by the plan sponsor.

Subsequent Events

Management has evaluated, for possible adjustment to or disclosure in the financial statements, events occurring after August 31, 2016 through June 6, 2017, which is the date on which the financial statements were available to be issued.

2. DESCRIPTION OF PLAN

The following brief description of Freund, Freeze & Arnold 401(k) Plan (the "Plan") is provided for general information only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was originally adopted by the Partners of Freund, Freeze & Arnold (The "Company") effective August 1, 2000 through Fidelity Management Trust Company. The Plan was amended effective September 1, 2002 in order to comply with ERISA requirements. Effective October 27, 2009 the plan was restated by the adoption of revised prototype plan. The Plan was amended

FREUND, FREEZE & ARNOLD 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2016

2. DESCRIPTION OF THE PLAN (Continued)

to reflect the provisions of the Pension Protection Act of 2006 (PPA), the Heroes Earnings Assistance and Relief Act of 2008 (HEART), certain related provisions of the Worker, Retiree, and Employee Recovery Act of 2008 (W.R.E.R.A.), and code sections 401(K) and 401(m) proposed regulations.

The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), except for Title IV. The provisions of ERISA to which the Plan is subject relate, among other things, to reporting and disclosure requirements, participation and vesting standards, fiduciary responsibility and enforcement of rights. Title IV of ERISA, which does not apply to the Plan, provides for insuring of benefits upon Plan termination. Insurance benefits of the type specified in Title IV of ERISA will not be extended to participants or their beneficiaries by the Company or any other person or entity. All employees who have attained the age of 21 and have met the one year of service requirement are eligible to participate in the Plan. Eligible employees can enter the Plan on the first day of the plan year or the first day of the seventh month of the plan year.

Contributions

Participants may elect to have up to 75% of their pretax annual compensation contributed to the Plan on a before-tax basis pursuant to Code Section 401(k) rules and limitations. Further, participants may contribute up to 100% of cash bonuses paid by the employer. Catch up contributions are allowed for all participants who have attained age 50 or older. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. No allowance for the collection of accounts receivable is deemed necessary.

Plan participants can designate how contributions are to be invested in the funds that are offered by the Plan.

The employer is required to make a Safe Harbor Non-elective Contribution each plan year. The Employer shall contribute to each eligible active participant an amount equal to 3% of such active participant's compensation.

Participant Funding

Participant and company contributions are funded after each payroll.

Vesting

The participants are 100% vested in their contributions and in the employer Safe Harbor Non-elective Contributions.

FREUND, FREEZE & ARNOLD 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2016

2. DESCRIPTION OF THE PLAN (Continued)

Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or one-half the present value of the participant's account. Loans are secured by the balance in the participant's account and bear interest at 6.5%, which are commensurate with local prevailing rates as determined quarterly by the Plan Administrator. Principal and interest is paid ratably through payroll deductions over no more than 5 years. No allowance for doubtful accounts is deemed necessary since all loans are secured by the participant's account balance.

Payment of Benefits

Benefits equal to the value of a participant's account are payable upon termination of employment, or the later of the attainment of normal retirement age or the actual retirement date, but in either case no later than April 1st of the year following the attainment of age 70 1/2. A participant, who becomes disabled or has a hardship, as defined in the plan document, is eligible for disability retirement or a hardship distribution. Benefits will be paid as a lump sum or through periodic installments.

3. PLAN 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 to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will remain 100% vested in their employer contributions.

4. TAX STATUS

The Plan, a standardized profit sharing 401(K) plan, is qualified under section 401(a) of the Internal Revenue Code. As such, participants are not taxed on contributions or earnings allocated to their accounts until they receive a distribution from the plan. Effective December 31, 2001 and September 1, 2002, the Plan was amended to comply with the provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA).

The plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

While the taxing authorities have not expressed any interest in doing so, the Form 5500 returns filed for periods ending August 31, 2013, 2014, 2015 and 2016 are subject to examination.

FREUND, FREEZE & ARNOLD 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2016

5. PARTICIPANTS

The number of active participants with account balances as of August 31, 2016 was 118.

6. NET ASSETS ALLOCATED TO TERMINATED PARTICIPANTS

As of August 31, 2016, there was \$775,994 of benefits allocated to terminated participants.

7. INVESTMENTS

The investments are held and administered by Fidelity Management Trust Company. The investments are not federally insured. The schedule on page 5 shows the detail of the investments held by the Plan at August 31, 2016.

The cash balances of \$1,057,135 and \$608,264 at August 31, 2016 and 2015, respectively, were held in a money market account. The money market account is not federally insured.

The Fair Value Measurement and Disclosure Topic of FASB ASC establishes a fair value hierarchy that prioritizes the inputs used to measure the fair value of assets into three levels of input and expands disclosures regarding the fair value measurements. The FASB ASC Topic defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The disclosures that follow do not relate to what is known as investment risk, such as the risk of a permanent decline in the fair value of an investment, or an investment's custodial risk. The levels of input described below relate solely to the process of determining the fair value of each of the investments held by the Plan on the report date. The three levels of input are as follows:

- Level 1 Inputs are unadjusted quoted prices in active markets for identical assets, and the Plan has the ability to access that information on August 31.
- Level 2 Inputs are other than Level 1 quoted prices that are observable either directly or indirectly.
- Level 3 Valuations based on unobservable inputs such as when observable inputs are not available or inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The reported fair values of the Plan's investments in money market funds, mutual funds, and fixed income funds are based on inputs from the various fund managers and are presented by caption and by level in the table below.

FREUND, FREEZE & ARNOLD 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2016

7. INVESTMENTS (Continued)

	Level 1	Level 2	Level 3
Money market funds	\$ -	\$ 1,057,135	\$ -
Mutual funds	-	15,650,032	-
Fixed income funds	-	-	-
	<u>\$ -</u>	<u>\$ 16,707,167</u>	<u>\$ -</u>

The following table provides a roll forward of amounts from the year ended August 31, 2016 for the investments classified above.

	Money Market Funds	Mutual Funds	Fixed Income Funds
Beginning Balance - 8/31/2015	\$ 608,264	\$ 16,211,126	\$ -
Total gains or losses (realized or unrealized)	189	167,034	-
Transfers in or out	448,682	(728,128)	-
Ending Balance - 8/31/2016	<u>\$ 1,057,135</u>	<u>\$ 15,650,032</u>	<u>\$ -</u>

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

Fund	Shares		Fair Market Value	
	2016	2015	2016	2015
Fidelity Blue Chip Growth	30,110	35,650	\$ 2,107,689	\$ 2,509,767
Fidelity Growth Strategies	51,078	66,713	1,753,503	2,199,524
Fidelity Freedom 2020	68,432	73,191	1,039,487	1,091,277
Fidelity Growth Company	6,590	6,991	918,912	945,859
Fidelity OTC Portfolio	10,459	9,596	896,676	777,244
Fidelity Retirement Money Market	1,057,135	608,264	1,057,135	608,264

FREUND, FREEZE & ARNOLD 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2016

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 benefits.

9. FINANCIAL INFORMATION FROM TRUSTEE

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedules, that was prepared by Fidelity Management Trust Company, and furnished to the plan administrator. The plan administrator has obtained certifications from Fidelity Management Trust Company that the information provided is complete and accurate.

	2016	2015
Plan net assets at fair value - beginning of year	\$ 17,040,013	\$ 16,010,970
Net assets arising from transactions:		
Contributions	946,104	1,026,034
Interest and dividends	839,909	891,144
Net realized and unrealized gains (losses)	179,992	(536,583)
Reductions:		
Benefits paid to participants	(1,900,240)	(350,062)
Administrative fees	(1,269)	(1,490)
Plan net assets at fair value - end of year	<u>\$ 17,104,509</u>	<u>\$ 17,040,013</u>

FREUND, FREEZE & ARNOLD 401(K) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AUGUST 31, 2016

Schedule H - Part IV

Plan's EIN: 31-1080275

Line 4(i) - Schedule of Assets (Held at End of Year)

Plan number: 002

(b) Identity of Issue	(c) Description of Investment (Share Balance, Rounded)	(e) Current Value
Mutual Funds of Fidelity Management Trust Company		
Fid Fidelity Fund	18,446	\$ 770,293
Fid Puritan	23,490	495,177
PIM Total Rt Inst	48,245	498,850
INVS Intl Growth R6	3,289	106,364
FID Growth Company	6,590	918,912
FID Ivst Gr Bd	73,314	589,443
Amcent Infl ADJBD IS	8,859	105,508
FID OTC Portfolio	10,459	896,676
FID Blue Chip Growth	30,110	2,107,689
FID Low Priced Stk	12,630	628,232
FID Growth Strategies	51,078	1,753,503
FID Diversified Intl	17,792	624,161
Am Cent Eq Inc Inst	90,903	829,032
Brown Small Co Inst	1,882	145,319
FID Mid Cap Stock	21,702	749,813
FID Freedom Income	5,868	67,781
Thornburg Int Val R6	14,181	338,361
FID Freedom 2010	39,114	597,272
FID Freedom 2020	68,432	1,039,487
FID Freedom 2030	5,678	89,822
FID Sm Cap Discovery	3,973	114,779
FID Total Mkt Index	6,055	381,707
FID Retire Money Market	1,057,135	1,057,135
FID Freedom 2040	10,580	96,382
FID Extnd Mkt Index	421	22,809
Artisan Mid Cap Val	26,442	561,894
FID Real Estate Inc.	12,615	155,413
FID Freedom 2025	9,230	119,712
FID Freedom 2035	48,350	627,589
FID Freedom 2045	3,130	32,243
FID Freedom 2050	9,727	100,672
FID Freedom 2055	35	408
FID Small Cap Value	4,617	84,729
		<u>\$ 16,707,167</u>
Participant loans, interest at 6.5%		<u>\$ 183,433</u>

The accompanying notes are an integral part of these statements.