

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
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|               |                                                                                                                                                                                                                                                                                                                                                                      |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Annual Report Identification Information</b><br>For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>                                                                                                                                                                                                          |
| <b>A</b>      | This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b>      | This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                         |
| <b>C</b>      | If the plan is a collectively-bargained plan, check here. .... <input type="checkbox"/>                                                                                                                                                                                                                                                                              |
| <b>D</b>      | Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                               |

|                |                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                                                                                                                                                |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                |
| <b>1a</b>      | Name of plan<br><u>CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN</u>                                                                                                                                                                                                                                                                             | <b>1b</b> | Three-digit plan number (PN) ► <u>014</u>                                                                                                                                                                      |
|                |                                                                                                                                                                                                                                                                                                                                                                 | <b>1c</b> | Effective date of plan<br><u>07/13/2008</u>                                                                                                                                                                    |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>CONNELL LIMITED PARTNERSHIP</u><br><br><u>ONE INTERNATIONAL PLACE</u><br><u>BOSTON, MA 02110-2602</u> |           | <b>2b</b> Employer Identification Number (EIN)<br><u>04-2953203</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>617-737-2700</u><br><br><b>2d</b> Business code (see instructions)<br><u>333510</u> |

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

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

|                                                                                                 |                                                          |                   |                                                              |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | <u>Filed with authorized/valid electronic signature.</u> | <u>07/28/2017</u> | <u>CATHERINE R. GALLAGHER</u>                                |
|                                                                                                 | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                          |                   |                                                              |
|                                                                                                 | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                          |                   |                                                              |
|                                                                                                 | <b>Signature of DFE</b>                                  | Date              | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |                                                          |                   | Preparer's telephone number                                  |
|                                                                                                 |                                                          |                   |                                                              |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2016)  
v. 160205

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 643                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 405<br><b>6a(2)</b> 395<br><b>6b</b> 12<br><b>6c</b> 221<br><b>6d</b> 628<br><b>6e</b> 0<br><b>6f</b> 628<br><b>6g</b> 619<br><b>6h</b> 0                                                                                                                                                                                                                                                                                                                    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2S 2T 3D 3F 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                              |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2016                                                 |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection.              |
| For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016                                                                                                                                                   |                                                                                                                                                                                                                             |                                                      |
| A Name of plan<br>CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN                                                                                                                                                               |                                                                                                                                                                                                                             | B Three-digit plan number (PN) ▶ 014                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CONNELL LIMITED PARTNERSHIP                                                                                                                                                        |                                                                                                                                                                                                                             | D Employer Identification Number (EIN)<br>04-2953203 |

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

THE VANGUARD GROUP, INC.

23-1945930

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 16 25 37<br>38 52          | NONE                                                                                                     | 21972                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|                                                                                                            |                                                                            |            |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN</u>               | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>014</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>CONNELL LIMITED PARTNERSHIP</u> | <b>D</b> Employer Identification Number (EIN)<br><u>04-2953203</u>         |            |

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD RETIREMENT SAVINGS TRUST

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>23-2186884-022</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2210512</u> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500.**

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

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

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

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

|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      | <b>2016</b>                                   |
|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2016 or fiscal plan year beginning <b>01/01/2016</b> and ending <b>12/31/2016</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN</b>             | <b>B</b> Three-digit plan number (PN) ►                            | <b>014</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CONNELL LIMITED PARTNERSHIP</b>      | <b>D</b> Employer Identification Number (EIN)<br><b>04-2953203</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    |                       | <b>11515</b>    |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       | <b>9643</b>     |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | <b>485219</b>         | <b>664109</b>   |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | <b>1379567</b>        | <b>2210512</b>  |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | <b>27477480</b>       | <b>35628064</b> |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                   |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 29342266 38523843 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                   |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                   |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0               |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 29342266 38523843 |

**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.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 577049    |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 1619975   |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> | 6236212   |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 8433236   |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> |           |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> | 20957     |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 20957     |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> | 1231949   |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 1231949   |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | 30048     |
| (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) |            | 1596728   |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 11312918  |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 2104182 |         |
| (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) |         | 2104182 |
| f Corrective distributions (see instructions) .....                                  | 2f    |         | 7082    |
| 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) | 20077   |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |         | 20077   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 2131341 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 9181577 |
| 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: **MAYER HOFFMAN MCCANN PC**

(2) EIN: **43-1947695**

**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:

**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 | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|---------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          | <b>4c</b> |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               | <b>4d</b> |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    | <b>4g</b> |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          | <b>4h</b> |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | <b>4j</b> |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      | <b>4n</b> |     |    |         |
| <b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only:<br>Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....                           | <b>4o</b> |     |    |         |

**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  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year ..... (See instructions.)

## Part V Trust Information

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|                                                                                                     |                                                                    |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN</u>        | <b>B</b> Three-digit plan number (PN) ▶<br><u>014</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CONNELL LIMITED PARTNERSHIP</u> | <b>D</b> Employer Identification Number (EIN)<br><u>04-2953203</u> |

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

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

|                                                                                                                                                                                                                                                                    |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> |  |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>23-2186884</u> |          |  |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |  |

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

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

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

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016  
v. 160205

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

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

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

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

|                                                                                                                                                                                                                             |                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? If "No," skip b .....                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>20b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: .....                                                        | <input type="checkbox"/> Design-based safe harbor <input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A |
| <b>21a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: .....                                                                            | <input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A                                                         |
| <b>21b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>22a</b> If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter   /   /   and the serial number   .      |                                                                                                                                                                                   |
| <b>22b</b> If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter   /   /   .                                     |                                                                                                                                                                                   |

**Financial Statements  
and Supplemental Schedule**

**Connell Limited Partnership  
Employee Retirement Savings Plan**

**December 31, 2016 and 2015**



# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Financial Statements and Supplemental Schedule*

### *Table of Contents*

#### ***Financial Statements:***

|                                                                       |      |
|-----------------------------------------------------------------------|------|
| Independent Auditors' Report                                          | 1-2  |
| Statements of Net Assets Available for Benefits                       | 3    |
| Statement of Changes in Net Assets Available for Benefits (2016 only) | 4    |
| Notes to Financial Statements                                         | 5-12 |

#### ***Supplemental Schedule (2016 only):***

|                                                                |    |
|----------------------------------------------------------------|----|
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year) | 13 |
|----------------------------------------------------------------|----|



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## *Independent Auditors' Report*

To the Plan Administrator  
Connell Limited Partnership Employee Retirement Savings Plan  
Boston, Massachusetts

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

We were engaged to audit the accompanying financial statements of the Connell Limited Partnership Employee Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, 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 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 ("DOL") 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 Vanguard Fiduciary Trust Company ("Vanguard"), the trustee and custodian 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 Vanguard holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Vanguard as of December 31, 2016 and 2015 and for the year ended December 31, 2016, that the information provided to the Plan administrator by Vanguard is complete and accurate.



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### ***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, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2016, is required by the DOL'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 Vanguard, 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Mayer Hoffman McCann P.C.*

Boston, Massachusetts  
July 28, 2017

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Statements of Net Assets Available for Benefits*

|                                               | <i>December 31,</i>                |                                    |
|-----------------------------------------------|------------------------------------|------------------------------------|
|                                               | <i>2016</i>                        | <i>2015</i>                        |
| <b>Assets</b>                                 |                                    |                                    |
| Investments at fair value                     | \$ <u>37,838,576</u>               | \$ <u>28,857,047</u>               |
| Receivables:                                  |                                    |                                    |
| Participant contributions                     | 9,643                              | -                                  |
| Employer matching contributions               | 11,515                             | -                                  |
| Notes receivable from participants            | <u>664,109</u>                     | <u>485,219</u>                     |
| Total receivables                             | <u>685,267</u>                     | <u>485,219</u>                     |
| <b>Net assets available for plan benefits</b> | <b>\$ <u><u>38,523,843</u></u></b> | <b>\$ <u><u>29,342,266</u></u></b> |

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Statement of Changes in Net Assets Available for Benefits*

*Year Ended December 31, 2016*

### **Additions to net assets attributed to:**

#### Investment income:

|                                               |                  |
|-----------------------------------------------|------------------|
| Interest and dividends                        | \$ 1,261,997     |
| Net appreciation in fair value of investments | <u>1,596,728</u> |

2,858,725

|                                                       |               |
|-------------------------------------------------------|---------------|
| Interest income on notes receivable from participants | <u>20,957</u> |
|-------------------------------------------------------|---------------|

#### Contributions:

|                       |                  |
|-----------------------|------------------|
| Employer              | 577,049          |
| Participant deferrals | 1,619,975        |
| Participant rollovers | <u>6,236,212</u> |

8,433,236

|                                      |                          |
|--------------------------------------|--------------------------|
| <b>Total additions to net assets</b> | <b><u>11,312,918</u></b> |
|--------------------------------------|--------------------------|

### **Deductions from net assets attributed to:**

|                               |               |
|-------------------------------|---------------|
| Benefits paid to participants | 2,111,264     |
| Administrative expenses       | <u>20,077</u> |

|                                         |                         |
|-----------------------------------------|-------------------------|
| <b>Total deductions from net assets</b> | <b><u>2,131,341</u></b> |
|-----------------------------------------|-------------------------|

|                                                          |                  |
|----------------------------------------------------------|------------------|
| <b>Net increase in net assets available for benefits</b> | <b>9,181,577</b> |
|----------------------------------------------------------|------------------|

|                                                           |                   |
|-----------------------------------------------------------|-------------------|
| Net assets available for plan benefits, beginning of year | <u>29,342,266</u> |
|-----------------------------------------------------------|-------------------|

|                                                            |                             |
|------------------------------------------------------------|-----------------------------|
| <b>Net assets available for plan benefits, end of year</b> | <b><u>\$ 38,523,843</u></b> |
|------------------------------------------------------------|-----------------------------|

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Notes to Financial Statements*

### ***Note 1 - Description of Plan***

The following description of the Connell Limited Partnership Employee Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

#### ***General***

The Plan is a defined contribution plan that was established by Connell Limited Partnership (the “Employer”). Eligible employees can enroll in the Plan upon date of hire (“Participants”). Non-resident aliens, leased employees, full-time college students participating in internship and cooperative study programs and certain employees of companies affiliated through common ownership are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Substantially all investments are participant-directed.

Connell Limited Partnership, Anchor Danly LLC and East End Welding, L.P. employees are eligible for the Plan. As of November 1, 2015, the Employer acquired SencorpWhite, Inc. As a result of this acquisition, all employees of SencorpWhite, Inc. became employees of the Employer, and SencorpWhite, Inc. was added as a predecessor employer for purposes of the Plan.

As of November 1, 2016, the Employer acquired the assets of Accu-Seal, Inc. As a result of this acquisition, all employees of Accu-Seal, Inc. became employees of Accu-Seal SencorpWhite, Inc., a subsidiary of the Employer, and eligible for the Plan.

#### ***Participant Contributions***

The Plan allows participants to defer up to 100% of their annual pre-tax compensation as defined by the Plan, up to a dollar limit set by Federal law. As of April 15, 2015, the Plan also allows for Roth contributions. Until December 31, 2015, the Plan also allowed Participants to make nondeductible deferrals. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to \$6,000.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants had their deferrals set at 3% for the period January 1, 2015 through September 30, 2015. As of October 1, 2015, newly eligible employees are automatically enrolled in the Plan at a deferral rate of 5%. There is an automatic increase of 1% per year up to a maximum of 15% unless alternative elections are made. Active participants may also contribute amounts representing distributions from other qualified plans (“Participant Rollovers”).

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Notes to Financial Statements*

### *Note 1 - Description of Plan (Continued)*

#### ***Employer Matching Contributions***

Each year, the Employer, at its discretion, determines the amount of Employer matching contributions. During the Plan year 2016, the Employer elected to match 100% of salary deferrals, up to 3% of eligible compensation, and 50% of salary deferrals for the next 2% of eligible compensation for all eligible Connell Limited Partnership and East End Welding, L.P. participants. The Employer elected to match 75% of salary deferrals, up to 4% of eligible compensation for a maximum total match of 3% for all eligible Anchor Danly LLC non-union participants. Anchor Danly LLC union participants hired after February 20, 2011 are eligible for a match of 50% of wage deferrals up to 4% of eligible compensation for a maximum total match of 2%. SencorpWhite and Accu-Seal SencorpWhite, Inc. participants were eligible for a match of 40% of salary deferrals up to 5% of eligible compensation for a maximum total match of 2%. For the Plan year ended December 31, 2016, Employer matching contributions amounted to \$577,049.

#### ***Employer Profit Sharing Contributions***

Each year, the Employer may elect to make discretionary profit sharing contributions to the Plan for eligible employees. To be eligible for the profit sharing contribution, a participant must complete a year of service and be employed by the Employer as of the last day of the Plan year, unless separated due to death, disability or attainment of retirement age. Allocations of Employer profit sharing contributions are made based on the ratio a participant's compensation bears to the total eligible compensation. For the year ended December 31, 2016, the Employer did not make a profit sharing contribution.

#### ***Participant Accounts***

Each participant's account is credited with the participant's contributions, Employer contributions and a pro-rata allocation of the administrative fees and investment earnings. Quarterly recordkeeping fees are charged to each participant account. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### ***Vesting***

Participants are always fully vested in their deferral, rollover contributions and Employer matching contributions plus actual earnings thereon. Participant vesting in Employer profit sharing contributions and earnings thereon is at a rate of 20% per year beginning at the completion of year one resulting in 100% vesting after five years. Upon death, disability, or attainment of normal retirement age, a participant is fully vested in all of their accounts.

#### ***Forfeitures***

A participant who leaves the employ of the Employer forfeits any non-vested balance. Forfeited account balances are used to pay the Plan's administrative expenses with any remainder used to reduce Employer contributions. For the Plan year ended December 31, 2016, \$92 of forfeitures was used to offset Employer contributions and \$902 was used to pay Plan administrative fees. At December 2016 and 2015, unused forfeited balances amounted to \$6,898 and \$1,387, respectively.

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Notes to Financial Statements*

### *Note 1 - Description of Plan (Continued)*

#### *Payment of Benefits*

In-service withdrawals from a participant's elective deferral account are permitted only due to financial hardship or upon reaching age 59½. Participants must exhaust all other assets before financial hardship withdrawals are allowed. Hardship withdrawals may be taken from a participant's vested account. Deferral contributions are suspended for a six-month period after receipt of the hardship withdrawal. Upon termination of service, a participant may elect to receive a lump-sum amount equal to the value of his or her vested account balance. Upon termination, if a participant's vested account balance exceeds \$1,000 but does not exceed \$5,000, and the participant does not elect to have the distribution paid directly to an eligible plan, the Plan administrator may make a lump-sum distribution to a direct rollover individual retirement account. If the balance is \$1,000 or less, it will be automatically distributed to the Participant.

#### *Notes Receivable from Participants*

Participants may borrow 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 one to five years (or up to ten years for the purchase of a primary residence). No more than one loan may be outstanding at a time. The loans are secured by the balance in the Participant's account and bear interest at a rate commensurate with local prevailing rates, as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

#### *Plan Administration*

The Employer is the Plan administrator and has the authority to appoint person(s) or entities to carry out the operation of the Plan. Vanguard Fiduciary Trust Company serves as the Plan's trustee and custodian.

#### *Administrative Expenses*

Individual participant accounts are charged directly for loan recordkeeping and benefit disbursement processing fees, if applicable, as well as for a recordkeeping fee charged quarterly. Investment related expenses are included in net appreciation in fair value of investments. Substantially all operating expenses incurred in the administration of the Plan are paid out of the Plan unless paid directly by the Employer.

### *Note 2 - Summary of Significant Accounting Policies*

#### *Basis of Presentation*

The financial statements of the Plan are prepared under the accrual method of accounting. The preparation of the financial statements is in conformity with accounting principles generally accepted in the United States of America.

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Notes to Financial Statements*

### *Note 2 - Summary of Significant Accounting Policies (Continued)*

#### *Investments, Investment Valuation and Income Recognition*

Investments are reported 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. The Plan administrator determines the Plan's valuation policies utilizing information provided by the custodian. See Note 4 for discussions 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 includes the Plan's gains and losses on investments bought and sold as well as investments held during the year.

#### *Benefits Paid*

Benefits are recorded when paid.

#### *Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2016 and 2015. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

#### *Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results could vary from the estimates that were used.

#### *Subsequent Events*

The Employer has evaluated subsequent events through July 28, 2017, the date that the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Notes to Financial Statements*

### ***Note 3 - Investments***

Plan investments are held by the Plan's trustee and custodian, Vanguard Fiduciary Trust Company ("Vanguard"). Vanguard has certified to the fair value of all investments at December 31, 2016 and 2015, and investment transactions during the year ended December 31, 2016. Investment transactions include interest and dividend income and net appreciation in fair value of investments. Information included in the supplemental schedule has also been derived from information certified by Vanguard. The Plan offers investment choices to allow participants to create a diversified portfolio of assets based on the participants' risk tolerance.

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

### ***Note 4 - Fair Value Measurements***

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

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

Level 2 Inputs to the valuation methodology include

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

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

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

The asset 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. There have been no changes in the methodologies used at December 31, 2016 and 2015.

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## Notes to Financial Statements

### Note 4 - Fair Value Measurements (Continued)

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Stable value common collective trust:* A stable value fund that is composed primarily of fully benefit-responsive investment contracts is valued at the NAV of units of the bank collective trust. The NAV, as provided by the trustee and custodian, is used as a practical expedient to estimate fair value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months’ notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of December 31, 2016 and 2015:

| <i>Description</i>                     | <i>Assets at Fair Value as of December 31, 2016</i> |                |                |                             |
|----------------------------------------|-----------------------------------------------------|----------------|----------------|-----------------------------|
|                                        | <i>Level 1</i>                                      | <i>Level 2</i> | <i>Level 3</i> | <i>Total</i>                |
| Mutual funds                           | \$ <u>35,628,064</u>                                | \$ <u>-</u>    | \$ <u>-</u>    | \$ <u>35,628,064</u>        |
| Investments measured at NAV (a)        |                                                     |                |                | <u>2,210,512</u>            |
| <b>Total investments at fair value</b> |                                                     |                |                | <b>\$ <u>37,838,576</u></b> |

| <i>Description</i>                     | <i>Assets at Fair Value as of December 31, 2015</i> |                |                |                             |
|----------------------------------------|-----------------------------------------------------|----------------|----------------|-----------------------------|
|                                        | <i>Level 1</i>                                      | <i>Level 2</i> | <i>Level 3</i> | <i>Total</i>                |
| Mutual funds                           | \$ <u>27,477,480</u>                                | \$ <u>-</u>    | \$ <u>-</u>    | \$ <u>27,477,480</u>        |
| Investments measured at NAV (a)        |                                                     |                |                | <u>1,379,567</u>            |
| <b>Total investments at fair value</b> |                                                     |                |                | <b>\$ <u>28,857,047</u></b> |

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## Notes to Financial Statements

### Note 4 - Fair Value Measurements (Continued)

#### *Investments Measured Using Net Asset Value per Share Practical Expedient*

The following table for December 31, 2016 and 2015 sets forth a summary of the Plan's investments with a reported NAV.

| <i>Investments</i>      | <i>Fair Value<br/>12/31/2016</i> | <i>Fair Value<br/>12/31/2015</i> | <i>Unfunded<br/>Commitments</i> | <i>Redemption<br/>Frequency</i> | <i>Redemption<br/>Notice<br/>Period</i> |
|-------------------------|----------------------------------|----------------------------------|---------------------------------|---------------------------------|-----------------------------------------|
| Common/collective trust | \$ <u>2,210,512</u>              | \$ <u>1,379,567</u>              | \$ <u>-</u>                     | Daily                           | None                                    |

### Note 5 - 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 Statements of Net Assets Available for Benefits.

### Note 6 - Related-Party Transactions and Party-In-Interest Transactions

Certain Plan investments are shares of mutual funds and units in a common/collective trust managed by The Vanguard Group. The Employer has engaged Vanguard Fiduciary Trust Company ("Vanguard") to serve as the trustee and custodian of the Plan and, therefore, these transactions qualify as party-in-interest. During the Plan year ended December 31, 2016, \$20,077 of administrative expenses were incurred by the Plan to Vanguard. In addition, notes receivable from participants also qualify as exempt party-in-interest transactions, as defined by ERISA. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investments, as they are paid through revenue sharing, rather than a direct payment.

### Note 7 - Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Employer may determine.

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Notes to Financial Statements*

### ***Note 8 - Tax Status***

The Plan has adopted the Vanguard Fiduciary Trust Company Prototype Basic Plan Document which obtained its latest opinion letter on May 28, 2014, 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 “Code”). Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and that, therefore, the Plan continues to qualify under Section 401(a) and the related trust continues to be tax exempt. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (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.

***Supplemental Schedule***

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

(E.I.N. 04-2953203 - Plan Number 014)

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

December 31, 2016

| (a)                                                     | (b)<br>Identity<br>of Issue | (c)<br>Description<br>of Investment | (d)<br>Cost | (e)<br>Current<br>Value |
|---------------------------------------------------------|-----------------------------|-------------------------------------|-------------|-------------------------|
| * Vanguard Windsor II Fund Investor Shares              |                             | Mutual Fund                         | \$          | 5,709,281               |
| * Vanguard Target Retirement 2020 Fund                  |                             | Mutual Fund                         |             | 4,061,161               |
| * Vanguard 500 Index Fund Investor Shares               |                             | Mutual Fund                         |             | 3,215,582               |
| * Vanguard Target Retirement 2030 Fund                  |                             | Mutual Fund                         |             | 3,125,207               |
| * Vanguard Target Retirement 2025 Fund                  |                             | Mutual Fund                         |             | 3,084,653               |
| * Vanguard Explorer Fund Investor Shares                |                             | Mutual Fund                         |             | 2,157,597               |
| * Vanguard PRIMECAP Fund Investor Shares                |                             | Mutual Fund                         |             | 1,998,421               |
| * Vanguard Target Retirement 2015 Fund                  |                             | Mutual Fund                         |             | 1,822,029               |
| * Vanguard Small-Cap Value Index Fund                   |                             | Mutual Fund                         |             | 1,703,505               |
| * Vanguard Target Retirement 2035 Fund                  |                             | Mutual Fund                         |             | 1,528,228               |
| * Vanguard Target Retirement Income Fund                |                             | Mutual Fund                         |             | 1,156,553               |
| * Vanguard Target Retirement 2045 Fund                  |                             | Mutual Fund                         |             | 944,378                 |
| * Vanguard Target Retirement 2010 Fund                  |                             | Mutual Fund                         |             | 908,988                 |
| * Vanguard Target Retirement 2040 Fund                  |                             | Mutual Fund                         |             | 869,314                 |
| * Vanguard International Growth Fund Investor Shares    |                             | Mutual Fund                         |             | 699,252                 |
| * Vanguard Mid-Cap Index Fund Investor Shares           |                             | Mutual Fund                         |             | 638,633                 |
| * Vanguard Total Bond Market Index Fund Investor Shares |                             | Mutual Fund                         |             | 557,667                 |
| * Vanguard Wellington Fund Investor Shares              |                             | Mutual Fund                         |             | 393,482                 |
| * Vanguard Target Retirement 2050 Fund                  |                             | Mutual Fund                         |             | 341,177                 |
| * Vanguard Total International Stock Index Fund         |                             | Mutual Fund                         |             | 204,872                 |
| * Vanguard Target Retirement 2055 Fund                  |                             | Mutual Fund                         |             | 185,796                 |
| * Vanguard Target Retirement 2060 Fund                  |                             | Mutual Fund                         |             | 167,673                 |
| * Vanguard High-Yield Corporate Fund Investor Shares    |                             | Mutual Fund                         |             | 147,715                 |
| * Vanguard Prime Money Market Fund                      |                             | Mutual Fund                         |             | 6,900                   |
| * Vanguard Retirement Savings Trust                     |                             | Common/Collective Trust             |             | 2,210,512               |
| * Participant Loans                                     |                             | Interest Rates (3.25%-4.75%)        | 0           | 664,109                 |
|                                                         |                             |                                     |             | \$ 38,502,685           |

\* Party-in-interest as defined by ERISA.

**Financial Statements  
and Supplemental Schedule**

**Connell Limited Partnership  
Employee Retirement Savings Plan**

**December 31, 2016 and 2015**



# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Financial Statements and Supplemental Schedule*

### *Table of Contents*

#### ***Financial Statements:***

|                                                                       |      |
|-----------------------------------------------------------------------|------|
| Independent Auditors' Report                                          | 1-2  |
| Statements of Net Assets Available for Benefits                       | 3    |
| Statement of Changes in Net Assets Available for Benefits (2016 only) | 4    |
| Notes to Financial Statements                                         | 5-12 |

#### ***Supplemental Schedule (2016 only):***

|                                                                |    |
|----------------------------------------------------------------|----|
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year) | 13 |
|----------------------------------------------------------------|----|



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## *Independent Auditors' Report*

To the Plan Administrator  
Connell Limited Partnership Employee Retirement Savings Plan  
Boston, Massachusetts

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

We were engaged to audit the accompanying financial statements of the Connell Limited Partnership Employee Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, 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 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 ("DOL") 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 Vanguard Fiduciary Trust Company ("Vanguard"), the trustee and custodian 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 Vanguard holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Vanguard as of December 31, 2016 and 2015 and for the year ended December 31, 2016, that the information provided to the Plan administrator by Vanguard is complete and accurate.



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### ***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, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2016, is required by the DOL'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 Vanguard, 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Mayer Hoffman McCann P.C.*

Boston, Massachusetts  
July 28, 2017

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Statements of Net Assets Available for Benefits*

|                                               | <i>December 31,</i>                |                                    |
|-----------------------------------------------|------------------------------------|------------------------------------|
|                                               | <i>2016</i>                        | <i>2015</i>                        |
| <b>Assets</b>                                 |                                    |                                    |
| Investments at fair value                     | \$ <u>37,838,576</u>               | \$ <u>28,857,047</u>               |
| Receivables:                                  |                                    |                                    |
| Participant contributions                     | 9,643                              | -                                  |
| Employer matching contributions               | 11,515                             | -                                  |
| Notes receivable from participants            | <u>664,109</u>                     | <u>485,219</u>                     |
| Total receivables                             | <u>685,267</u>                     | <u>485,219</u>                     |
| <b>Net assets available for plan benefits</b> | <b>\$ <u><u>38,523,843</u></u></b> | <b>\$ <u><u>29,342,266</u></u></b> |

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Statement of Changes in Net Assets Available for Benefits*

*Year Ended December 31, 2016*

### **Additions to net assets attributed to:**

#### Investment income:

|                                               |                  |
|-----------------------------------------------|------------------|
| Interest and dividends                        | \$ 1,261,997     |
| Net appreciation in fair value of investments | <u>1,596,728</u> |

2,858,725

|                                                       |               |
|-------------------------------------------------------|---------------|
| Interest income on notes receivable from participants | <u>20,957</u> |
|-------------------------------------------------------|---------------|

#### Contributions:

|                       |                  |
|-----------------------|------------------|
| Employer              | 577,049          |
| Participant deferrals | 1,619,975        |
| Participant rollovers | <u>6,236,212</u> |

8,433,236

|                                      |                          |
|--------------------------------------|--------------------------|
| <b>Total additions to net assets</b> | <b><u>11,312,918</u></b> |
|--------------------------------------|--------------------------|

### **Deductions from net assets attributed to:**

|                               |               |
|-------------------------------|---------------|
| Benefits paid to participants | 2,111,264     |
| Administrative expenses       | <u>20,077</u> |

|                                         |                         |
|-----------------------------------------|-------------------------|
| <b>Total deductions from net assets</b> | <b><u>2,131,341</u></b> |
|-----------------------------------------|-------------------------|

|                                                          |                  |
|----------------------------------------------------------|------------------|
| <b>Net increase in net assets available for benefits</b> | <b>9,181,577</b> |
|----------------------------------------------------------|------------------|

|                                                           |                   |
|-----------------------------------------------------------|-------------------|
| Net assets available for plan benefits, beginning of year | <u>29,342,266</u> |
|-----------------------------------------------------------|-------------------|

|                                                            |                             |
|------------------------------------------------------------|-----------------------------|
| <b>Net assets available for plan benefits, end of year</b> | <b><u>\$ 38,523,843</u></b> |
|------------------------------------------------------------|-----------------------------|

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Notes to Financial Statements*

### ***Note 1 - Description of Plan***

The following description of the Connell Limited Partnership Employee Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

#### ***General***

The Plan is a defined contribution plan that was established by Connell Limited Partnership (the “Employer”). Eligible employees can enroll in the Plan upon date of hire (“Participants”). Non-resident aliens, leased employees, full-time college students participating in internship and cooperative study programs and certain employees of companies affiliated through common ownership are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Substantially all investments are participant-directed.

Connell Limited Partnership, Anchor Danly LLC and East End Welding, L.P. employees are eligible for the Plan. As of November 1, 2015, the Employer acquired SencorpWhite, Inc. As a result of this acquisition, all employees of SencorpWhite, Inc. became employees of the Employer, and SencorpWhite, Inc. was added as a predecessor employer for purposes of the Plan.

As of November 1, 2016, the Employer acquired the assets of Accu-Seal, Inc. As a result of this acquisition, all employees of Accu-Seal, Inc. became employees of Accu-Seal SencorpWhite, Inc., a subsidiary of the Employer, and eligible for the Plan.

#### ***Participant Contributions***

The Plan allows participants to defer up to 100% of their annual pre-tax compensation as defined by the Plan, up to a dollar limit set by Federal law. As of April 15, 2015, the Plan also allows for Roth contributions. Until December 31, 2015, the Plan also allowed Participants to make nondeductible deferrals. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to \$6,000.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants had their deferrals set at 3% for the period January 1, 2015 through September 30, 2015. As of October 1, 2015, newly eligible employees are automatically enrolled in the Plan at a deferral rate of 5%. There is an automatic increase of 1% per year up to a maximum of 15% unless alternative elections are made. Active participants may also contribute amounts representing distributions from other qualified plans (“Participant Rollovers”).

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Notes to Financial Statements*

### *Note 1 - Description of Plan (Continued)*

#### ***Employer Matching Contributions***

Each year, the Employer, at its discretion, determines the amount of Employer matching contributions. During the Plan year 2016, the Employer elected to match 100% of salary deferrals, up to 3% of eligible compensation, and 50% of salary deferrals for the next 2% of eligible compensation for all eligible Connell Limited Partnership and East End Welding, L.P. participants. The Employer elected to match 75% of salary deferrals, up to 4% of eligible compensation for a maximum total match of 3% for all eligible Anchor Danly LLC non-union participants. Anchor Danly LLC union participants hired after February 20, 2011 are eligible for a match of 50% of wage deferrals up to 4% of eligible compensation for a maximum total match of 2%. SencorpWhite and Accu-Seal SencorpWhite, Inc. participants were eligible for a match of 40% of salary deferrals up to 5% of eligible compensation for a maximum total match of 2%. For the Plan year ended December 31, 2016, Employer matching contributions amounted to \$577,049.

#### ***Employer Profit Sharing Contributions***

Each year, the Employer may elect to make discretionary profit sharing contributions to the Plan for eligible employees. To be eligible for the profit sharing contribution, a participant must complete a year of service and be employed by the Employer as of the last day of the Plan year, unless separated due to death, disability or attainment of retirement age. Allocations of Employer profit sharing contributions are made based on the ratio a participant's compensation bears to the total eligible compensation. For the year ended December 31, 2016, the Employer did not make a profit sharing contribution.

#### ***Participant Accounts***

Each participant's account is credited with the participant's contributions, Employer contributions and a pro-rata allocation of the administrative fees and investment earnings. Quarterly recordkeeping fees are charged to each participant account. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### ***Vesting***

Participants are always fully vested in their deferral, rollover contributions and Employer matching contributions plus actual earnings thereon. Participant vesting in Employer profit sharing contributions and earnings thereon is at a rate of 20% per year beginning at the completion of year one resulting in 100% vesting after five years. Upon death, disability, or attainment of normal retirement age, a participant is fully vested in all of their accounts.

#### ***Forfeitures***

A participant who leaves the employ of the Employer forfeits any non-vested balance. Forfeited account balances are used to pay the Plan's administrative expenses with any remainder used to reduce Employer contributions. For the Plan year ended December 31, 2016, \$92 of forfeitures was used to offset Employer contributions and \$902 was used to pay Plan administrative fees. At December 2016 and 2015, unused forfeited balances amounted to \$6,898 and \$1,387, respectively.

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Notes to Financial Statements*

### ***Note 1 - Description of Plan (Continued)***

#### ***Payment of Benefits***

In-service withdrawals from a participant's elective deferral account are permitted only due to financial hardship or upon reaching age 59½. Participants must exhaust all other assets before financial hardship withdrawals are allowed. Hardship withdrawals may be taken from a participant's vested account. Deferral contributions are suspended for a six-month period after receipt of the hardship withdrawal. Upon termination of service, a participant may elect to receive a lump-sum amount equal to the value of his or her vested account balance. Upon termination, if a participant's vested account balance exceeds \$1,000 but does not exceed \$5,000, and the participant does not elect to have the distribution paid directly to an eligible plan, the Plan administrator may make a lump-sum distribution to a direct rollover individual retirement account. If the balance is \$1,000 or less, it will be automatically distributed to the Participant.

#### ***Notes Receivable from Participants***

Participants may borrow 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 one to five years (or up to ten years for the purchase of a primary residence). No more than one loan may be outstanding at a time. The loans are secured by the balance in the Participant's account and bear interest at a rate commensurate with local prevailing rates, as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

#### ***Plan Administration***

The Employer is the Plan administrator and has the authority to appoint person(s) or entities to carry out the operation of the Plan. Vanguard Fiduciary Trust Company serves as the Plan's trustee and custodian.

#### ***Administrative Expenses***

Individual participant accounts are charged directly for loan recordkeeping and benefit disbursement processing fees, if applicable, as well as for a recordkeeping fee charged quarterly. Investment related expenses are included in net appreciation in fair value of investments. Substantially all operating expenses incurred in the administration of the Plan are paid out of the Plan unless paid directly by the Employer.

### ***Note 2 - Summary of Significant Accounting Policies***

#### ***Basis of Presentation***

The financial statements of the Plan are prepared under the accrual method of accounting. The preparation of the financial statements is in conformity with accounting principles generally accepted in the United States of America.

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Notes to Financial Statements*

### *Note 2 - Summary of Significant Accounting Policies (Continued)*

#### ***Investments, Investment Valuation and Income Recognition***

Investments are reported 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. The Plan administrator determines the Plan's valuation policies utilizing information provided by the custodian. See Note 4 for discussions 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 includes the Plan's gains and losses on investments bought and sold as well as investments held during the year.

#### ***Benefits Paid***

Benefits are recorded when paid.

#### ***Notes Receivable from Participants***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2016 and 2015. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

#### ***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results could vary from the estimates that were used.

#### ***Subsequent Events***

The Employer has evaluated subsequent events through July 28, 2017, the date that the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Notes to Financial Statements*

### ***Note 3 - Investments***

Plan investments are held by the Plan's trustee and custodian, Vanguard Fiduciary Trust Company ("Vanguard"). Vanguard has certified to the fair value of all investments at December 31, 2016 and 2015, and investment transactions during the year ended December 31, 2016. Investment transactions include interest and dividend income and net appreciation in fair value of investments. Information included in the supplemental schedule has also been derived from information certified by Vanguard. The Plan offers investment choices to allow participants to create a diversified portfolio of assets based on the participants' risk tolerance.

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

### ***Note 4 - Fair Value Measurements***

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

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

Level 2 Inputs to the valuation methodology include

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

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

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

The asset 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. There have been no changes in the methodologies used at December 31, 2016 and 2015.

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## Notes to Financial Statements

### Note 4 - Fair Value Measurements (Continued)

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Stable value common collective trust:* A stable value fund that is composed primarily of fully benefit-responsive investment contracts is valued at the NAV of units of the bank collective trust. The NAV, as provided by the trustee and custodian, is used as a practical expedient to estimate fair value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months’ notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of December 31, 2016 and 2015:

| <i>Description</i>                     | <i>Assets at Fair Value as of December 31, 2016</i> |                |                |                             |
|----------------------------------------|-----------------------------------------------------|----------------|----------------|-----------------------------|
|                                        | <i>Level 1</i>                                      | <i>Level 2</i> | <i>Level 3</i> | <i>Total</i>                |
| Mutual funds                           | \$ <u>35,628,064</u>                                | \$ <u>-</u>    | \$ <u>-</u>    | \$ <u>35,628,064</u>        |
| Investments measured at NAV (a)        |                                                     |                |                | <u>2,210,512</u>            |
| <b>Total investments at fair value</b> |                                                     |                |                | <b>\$ <u>37,838,576</u></b> |

| <i>Description</i>                     | <i>Assets at Fair Value as of December 31, 2015</i> |                |                |                             |
|----------------------------------------|-----------------------------------------------------|----------------|----------------|-----------------------------|
|                                        | <i>Level 1</i>                                      | <i>Level 2</i> | <i>Level 3</i> | <i>Total</i>                |
| Mutual funds                           | \$ <u>27,477,480</u>                                | \$ <u>-</u>    | \$ <u>-</u>    | \$ <u>27,477,480</u>        |
| Investments measured at NAV (a)        |                                                     |                |                | <u>1,379,567</u>            |
| <b>Total investments at fair value</b> |                                                     |                |                | <b>\$ <u>28,857,047</u></b> |

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## Notes to Financial Statements

### Note 4 - Fair Value Measurements (Continued)

#### Investments Measured Using Net Asset Value per Share Practical Expedient

The following table for December 31, 2016 and 2015 sets forth a summary of the Plan's investments with a reported NAV.

| <i>Investments</i>      | <i>Fair Value<br/>12/31/2016</i> | <i>Fair Value<br/>12/31/2015</i> | <i>Unfunded<br/>Commitments</i> | <i>Redemption<br/>Frequency</i> | <i>Redemption<br/>Notice<br/>Period</i> |
|-------------------------|----------------------------------|----------------------------------|---------------------------------|---------------------------------|-----------------------------------------|
| Common/collective trust | \$ <u>2,210,512</u>              | \$ <u>1,379,567</u>              | \$ <u>-</u>                     | Daily                           | None                                    |

### Note 5 - 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 Statements of Net Assets Available for Benefits.

### Note 6 - Related-Party Transactions and Party-In-Interest Transactions

Certain Plan investments are shares of mutual funds and units in a common/collective trust managed by The Vanguard Group. The Employer has engaged Vanguard Fiduciary Trust Company ("Vanguard") to serve as the trustee and custodian of the Plan and, therefore, these transactions qualify as party-in-interest. During the Plan year ended December 31, 2016, \$20,077 of administrative expenses were incurred by the Plan to Vanguard. In addition, notes receivable from participants also qualify as exempt party-in-interest transactions, as defined by ERISA. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investments, as they are paid through revenue sharing, rather than a direct payment.

### Note 7 - Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Employer may determine.

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Notes to Financial Statements*

### ***Note 8 - Tax Status***

The Plan has adopted the Vanguard Fiduciary Trust Company Prototype Basic Plan Document which obtained its latest opinion letter on May 28, 2014, 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 “Code”). Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and that, therefore, the Plan continues to qualify under Section 401(a) and the related trust continues to be tax exempt. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (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.

***Supplemental Schedule***

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

(E.I.N. 04-2953203 - Plan Number 014)

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

December 31, 2016

| (a) | (b)<br>Identity<br>of Issue                           | (c)<br>Description<br>of Investment | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|-------------------------------------------------------|-------------------------------------|-------------|-------------------------|
| *   | Vanguard Windsor II Fund Investor Shares              | Mutual Fund                         | \$          | 5,709,281               |
| *   | Vanguard Target Retirement 2020 Fund                  | Mutual Fund                         |             | 4,061,161               |
| *   | Vanguard 500 Index Fund Investor Shares               | Mutual Fund                         |             | 3,215,582               |
| *   | Vanguard Target Retirement 2030 Fund                  | Mutual Fund                         |             | 3,125,207               |
| *   | Vanguard Target Retirement 2025 Fund                  | Mutual Fund                         |             | 3,084,653               |
| *   | Vanguard Explorer Fund Investor Shares                | Mutual Fund                         |             | 2,157,597               |
| *   | Vanguard PRIMECAP Fund Investor Shares                | Mutual Fund                         |             | 1,998,421               |
| *   | Vanguard Target Retirement 2015 Fund                  | Mutual Fund                         |             | 1,822,029               |
| *   | Vanguard Small-Cap Value Index Fund                   | Mutual Fund                         |             | 1,703,505               |
| *   | Vanguard Target Retirement 2035 Fund                  | Mutual Fund                         |             | 1,528,228               |
| *   | Vanguard Target Retirement Income Fund                | Mutual Fund                         |             | 1,156,553               |
| *   | Vanguard Target Retirement 2045 Fund                  | Mutual Fund                         |             | 944,378                 |
| *   | Vanguard Target Retirement 2010 Fund                  | Mutual Fund                         |             | 908,988                 |
| *   | Vanguard Target Retirement 2040 Fund                  | Mutual Fund                         |             | 869,314                 |
| *   | Vanguard International Growth Fund Investor Shares    | Mutual Fund                         |             | 699,252                 |
| *   | Vanguard Mid-Cap Index Fund Investor Shares           | Mutual Fund                         |             | 638,633                 |
| *   | Vanguard Total Bond Market Index Fund Investor Shares | Mutual Fund                         |             | 557,667                 |
| *   | Vanguard Wellington Fund Investor Shares              | Mutual Fund                         |             | 393,482                 |
| *   | Vanguard Target Retirement 2050 Fund                  | Mutual Fund                         |             | 341,177                 |
| *   | Vanguard Total International Stock Index Fund         | Mutual Fund                         |             | 204,872                 |
| *   | Vanguard Target Retirement 2055 Fund                  | Mutual Fund                         |             | 185,796                 |
| *   | Vanguard Target Retirement 2060 Fund                  | Mutual Fund                         |             | 167,673                 |
| *   | Vanguard High-Yield Corporate Fund Investor Shares    | Mutual Fund                         |             | 147,715                 |
| *   | Vanguard Prime Money Market Fund                      | Mutual Fund                         |             | 6,900                   |
| *   | Vanguard Retirement Savings Trust                     | Common/Collective Trust             |             | 2,210,512               |
| *   | Participant Loans                                     | Interest Rates (3.25%-4.75%)        | 0           | 664,109                 |
|     |                                                       |                                     |             | <b>\$ 38,502,685</b>    |

\* Party-in-interest as defined by ERISA.

**Financial Statements  
and Supplemental Schedule**

**Connell Limited Partnership  
Employee Retirement Savings Plan**

**December 31, 2016 and 2015**



# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Financial Statements and Supplemental Schedule*

### *Table of Contents*

#### ***Financial Statements:***

|                                                                       |      |
|-----------------------------------------------------------------------|------|
| Independent Auditors' Report                                          | 1-2  |
| Statements of Net Assets Available for Benefits                       | 3    |
| Statement of Changes in Net Assets Available for Benefits (2016 only) | 4    |
| Notes to Financial Statements                                         | 5-12 |

#### ***Supplemental Schedule (2016 only):***

|                                                                |    |
|----------------------------------------------------------------|----|
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year) | 13 |
|----------------------------------------------------------------|----|



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## *Independent Auditors' Report*

To the Plan Administrator  
Connell Limited Partnership Employee Retirement Savings Plan  
Boston, Massachusetts

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

We were engaged to audit the accompanying financial statements of the Connell Limited Partnership Employee Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, 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 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 ("DOL") 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 Vanguard Fiduciary Trust Company ("Vanguard"), the trustee and custodian 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 Vanguard holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Vanguard as of December 31, 2016 and 2015 and for the year ended December 31, 2016, that the information provided to the Plan administrator by Vanguard is complete and accurate.



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### ***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, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2016, is required by the DOL'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 Vanguard, 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Mayer Hoffman McCann P.C.*

Boston, Massachusetts  
July 28, 2017

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Statements of Net Assets Available for Benefits*

|                                               | <i>December 31,</i>                |                                    |
|-----------------------------------------------|------------------------------------|------------------------------------|
|                                               | <i>2016</i>                        | <i>2015</i>                        |
| <b>Assets</b>                                 |                                    |                                    |
| Investments at fair value                     | \$ <u>37,838,576</u>               | \$ <u>28,857,047</u>               |
| Receivables:                                  |                                    |                                    |
| Participant contributions                     | 9,643                              | -                                  |
| Employer matching contributions               | 11,515                             | -                                  |
| Notes receivable from participants            | <u>664,109</u>                     | <u>485,219</u>                     |
| Total receivables                             | <u>685,267</u>                     | <u>485,219</u>                     |
| <b>Net assets available for plan benefits</b> | <b>\$ <u><u>38,523,843</u></u></b> | <b>\$ <u><u>29,342,266</u></u></b> |

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Statement of Changes in Net Assets Available for Benefits*

*Year Ended December 31, 2016*

### **Additions to net assets attributed to:**

#### Investment income:

|                                               |                  |
|-----------------------------------------------|------------------|
| Interest and dividends                        | \$ 1,261,997     |
| Net appreciation in fair value of investments | <u>1,596,728</u> |

2,858,725

|                                                       |               |
|-------------------------------------------------------|---------------|
| Interest income on notes receivable from participants | <u>20,957</u> |
|-------------------------------------------------------|---------------|

#### Contributions:

|                       |                  |
|-----------------------|------------------|
| Employer              | 577,049          |
| Participant deferrals | 1,619,975        |
| Participant rollovers | <u>6,236,212</u> |

8,433,236

|                                      |                          |
|--------------------------------------|--------------------------|
| <b>Total additions to net assets</b> | <b><u>11,312,918</u></b> |
|--------------------------------------|--------------------------|

### **Deductions from net assets attributed to:**

|                               |               |
|-------------------------------|---------------|
| Benefits paid to participants | 2,111,264     |
| Administrative expenses       | <u>20,077</u> |

|                                         |                         |
|-----------------------------------------|-------------------------|
| <b>Total deductions from net assets</b> | <b><u>2,131,341</u></b> |
|-----------------------------------------|-------------------------|

|                                                          |                  |
|----------------------------------------------------------|------------------|
| <b>Net increase in net assets available for benefits</b> | <b>9,181,577</b> |
|----------------------------------------------------------|------------------|

|                                                           |                   |
|-----------------------------------------------------------|-------------------|
| Net assets available for plan benefits, beginning of year | <u>29,342,266</u> |
|-----------------------------------------------------------|-------------------|

|                                                            |                             |
|------------------------------------------------------------|-----------------------------|
| <b>Net assets available for plan benefits, end of year</b> | <b><u>\$ 38,523,843</u></b> |
|------------------------------------------------------------|-----------------------------|

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Notes to Financial Statements*

### ***Note 1 - Description of Plan***

The following description of the Connell Limited Partnership Employee Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

#### ***General***

The Plan is a defined contribution plan that was established by Connell Limited Partnership (the “Employer”). Eligible employees can enroll in the Plan upon date of hire (“Participants”). Non-resident aliens, leased employees, full-time college students participating in internship and cooperative study programs and certain employees of companies affiliated through common ownership are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Substantially all investments are participant-directed.

Connell Limited Partnership, Anchor Danly LLC and East End Welding, L.P. employees are eligible for the Plan. As of November 1, 2015, the Employer acquired SencorpWhite, Inc. As a result of this acquisition, all employees of SencorpWhite, Inc. became employees of the Employer, and SencorpWhite, Inc. was added as a predecessor employer for purposes of the Plan.

As of November 1, 2016, the Employer acquired the assets of Accu-Seal, Inc. As a result of this acquisition, all employees of Accu-Seal, Inc. became employees of Accu-Seal SencorpWhite, Inc., a subsidiary of the Employer, and eligible for the Plan.

#### ***Participant Contributions***

The Plan allows participants to defer up to 100% of their annual pre-tax compensation as defined by the Plan, up to a dollar limit set by Federal law. As of April 15, 2015, the Plan also allows for Roth contributions. Until December 31, 2015, the Plan also allowed Participants to make nondeductible deferrals. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to \$6,000.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants had their deferrals set at 3% for the period January 1, 2015 through September 30, 2015. As of October 1, 2015, newly eligible employees are automatically enrolled in the Plan at a deferral rate of 5%. There is an automatic increase of 1% per year up to a maximum of 15% unless alternative elections are made. Active participants may also contribute amounts representing distributions from other qualified plans (“Participant Rollovers”).

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Notes to Financial Statements*

### *Note 1 - Description of Plan (Continued)*

#### ***Employer Matching Contributions***

Each year, the Employer, at its discretion, determines the amount of Employer matching contributions. During the Plan year 2016, the Employer elected to match 100% of salary deferrals, up to 3% of eligible compensation, and 50% of salary deferrals for the next 2% of eligible compensation for all eligible Connell Limited Partnership and East End Welding, L.P. participants. The Employer elected to match 75% of salary deferrals, up to 4% of eligible compensation for a maximum total match of 3% for all eligible Anchor Danly LLC non-union participants. Anchor Danly LLC union participants hired after February 20, 2011 are eligible for a match of 50% of wage deferrals up to 4% of eligible compensation for a maximum total match of 2%. SencorpWhite and Accu-Seal SencorpWhite, Inc. participants were eligible for a match of 40% of salary deferrals up to 5% of eligible compensation for a maximum total match of 2%. For the Plan year ended December 31, 2016, Employer matching contributions amounted to \$577,049.

#### ***Employer Profit Sharing Contributions***

Each year, the Employer may elect to make discretionary profit sharing contributions to the Plan for eligible employees. To be eligible for the profit sharing contribution, a participant must complete a year of service and be employed by the Employer as of the last day of the Plan year, unless separated due to death, disability or attainment of retirement age. Allocations of Employer profit sharing contributions are made based on the ratio a participant's compensation bears to the total eligible compensation. For the year ended December 31, 2016, the Employer did not make a profit sharing contribution.

#### ***Participant Accounts***

Each participant's account is credited with the participant's contributions, Employer contributions and a pro-rata allocation of the administrative fees and investment earnings. Quarterly recordkeeping fees are charged to each participant account. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### ***Vesting***

Participants are always fully vested in their deferral, rollover contributions and Employer matching contributions plus actual earnings thereon. Participant vesting in Employer profit sharing contributions and earnings thereon is at a rate of 20% per year beginning at the completion of year one resulting in 100% vesting after five years. Upon death, disability, or attainment of normal retirement age, a participant is fully vested in all of their accounts.

#### ***Forfeitures***

A participant who leaves the employ of the Employer forfeits any non-vested balance. Forfeited account balances are used to pay the Plan's administrative expenses with any remainder used to reduce Employer contributions. For the Plan year ended December 31, 2016, \$92 of forfeitures was used to offset Employer contributions and \$902 was used to pay Plan administrative fees. At December 2016 and 2015, unused forfeited balances amounted to \$6,898 and \$1,387, respectively.

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Notes to Financial Statements*

### *Note 1 - Description of Plan (Continued)*

#### *Payment of Benefits*

In-service withdrawals from a participant's elective deferral account are permitted only due to financial hardship or upon reaching age 59½. Participants must exhaust all other assets before financial hardship withdrawals are allowed. Hardship withdrawals may be taken from a participant's vested account. Deferral contributions are suspended for a six-month period after receipt of the hardship withdrawal. Upon termination of service, a participant may elect to receive a lump-sum amount equal to the value of his or her vested account balance. Upon termination, if a participant's vested account balance exceeds \$1,000 but does not exceed \$5,000, and the participant does not elect to have the distribution paid directly to an eligible plan, the Plan administrator may make a lump-sum distribution to a direct rollover individual retirement account. If the balance is \$1,000 or less, it will be automatically distributed to the Participant.

#### *Notes Receivable from Participants*

Participants may borrow 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 one to five years (or up to ten years for the purchase of a primary residence). No more than one loan may be outstanding at a time. The loans are secured by the balance in the Participant's account and bear interest at a rate commensurate with local prevailing rates, as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

#### *Plan Administration*

The Employer is the Plan administrator and has the authority to appoint person(s) or entities to carry out the operation of the Plan. Vanguard Fiduciary Trust Company serves as the Plan's trustee and custodian.

#### *Administrative Expenses*

Individual participant accounts are charged directly for loan recordkeeping and benefit disbursement processing fees, if applicable, as well as for a recordkeeping fee charged quarterly. Investment related expenses are included in net appreciation in fair value of investments. Substantially all operating expenses incurred in the administration of the Plan are paid out of the Plan unless paid directly by the Employer.

### *Note 2 - Summary of Significant Accounting Policies*

#### *Basis of Presentation*

The financial statements of the Plan are prepared under the accrual method of accounting. The preparation of the financial statements is in conformity with accounting principles generally accepted in the United States of America.

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Notes to Financial Statements*

### *Note 2 - Summary of Significant Accounting Policies (Continued)*

#### *Investments, Investment Valuation and Income Recognition*

Investments are reported 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. The Plan administrator determines the Plan's valuation policies utilizing information provided by the custodian. See Note 4 for discussions 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 includes the Plan's gains and losses on investments bought and sold as well as investments held during the year.

#### *Benefits Paid*

Benefits are recorded when paid.

#### *Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2016 and 2015. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

#### *Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results could vary from the estimates that were used.

#### *Subsequent Events*

The Employer has evaluated subsequent events through July 28, 2017, the date that the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Notes to Financial Statements*

### ***Note 3 - Investments***

Plan investments are held by the Plan's trustee and custodian, Vanguard Fiduciary Trust Company ("Vanguard"). Vanguard has certified to the fair value of all investments at December 31, 2016 and 2015, and investment transactions during the year ended December 31, 2016. Investment transactions include interest and dividend income and net appreciation in fair value of investments. Information included in the supplemental schedule has also been derived from information certified by Vanguard. The Plan offers investment choices to allow participants to create a diversified portfolio of assets based on the participants' risk tolerance.

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

### ***Note 4 - Fair Value Measurements***

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

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

Level 2 Inputs to the valuation methodology include

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

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

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

The asset 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. There have been no changes in the methodologies used at December 31, 2016 and 2015.

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## Notes to Financial Statements

### Note 4 - Fair Value Measurements (Continued)

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Stable value common collective trust:* A stable value fund that is composed primarily of fully benefit-responsive investment contracts is valued at the NAV of units of the bank collective trust. The NAV, as provided by the trustee and custodian, is used as a practical expedient to estimate fair value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months’ notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of December 31, 2016 and 2015:

| <i>Description</i>                     | <i>Assets at Fair Value as of December 31, 2016</i> |                |                |                             |
|----------------------------------------|-----------------------------------------------------|----------------|----------------|-----------------------------|
|                                        | <i>Level 1</i>                                      | <i>Level 2</i> | <i>Level 3</i> | <i>Total</i>                |
| Mutual funds                           | \$ <u>35,628,064</u>                                | \$ <u>-</u>    | \$ <u>-</u>    | \$ <u>35,628,064</u>        |
| Investments measured at NAV (a)        |                                                     |                |                | <u>2,210,512</u>            |
| <b>Total investments at fair value</b> |                                                     |                |                | <b>\$ <u>37,838,576</u></b> |

| <i>Description</i>                     | <i>Assets at Fair Value as of December 31, 2015</i> |                |                |                             |
|----------------------------------------|-----------------------------------------------------|----------------|----------------|-----------------------------|
|                                        | <i>Level 1</i>                                      | <i>Level 2</i> | <i>Level 3</i> | <i>Total</i>                |
| Mutual funds                           | \$ <u>27,477,480</u>                                | \$ <u>-</u>    | \$ <u>-</u>    | \$ <u>27,477,480</u>        |
| Investments measured at NAV (a)        |                                                     |                |                | <u>1,379,567</u>            |
| <b>Total investments at fair value</b> |                                                     |                |                | <b>\$ <u>28,857,047</u></b> |

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## Notes to Financial Statements

### Note 4 - Fair Value Measurements (Continued)

#### Investments Measured Using Net Asset Value per Share Practical Expedient

The following table for December 31, 2016 and 2015 sets forth a summary of the Plan's investments with a reported NAV.

| <i>Investments</i>      | <i>Fair Value</i><br><i>12/31/2016</i> | <i>Fair Value</i><br><i>12/31/2015</i> | <i>Unfunded</i><br><i>Commitments</i> | <i>Redemption</i><br><i>Frequency</i> | <i>Redemption</i><br><i>Notice</i><br><i>Period</i> |
|-------------------------|----------------------------------------|----------------------------------------|---------------------------------------|---------------------------------------|-----------------------------------------------------|
| Common/collective trust | \$ <u>2,210,512</u>                    | \$ <u>1,379,567</u>                    | \$ <u>-</u>                           | Daily                                 | None                                                |

### Note 5 - 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 Statements of Net Assets Available for Benefits.

### Note 6 - Related-Party Transactions and Party-In-Interest Transactions

Certain Plan investments are shares of mutual funds and units in a common/collective trust managed by The Vanguard Group. The Employer has engaged Vanguard Fiduciary Trust Company ("Vanguard") to serve as the trustee and custodian of the Plan and, therefore, these transactions qualify as party-in-interest. During the Plan year ended December 31, 2016, \$20,077 of administrative expenses were incurred by the Plan to Vanguard. In addition, notes receivable from participants also qualify as exempt party-in-interest transactions, as defined by ERISA. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investments, as they are paid through revenue sharing, rather than a direct payment.

### Note 7 - Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Employer may determine.

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

## *Notes to Financial Statements*

### ***Note 8 - Tax Status***

The Plan has adopted the Vanguard Fiduciary Trust Company Prototype Basic Plan Document which obtained its latest opinion letter on May 28, 2014, 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 “Code”). Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and that, therefore, the Plan continues to qualify under Section 401(a) and the related trust continues to be tax exempt. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (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.

***Supplemental Schedule***

# CONNELL LIMITED PARTNERSHIP EMPLOYEE RETIREMENT SAVINGS PLAN

(E.I.N. 04-2953203 - Plan Number 014)

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

December 31, 2016

| (a) | (b)<br>Identity<br>of Issue                           | (c)<br>Description<br>of Investment | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|-------------------------------------------------------|-------------------------------------|-------------|-------------------------|
| *   | Vanguard Windsor II Fund Investor Shares              | Mutual Fund                         | \$          | 5,709,281               |
| *   | Vanguard Target Retirement 2020 Fund                  | Mutual Fund                         |             | 4,061,161               |
| *   | Vanguard 500 Index Fund Investor Shares               | Mutual Fund                         |             | 3,215,582               |
| *   | Vanguard Target Retirement 2030 Fund                  | Mutual Fund                         |             | 3,125,207               |
| *   | Vanguard Target Retirement 2025 Fund                  | Mutual Fund                         |             | 3,084,653               |
| *   | Vanguard Explorer Fund Investor Shares                | Mutual Fund                         |             | 2,157,597               |
| *   | Vanguard PRIMECAP Fund Investor Shares                | Mutual Fund                         |             | 1,998,421               |
| *   | Vanguard Target Retirement 2015 Fund                  | Mutual Fund                         |             | 1,822,029               |
| *   | Vanguard Small-Cap Value Index Fund                   | Mutual Fund                         |             | 1,703,505               |
| *   | Vanguard Target Retirement 2035 Fund                  | Mutual Fund                         |             | 1,528,228               |
| *   | Vanguard Target Retirement Income Fund                | Mutual Fund                         |             | 1,156,553               |
| *   | Vanguard Target Retirement 2045 Fund                  | Mutual Fund                         |             | 944,378                 |
| *   | Vanguard Target Retirement 2010 Fund                  | Mutual Fund                         |             | 908,988                 |
| *   | Vanguard Target Retirement 2040 Fund                  | Mutual Fund                         |             | 869,314                 |
| *   | Vanguard International Growth Fund Investor Shares    | Mutual Fund                         |             | 699,252                 |
| *   | Vanguard Mid-Cap Index Fund Investor Shares           | Mutual Fund                         |             | 638,633                 |
| *   | Vanguard Total Bond Market Index Fund Investor Shares | Mutual Fund                         |             | 557,667                 |
| *   | Vanguard Wellington Fund Investor Shares              | Mutual Fund                         |             | 393,482                 |
| *   | Vanguard Target Retirement 2050 Fund                  | Mutual Fund                         |             | 341,177                 |
| *   | Vanguard Total International Stock Index Fund         | Mutual Fund                         |             | 204,872                 |
| *   | Vanguard Target Retirement 2055 Fund                  | Mutual Fund                         |             | 185,796                 |
| *   | Vanguard Target Retirement 2060 Fund                  | Mutual Fund                         |             | 167,673                 |
| *   | Vanguard High-Yield Corporate Fund Investor Shares    | Mutual Fund                         |             | 147,715                 |
| *   | Vanguard Prime Money Market Fund                      | Mutual Fund                         |             | 6,900                   |
| *   | Vanguard Retirement Savings Trust                     | Common/Collective Trust             |             | 2,210,512               |
| *   | Participant Loans                                     | Interest Rates (3.25%-4.75%)        | 0           | 664,109                 |
|     |                                                       |                                     |             | <b>\$ 38,502,685</b>    |

\* Party-in-interest as defined by ERISA.