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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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2014 or fiscal plan year beginning <u>08/01/2014</u> and ending <u>07/31/2015</u> |                                                                                                                                                                                                                                                                                                                                                 |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<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 checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                             |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<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>VEYANCE TECHNOLOGIES, INC. DEFINED BENEFIT PLAN</u>                                                                                                                                             | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>08/01/2007</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>003</u>                                                       | <b>1c</b> Effective date of plan<br><u>08/01/2007</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                     | <u>003</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>08/01/2007</u>                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>VEYANCE TECHNOLOGIES, INC.</u><br><br><u>1830 MACMILLAN PARK DRIVE</u><br><u>FORT MILL, SC 29707</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>20-8832176</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>704-583-3900</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>326200</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>20-8832176</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>704-583-3900</u> | <b>2d</b> Business code (see instructions)<br><u>326200</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>20-8832176</u>                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>704-583-3900</u>                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>326200</u>                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|                                                                                                            |                                                   |                   |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | <u>08/31/2017</u> | <u>TED GOSSERT</u>                                           |
|                                                                                                            | Signature of plan administrator                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |                                                   |                   |                                                              |
|                                                                                                            | Signature of employer/plan sponsor                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |                   |                                                              |
|                                                                                                            | Signature of DFE                                  | Date              | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) |                                                   |                   | Preparer's telephone number (optional)                       |
|                                                                                                            |                                                   |                   |                                                              |

|                                                                                                                                                                                                  |  |                                                                                        |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                         |  | <b>3b</b> Administrator's EIN                                                          |      |
|                                                                                                                                                                                                  |  | <b>3c</b> Administrator's telephone number                                             |      |
|                                                                                                                                                                                                  |  |                                                                                        |      |
| <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:           |  | <b>4b</b> EIN                                                                          |      |
| <b>a</b> Sponsor's name                                                                                                                                                                          |  | <b>4c</b> PN                                                                           |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                          |  | <b>5</b>                                                                               | 1441 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |  |                                                                                        |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                          |  | <b>6a(1)</b>                                                                           | 1171 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                |  | <b>6a(2)</b>                                                                           | 1165 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                              |  | <b>6b</b>                                                                              | 233  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                |  | <b>6c</b>                                                                              | 88   |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....                                                                                                                    |  | <b>6d</b>                                                                              | 1486 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                       |  | <b>6e</b>                                                                              | 29   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....                                                                                                                                        |  | <b>6f</b>                                                                              | 1515 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                  |  | <b>6g</b>                                                                              | 0    |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                       |  | <b>6h</b>                                                                              | 11   |
| <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>1B                               |  |                                                                                        |      |
| <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)                                                                                                                                        |  | <b>9b</b> Plan benefit arrangement (check all that apply)                              |      |
| <b>(1)</b> <input type="checkbox"/> Insurance                                                                                                                                                    |  | <b>(1)</b> <input type="checkbox"/> Insurance                                          |      |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts                                                                                                                   |  | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts         |      |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                                                                                                                                             |  | <b>(3)</b> <input checked="" type="checkbox"/> Trust                                   |      |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                |  | <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>                                                                                                                                                                       |  | <b>b General Schedules</b>                                                             |      |
| <b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                                            |  | <b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)        |      |
| <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                            |  | <b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)      |      |
| <b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                               |  | <b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information)                   |      |
|                                                                                                                                                                                                  |  | <b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) |      |
|                                                                                                                                                                                                  |  | <b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)      |      |
|                                                                                                                                                                                                  |  | <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 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 SB<br/>(Form 5500)<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</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2014 or fiscal plan year beginning 08/01/2014 and ending 07/31/2015                                         |                                                                                                                                                  |
| Round off amounts to nearest dollar.                                                                                               |                                                                                                                                                  |
| Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.              |                                                                                                                                                  |
| A Name of plan<br>VEYANCE TECHNOLOGIES, INC. DEFINED BENEFIT PLAN                                                                  | B Three-digit plan number (PN) 003                                                                                                               |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>VEYANCE TECHNOLOGIES, INC.                                    | D Employer Identification Number (EIN)<br>20-8832176                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                    |                            |                           |                          |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                  |                            |                           |                          |
| 1      | Enter the valuation date: Month 08 Day 01 Year 2014                                                                                                                                                |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                            |                            |                           |                          |
|        | a Market value                                                                                                                                                                                     | 2a                         | 68173355                  |                          |
|        | b Actuarial value                                                                                                                                                                                  | 2b                         | 67279408                  |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                         | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|        | a For retired participants and beneficiaries receiving payment                                                                                                                                     | 187                        | 11324993                  | 11324993                 |
|        | b For terminated vested participants                                                                                                                                                               | 90                         | 1138647                   | 1138647                  |
|        | c For active participants                                                                                                                                                                          | 1171                       | 44190807                  | 57207365                 |
|        | d Total                                                                                                                                                                                            | 1448                       | 56654447                  | 69671005                 |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b)                                                                                                                     |                            |                           |                          |
|        | a Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
|        | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                            | 5                          | 6.58%                     |                          |
| 6      | Target normal cost                                                                                                                                                                                 | 6                          | 4465520                   |                          |

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                      |                               |                                        |
|------------------------------------------------------|-------------------------------|----------------------------------------|
| SIGN HERE                                            |                               | 08/08/2017                             |
|                                                      | Signature of actuary          | Date                                   |
| JEFFREY P. BLASZKOWSKI                               | Type or print name of actuary | 17-06646                               |
|                                                      |                               | Most recent enrollment number          |
| MERCER                                               | Firm name                     | 248-945-5500                           |
|                                                      |                               | Telephone number (including area code) |
| ONE TOWNE SQUARE, SUITE 1100<br>SOUTHFIELD, MI 48076 | Address of the firm           |                                        |

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                                                   |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 1039909                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 34226                  |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 1005683                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>8.34</u> % .....                                                                                 | 0                     | 83874                  |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.78</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    |                       | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 1089557                |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 95.00 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 95.00 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 96.62 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 11/14/2014                                                                               | 1430000                           | 0                               |                          |                                   |                                 |
| 02/13/2015                                                                               | 1200000                           | 0                               |                          |                                   |                                 |
| 08/14/2015                                                                               | 860000                            | 0                               |                          |                                   |                                 |
| 04/15/2016                                                                               | 2010000                           | 0                               |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 5500000                         |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                                                                       |            |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                  |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                                                                  | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                    | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                               | <b>19c</b> | 5171800 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                           |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                                                                       |            |         |
| Liquidity shortfall as of end of quarter of this plan year                                                                                                                            |            |         |
| (1) 1st                                                                                                                                                                               | (2) 2nd    | (3) 3rd |
| 0                                                                                                                                                                                     | 0          | 0       |
|                                                                                                                                                                                       |            | (4) 4th |
|                                                                                                                                                                                       |            | 0       |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.99 % | 2nd segment:<br>6.32 % | 3rd segment:<br>6.99 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>          | 4465520            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 3481154             |                    | 621998        |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   |                    | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 5087518            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 1089557            | 1089557       |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 3997961            |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 5171800            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 1173839            |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 1089557            |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2014</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2014 or fiscal plan year beginning **08/01/2014** and ending **07/31/2015**

|                                                                                                    |                                                                    |            |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>VEYANCE TECHNOLOGIES, INC. DEFINED BENEFIT PLAN</b>                    | <b>B</b> Three-digit plan number (PN) ▶                            | <b>003</b> |
|                                                                                                    |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>VEYANCE TECHNOLOGIES, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>20-8832176</b> |            |

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

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MERCER

13-2834414

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<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-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 13 17               | NONE                                                                                              | 245134                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PNC BANK, NATIONAL ASSOCIATION

25-1211909

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<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-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | NONE                                                                                              | 35596                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<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-. | (h)<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<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>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<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>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<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>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 |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2014 or fiscal plan year beginning <b>08/01/2014</b> and ending <b>07/31/2015</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>VEYANCE TECHNOLOGIES, INC. DEFINED BENEFIT PLAN</b>                                                                                                                                                                                          | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>003</b>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>VEYANCE TECHNOLOGIES, INC.</b>                                                                                                                                                                       | <b>D</b> Employer Identification Number (EIN)<br><b>20-8832176</b>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|------------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                  |
| 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>          | 55000002870000   |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1b(2)</b>          |                  |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b>          | 4143231209       |
| <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>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <b>1c(9)</b>          |                  |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b>         |                  |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(11)</b>         |                  |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(12)</b>         |                  |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(13)</b>         | 6288019069836278 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         |                  |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(15)</b>         |                  |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <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>    | 68421622              | 72737487        |

**Liabilities**

|                                                                           |           |        |        |
|---------------------------------------------------------------------------|-----------|--------|--------|
| <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> | 246511 | 174397 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 246511 | 174397 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 68175111 | 72563090 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 5500000    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (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>    |            | 5500000   |
| <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> | 933        |           |
| <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> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 933       |
| (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> | 2507375    |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 2507375   |
| (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> |            |           |
| (C) 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)  |            |           |
| (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) |            | -1940328  |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 6067980   |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 1471386 |         |
| (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) |         | 1471386 |
| f Corrective distributions (see instructions) .....                                  | 2f    |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |         |         |
| h Interest expense .....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) | 208615  |         |
| (2) Contract administrator fees .....                                                | 2i(2) |         |         |
| (3) Investment advisory and management fees .....                                    | 2i(3) |         |         |
| (4) Other .....                                                                      | 2i(4) |         |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |         | 208615  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 1680001 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 4387979 |
| 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: BOBER, MARKEY, FEDEROVICH & COMPANY

(2) EIN: 34-1523030

**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.) .....                                          |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 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? .....                                                                                       |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                                     |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                           |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |         |

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

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

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

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

## Part V Trust Information (optional)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2014 or fiscal plan year beginning 08/01/2014 and ending 07/31/2015

|                                                                                                    |                                                                    |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>VEYANCE TECHNOLOGIES, INC. DEFINED BENEFIT PLAN</u>                    | <b>B</b> Three-digit plan number (PN) ▶<br><u>003</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>VEYANCE TECHNOLOGIES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>20-8832176</u> |

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

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

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

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

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

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

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

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

- 14** 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> |  |

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <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> |  |

- 16** 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> |  |

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

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

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 37% Investment-Grade Debt: 25% High-Yield Debt: 30% Real Estate: 3% Other: 5%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

## INDEPENDENT AUDITORS' REPORT

Participants and Administrator of  
Veyance Technologies, Inc.  
Defined Benefit Plan  
Fairlawn, Ohio

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Veyance Technologies, Inc. Defined Benefit Plan (the "Plan"), which comprise the statements of net assets available for benefits as of July 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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 our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however; we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("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 PNC Bank, N.A., the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the Trustee as of July 31, 2015 and 2014, and for the years then ended, that the information provided to the Plan administrator by the Trustee is complete and accurate.

#### Disclaimer of Opinion

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

#### Other Matter

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of July 31, 2015 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended July 31, 2015, are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") and are 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 schedules.

#### 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 schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

BOBER, MARKEY, FEDOROVICH & COMPANY  
Akron, Ohio

May 6, 2016

**Schedule SB, Part V — Summary of Plan Provisions****Summary of Major Plan Provisions**

|                                                  |                                                                                                                                  |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Effective date and plan year                     | Original plan: August 1, 2007<br>Plan year: August 1 through July 31                                                             |
| Status of the plan                               | The plan has ongoing benefit accruals and new employees are eligible to participate once they meet the eligibility requirements. |
| Significant events that occurred during the year | None                                                                                                                             |

**Definitions**

|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Sponsoring employer                                          | Veyance Technologies, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Participation                                                | Collectively bargained or hourly-rated employees, excluding Leased or New Hire employees and independent contractors. Participation begins immediately upon hire.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| • Continuous Service (for purposes of eligibility and vesting) | Elapsed time from date of hire, in years and nearest months. Includes Continuous Service as of the Effective Date under the 1950 Pension Plan for Employees of Goodyear Tire & Rubber.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| • Credited service                                             | Elapsed time from date of hire, in years and nearest months. Includes Continuous Service as of the Effective Date under the 1950 Pension Plan for Employees of Goodyear Tire & Rubber.<br><i>Excludes service accrued while in a non-bargaining job.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| • Accrual Rate                                                 | \$55.00 per month per year of service.<br>\$58.00 per month per year of service effective for terminations after August 1, 2009.<br>\$60.00 per month per year of service effective for terminations after September 1, 2012.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| • Accrued benefit                                              | If the participant has not commenced receipt of the 1950 Pension Plan benefit, $[(1) \times (2)] - (3)$ , where: <ol style="list-style-type: none"> <li>1. All credited service</li> <li>2. The accrual rate</li> <li>3. The 1950 Pension Plan benefit. The 1950 Pension Plan benefit is calculated as if receipt commenced on the same date, regardless of whether the participant is actually eligible to be paid.</li> </ol> <p>If the participant has already commenced receipt of the 1950 Pension Plan benefits, <math>[(1) - (2)] \times (3)</math>:</p> <ol style="list-style-type: none"> <li>1. Credited service under this Plan</li> <li>2. Credited service under the 1950 Pension Plan</li> <li>3. The accrual rate</li> </ol> |
| <b>Normal retirement</b>                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| • Eligibility                                                  | Age 65 or five years of service, if later.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Benefit                                                      | Accrued benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

**Schedule SB, Part V — Summary of Plan Provisions**

|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Early retirement</b>                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| • Eligibility                                       | <u>Reduced Benefit:</u> <ul style="list-style-type: none"> <li>Age 55 with 10 years of service.</li> </ul> <u>Unreduced Benefit:</u> <ul style="list-style-type: none"> <li>10 years of service and age 62 at termination of employment or</li> <li>30 years of service.</li> </ul>                                                                                                                                                                                                                                                                                                               |
| • Benefit                                           | <u>Reduced Benefit:</u> <ul style="list-style-type: none"> <li>Accrued benefit reduced 4.8% for each year that early retirement precedes age 62.</li> </ul> <u>Unreduced Benefit:</u> <ul style="list-style-type: none"> <li>10 years of service and age 62 at termination of employment or</li> <li>30 years of service.</li> </ul>                                                                                                                                                                                                                                                              |
| <b>Temporary Early Retirement Supplement (TERS)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| • Eligibility                                       | Age 55 and 30 years of service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| • Benefit                                           | <ul style="list-style-type: none"> <li>Table benefit amount per Article III, Section 3(c) based on years of service.</li> <li>Payable until earlier of age 62 or eligibility for Social Security age or disability benefit.</li> <li>At age 62, the benefit amount is recalculated based on Social Security Normal Retirement Age. Supplement is payable until participant reaches age that is 3 years earlier than Social Security Normal Retirement Age. Or otherwise becomes eligible for Social Security age or disability benefit, per schedule in Article III, Section 3(f)(ii).</li> </ul> |
| <b>Late retirement</b>                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| • Eligibility                                       | Retirement after normal retirement age.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| • Benefit                                           | Accrued benefit determined as of late retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Deferred vested</b>                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| • Eligibility                                       | 5 years of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| • Benefit                                           | Accrued benefit payable at normal retirement age. Actuarially reduced benefit for commencement prior to age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Disability</b>                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| • Eligibility                                       | Permanently incapacitated for 5 consecutive months prior to normal retirement age, with 10 years of Continuous Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| • Benefit                                           | Accrued benefit payable immediately, offset by the 1950 Pension Plan benefit deferred to the later of age 55 or actual commencement under this plan.                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Temporary Disability Supplement</b>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| • Eligibility                                       | Payable if eligible for Disability pension prior to age 55.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

**Schedule SB, Part V — Summary of Plan Provisions**

|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Benefit                                      | Benefit is the 1950 Pension Plan deferred vested pension amount payable at age 55, and is payable until age 55.                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Pre-retirement death</b>                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Eligibility                                    | Participant must have five years of vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Benefit                                        | Active employee: Death benefit is actuarially equivalent Qualified Preretirement Joint & Survivor Annuity (QJSA)<br>Deferred vested employee: Death benefit is actuarially equivalent Qualified Preretirement Joint & Survivor Annuity (QJSA).<br>In addition, \$4,500 payable in event of death of pensioner, to participant's surviving spouse or estate (if not married). This benefit is not available to participants who received a lump sum under the 1950 Pension Plan for Employees of Goodyear Tire & Rubber. |
| <b>Post-retirement death</b>                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Eligibility                                    | Participant must be receiving a pension and not available to those who received a lump sum under 1950 Pension Plan for Employees of Goodyear Tire & Rubber.                                                                                                                                                                                                                                                                                                                                                             |
| Benefit                                        | \$4,500 payable in event of death of pensioner, to participant's surviving spouse or estate (if not married).                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Unpredictable contingent event benefits</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| • Event                                        | Plant Closure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| • Unreduced Benefit                            | In the event of a plant closure an Employee who has completed either: <ul style="list-style-type: none"> <li>at least 25 years of continuous service but has not attained age 55, or</li> <li>at least 5 years of continuous service and has attained age 55</li> </ul> and whose employment is terminated as a result of such plant closure, shall receive an immediate monthly pension based on continuous service as of the date of termination of employment.                                                       |
| • Lump-Sum Eligibility                         | Employment is terminated as a result of a plant closure after August 1, 2007, participant has at least five years of continuous service, is not eligible for a pension under any other pension plan of any Employer, other than a normal, early or deferred vested pension from this plan, and not eligible for a Service Award or Separation Payment.<br>The one-time lump-sum payment is equal to the present value of the normal, early, or deferred vested pension.                                                 |
| <b>Form of benefits</b>                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| • Automatic form for unmarried participants    | <ul style="list-style-type: none"> <li>Five years certain and life for participants with more than 10 years of service.</li> <li>Life annuity if the participant has less than 10 years of service.</li> </ul>                                                                                                                                                                                                                                                                                                          |
| • Automatic form for married participants      | 50% Joint & Survivor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

**Schedule SB, Part V — Summary of Plan Provisions**

|                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Optional forms</li> </ul>                   | <ul style="list-style-type: none"> <li>100% or 50% Contingent Annuitant (first 60 months of payments are guaranteed at the Life and 5-Year Certain rate)</li> <li>10, 15, or 20 years Life and Period Certain (first 60 months of payments are guaranteed at the Life and 5-Year Certain rate)</li> <li>100% or 50% Contingent Coverage (first 60 months of payments are guaranteed at the Life and 5-Year Certain rate; if the spouse pre-deceases the participant, the benefit pops up to the Life and 5-Year Certain rate)</li> <li>Special 75% Joint and Survivor</li> <li>Lump Sum               <ul style="list-style-type: none"> <li>Automatic cashout if present value of Retirement Benefit is less than or equal to \$1,000.</li> <li>Optional cashout if present value of Retirement Benefit is between \$1,000 and \$5,000.</li> </ul> </li> </ul> |
| <ul style="list-style-type: none"> <li>Optional form conversion factors</li> </ul> | <ul style="list-style-type: none"> <li>UP-1984 Mortality Table with a 3-year setback for spouse mortality; 6.0% interest</li> <li>Lump sums – more favorable of the following four lump sum calculations               <ul style="list-style-type: none"> <li>UP-1984 Mortality Table with 6.0% interest</li> <li>UP-1984 Mortality Table and the current interest rates utilized by the PBGC. (If this lump sum exceeds \$25,000, 120% of the PBGC rate shall be used to determine the PBGC lump sum.)</li> <li>GATT-2003 Mortality Table with the 30-year Treasury rate for the prior March</li> <li>PPA Mortality Table with segmented interest rates for the prior March</li> </ul> </li> </ul>                                                                                                                                                             |
| <b>Miscellaneous</b>                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <ul style="list-style-type: none"> <li>Special awards</li> </ul>                   | <p>Employee may elect immediate distribution in the event of involuntary termination or layoff.</p> <p>Benefit is actuarially reduced accrued benefit.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ul style="list-style-type: none"> <li>Maximum benefits</li> </ul>                 | <p>Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2014, the limit is \$210,000.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

**Benefits Included or Excluded**

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment #7, are included in this valuation:

- Most recent plan amendments included:** Amendment #7 is included because it was adopted by the prior valuation date and is effective by the end of the prior plan year.
- Plan amendments excluded:** None
- Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy

**Schedule SB, Part V — Summary of Plan Provisions**

due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

**Plan Provisions Specific to Funding*****Additional Benefits Included or Excluded***

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** This valuation does not value the plan's unpredictable contingent event benefits, which are summarized below, because the likelihood of an event is de minimis

**Plan Provision Changes Since Prior Valuation**

Maximum benefit amounts under IRS rules were updated from 2013 to 2014.

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Actuarial Assumptions for August 1, 2014 Funding Valuation**

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**Discount rate sponsor elections**

|                                     |         |                   |                      |
|-------------------------------------|---------|-------------------|----------------------|
| • Segment rates or full yield curve | Segment |                   |                      |
| • Look-back months                  | 4       |                   |                      |
|                                     |         | <b>Stabilized</b> | <b>Nonstabilized</b> |
| • First 5 years                     |         | 4.99%             | 1.19%                |
| • Next 15 years                     |         | 6.32%             | 4.06%                |
| • Over 20 years                     |         | 6.99%             | 5.11%                |

---

**Mortality sponsor elections**

|                          |                                                                                                                                                                                                                                                    |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Healthy participants   | Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA. |
| • Post-1994 disabilities | Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits                                                                                                                 |

---

**Other economic assumptions**

|                              |                                           |
|------------------------------|-------------------------------------------|
| • Expected investment return | 7.55% for 2012 and 2013<br>6.20% for 2014 |
| • Expenses                   | \$35,000 has been added to the normal     |

---

**Demographic assumptions**

|                        |                                                                                                                                                                                                                        |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Withdrawal           | Select and ultimate rates. See table of sample rates.                                                                                                                                                                  |
| • Disability incidence | Based on rates from the 1985 pension disability table (class 2), sex distinct. See table of sample rates.<br>60% of participants becoming disabled are assumed to be eligible for Social Security disability benefits. |

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**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

| • Retirement age                                                                              | Attained Age                       | <30 years of service       | >=30 years of service |
|-----------------------------------------------------------------------------------------------|------------------------------------|----------------------------|-----------------------|
|                                                                                               |                                    |                            |                       |
|                                                                                               | 50                                 | 0.0%                       | 2.0%                  |
|                                                                                               | 51                                 | 0.0                        | 2.0                   |
|                                                                                               | 52                                 | 0.0                        | 2.0                   |
|                                                                                               | 53                                 | 0.0                        | 2.0                   |
|                                                                                               | 54                                 | 0.0                        | 2.0                   |
|                                                                                               | 55                                 | 2.0                        | 5.0                   |
|                                                                                               | 56                                 | 2.0                        | 5.0                   |
|                                                                                               | 57                                 | 2.0                        | 5.0                   |
|                                                                                               | 58                                 | 2.0                        | 5.0                   |
|                                                                                               | 59                                 | 2.0                        | 5.0                   |
|                                                                                               | 60                                 | 4.0                        | 15.0                  |
|                                                                                               | 61                                 | 6.0                        | 20.0                  |
|                                                                                               | 62                                 | 40.0                       | 40.0                  |
|                                                                                               | 63                                 | 25.0                       | 25.0                  |
|                                                                                               | 64                                 | 25.0                       | 25.0                  |
|                                                                                               | 65                                 | 50.0                       | 50.0                  |
|                                                                                               | 66                                 | 50.0                       | 50.0                  |
|                                                                                               | 67                                 | 100.0                      | 100.0                 |
| Percentage of those eligible electing to commence receipt of benefits under the Goodyear plan | 90% of males and females           |                            |                       |
| Benefit commencement age for                                                                  |                                    |                            |                       |
| • Future vested deferred                                                                      | 65                                 |                            |                       |
| • Current vested deferred                                                                     | 65, or attained age if later       |                            |                       |
| Spouse assumptions                                                                            | <u>Male participants</u>           | <u>Female participants</u> |                       |
| • Percentage married                                                                          | 80%                                | 80%                        |                       |
| • Spouse age difference                                                                       | 3 years younger                    | 3 years older              |                       |
| <b>Form of payment</b>                                                                        | <u>Lump sum</u>                    | <u>Normal form</u>         | <u>50% J&amp;S</u>    |
| • Active retirements                                                                          | 0%                                 | 20%                        | 80%                   |
| • Future vested deferred                                                                      | 0%                                 | 20%                        | 80%                   |
| • Future disabilities                                                                         | 0%                                 | 100%                       | 0%                    |
| • Future deaths                                                                               | 0%                                 | 0%                         | 100%                  |
| • Current vested deferred                                                                     | 0%                                 | 20%                        | 80%                   |
| <b>Unpredictable contingent event assumptions</b>                                             | Likelihood of event is de minimis. |                            |                       |

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Table of Sample Rates**

| Attained Age | Percentage              |        |                          |                              |                             |
|--------------|-------------------------|--------|--------------------------|------------------------------|-----------------------------|
|              | <u>Disability Rates</u> |        | <u>Withdrawal Rates</u>  |                              |                             |
|              | Male                    | Female | <= 3 years<br>of service | 3 < 5<br>years of<br>service | >= 5<br>years of<br>service |
|              |                         |        |                          |                              |                             |
|              |                         |        | Male/Female              |                              |                             |
| 20           | 0.06%                   | 0.06%  | 16.00%                   | 9.00%                        | 13.00%                      |
| 25           | 0.09                    | 0.10   | 16.00                    | 9.00                         | 9.00                        |
| 30           | 0.13                    | 0.17   | 13.00                    | 6.00                         | 6.10                        |
| 35           | 0.20                    | 0.25   | 13.00                    | 6.00                         | 4.35                        |
| 40           | 0.31                    | 0.36   | 10.00                    | 4.00                         | 3.45                        |
| 45           | 0.51                    | 0.52   | 10.00                    | 4.00                         | 3.05                        |
| 50           | 0.83                    | 0.85   | 6.00                     | 3.00                         | 2.80                        |
| 55           | 1.50                    | 1.49   | 6.00                     | 3.00                         | 2.20                        |
| 56           | 1.67                    | 1.63   | 0.00                     | 0.00                         | 0.00                        |
| 57           | 1.84                    | 1.73   | 0.00                     | 0.00                         | 0.00                        |
| 58           | 1.98                    | 1.75   | 0.00                     | 0.00                         | 0.00                        |
| 59           | 2.13                    | 1.77   | 0.00                     | 0.00                         | 0.00                        |
| 60           | 2.27                    | 1.79   | 0.00                     | 0.00                         | 0.00                        |
| 61           | 2.41                    | 1.81   | 0.00                     | 0.00                         | 0.00                        |
| 62           | 2.56                    | 1.83   | 0.00                     | 0.00                         | 0.00                        |
| 63           | 2.71                    | 1.90   | 0.00                     | 0.00                         | 0.00                        |
| 64           | 2.87                    | 2.10   | 0.00                     | 0.00                         | 0.00                        |

**Actuarial Methods for Funding****Asset Methods**

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

**Participant Methods**

Participants or former participants are included or excluded from the valuation as described below:

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

- **Participants included:** The plan sponsor provides us with data on all union employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

***Minimum Funding Methods***

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.
- The **Temporary Early Retirement Supplement (TERS)** has benefits not based on accrued benefit or service. Benefits not based on accrued benefit or service are attributed by the ratio of years of service at the valuation date divided by the years of service at the time of the event that causes the benefit to be payable in accordance with final PPA regulations.

**Schedule SB, line 32 — Schedule of Amortization Bases**

The total shortfall amortization charge is the sum of the individual shortfall amortization installment for each plan year covered under PPA. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

| Shortfall bases  |    |                     |                 |                  |
|------------------|----|---------------------|-----------------|------------------|
| Year established |    | Outstanding balance | Years remaining | 2014 Installment |
| 2013             | \$ | 1,796,195           | 6               | \$ 340,005       |
| 2014             |    | 1,684,959           | 7               | 281,993          |
| Total            | \$ | 3,481,154           |                 | \$ 621,998       |

**Schedule SB, line 24 — Change in Actuarial Assumptions**

**Actuarial Assumption Changes Since Prior Valuation**

***Funding***

The following assumption changes have occurred since the August 1, 2013 valuation.

- Administrative expenses added to normal cost changed from \$215,000 to \$35,000 to reflect our expectations for the current year.
- Current vested deferred participants form of payment was updated to assumed 80% elect the 50% joint & survivor optional form of payment to better reflect future expectations.

**Schedule SB, line 26 — Schedule of Active Participant Data**

| Attained age | Years of credited service |     |     |       |       |       |       |       |       |         |       |
|--------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|---------|-------|
|              | Under 1                   | 1–4 | 5–9 | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40 & up | Total |
| Under 25     | 9                         | 6   |     |       |       |       |       |       |       |         | 15    |
| 25–29        | 5                         | 10  | 1   |       |       |       |       |       |       |         | 16    |
| 30–34        | 4                         | 13  | 4   | 8     |       |       |       |       |       |         | 29    |
| 35–39        | 8                         | 14  | 5   | 15    | 4     |       |       |       |       |         | 46    |
| 40–44        | 10                        | 15  | 11  | 33    | 22    | 21    | 5     |       |       |         | 117   |
| 45–49        | 13                        | 16  | 9   | 28    | 41    | 59    | 37    | 3     |       |         | 206   |
| 50–54        | 2                         | 9   | 8   | 24    | 39    | 48    | 109   | 32    | 2     |         | 273   |
| 55–59        | 3                         | 8   | 7   | 26    | 29    | 30    | 66    | 36    | 40    | 19      | 264   |
| 60–64        |                           | 4   | 3   | 13    | 13    | 17    | 28    | 14    | 33    | 52      | 177   |
| 65–69        |                           |     |     | 2     | 5     | 3     | 8     | 1     | 1     | 7       | 27    |
| 70 & up      |                           |     |     |       |       |       |       |       |       | 1       | 1     |
| Total        | 54                        | 95  | 48  | 149   | 153   | 178   | 253   | 86    | 76    | 79      | 1,171 |

In each cell, the top number is the count of active participants for each age/service combination.

**Schedule SB, line 22 — Description of Weighted Average Retirement Age**

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The first set of rates apply to 930 employees with less than 30 years of service as of August 1, 2014 while the second set of rates apply to the 241 employees with 30 or more years of service as of August 1, 2014. The average retirement age is 62.

| (A)<br>Retirement<br>age | (B)<br>Retirement<br>Percent | (C)<br>Lx | (D)<br>Number of<br>employees<br>expected to retire<br>(B) x (C) | (E)<br>(A) x (D) |
|--------------------------|------------------------------|-----------|------------------------------------------------------------------|------------------|
| 55                       | 2.0%                         | 10,000    | 200                                                              | 11,000           |
| 56                       | 2.0%                         | 9,800     | 196                                                              | 10,976           |
| 57                       | 2.0%                         | 9,604     | 192                                                              | 10,944           |
| 58                       | 2.0%                         | 9,412     | 188                                                              | 10,904           |
| 59                       | 2.0%                         | 9,224     | 184                                                              | 10,856           |
| 60                       | 4.0%                         | 9,040     | 362                                                              | 21,720           |
| 61                       | 6.0%                         | 8,678     | 521                                                              | 31,781           |
| 62                       | 40.0%                        | 8,157     | 3,263                                                            | 202,306          |
| 63                       | 25.0%                        | 4,894     | 1,224                                                            | 77,112           |
| 64                       | 25.0%                        | 3,670     | 918                                                              | 58,752           |
| 65                       | 50.0%                        | 2,752     | 1,376                                                            | 89,440           |
| 66                       | 50.0%                        | 1,376     | 688                                                              | 45,408           |
| 67                       | 100.0%                       | 688       | 688                                                              | 46,096           |
| Total                    |                              |           | 10,000                                                           | 627,295          |
| Average                  |                              |           |                                                                  | 62.73            |

| (A)<br>Retirement<br>age | (B)<br>Retirement<br>Percent | (C)<br>Lx | (D)<br>Number of<br>employees<br>expected to retire<br>(B) x (C) | (E)<br>(A) x (D) |
|--------------------------|------------------------------|-----------|------------------------------------------------------------------|------------------|
| 50                       | 2.0%                         | 10,000    | 200                                                              | 10,000           |
| 51                       | 2.0%                         | 9,800     | 196                                                              | 9,996            |
| 52                       | 2.0%                         | 9,604     | 192                                                              | 9,984            |
| 53                       | 2.0%                         | 9,412     | 188                                                              | 9,964            |
| 54                       | 2.0%                         | 9,224     | 184                                                              | 9,936            |
| 55                       | 5.0%                         | 9,040     | 452                                                              | 24,860           |
| 56                       | 5.0%                         | 8,588     | 429                                                              | 24,024           |
| 57                       | 5.0%                         | 8,159     | 408                                                              | 23,256           |
| 58                       | 5.0%                         | 7,751     | 388                                                              | 22,504           |
| 59                       | 5.0%                         | 7,363     | 368                                                              | 21,712           |
| 60                       | 15.0%                        | 6,995     | 1,049                                                            | 62,940           |
| 61                       | 20.0%                        | 5,946     | 1,189                                                            | 72,529           |
| 62                       | 40.0%                        | 4,757     | 1,903                                                            | 117,986          |
| 63                       | 25.0%                        | 2,854     | 714                                                              | 44,982           |
| 64                       | 25.0%                        | 2,140     | 535                                                              | 34,240           |
| 65                       | 50.0%                        | 1,605     | 803                                                              | 52,195           |
| 66                       | 50.0%                        | 802       | 401                                                              | 26,466           |
| 67                       | 100.0%                       | 401       | 401                                                              | 26,867           |
| Total                    |                              |           | 10,000                                                           | 604,441          |
| Average                  |                              |           |                                                                  | 60.44            |

| <u>Category</u> | <u>Number of<br/>Employees</u> | <u>Average Retirement<br/>Age</u> | <u>Number of<br/>Employees x<br/>Average Retirement<br/>Age</u> |
|-----------------|--------------------------------|-----------------------------------|-----------------------------------------------------------------|
| A               | 930                            | 62.73                             | 58,339                                                          |
| B               | 241                            | 60.44                             | 14,566                                                          |
| Total           | 1,171                          |                                   | 72,905                                                          |
|                 |                                | Average Retirement<br>Age:        | 62.26                                                           |

VEYANCE TECHNOLOGIES, INC. DEFINED BENEFIT PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
July 31, 2015  
EIN No. 20-8832176 Plan #003

| (a)                                                  | (b)                                                                                                               | (c)               | (d)                  | (e)                  |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------|----------------------|----------------------|
| Identity of Issue, Borrower, Lessor or Similar Party | Description of Investment,<br>Including Maturity Date, Rate<br>of Interest, Collateral, Par, or<br>Maturity Value | Cost              | Current Value        |                      |
| *                                                    | PNC Government Money Market Fund                                                                                  | Money Market Fund | \$ 7,582,005         | \$ 7,582,005         |
|                                                      | Natixis Loomis Sayles Investment Grade Bond Fund                                                                  | Mutual Fund       | 15,829,925           | 15,005,282           |
|                                                      | Neuberger Berman High Income Bond Fund                                                                            | Mutual Fund       | 2,015,539            | 1,887,596            |
|                                                      | Metropolitan West Total Return Bond Fund                                                                          | Mutual Fund       | 15,495,837           | 15,437,960           |
|                                                      | Invesco Real Estate Fund                                                                                          | Mutual Fund       | 1,919,288            | 2,099,543            |
|                                                      | Columbia Acorn Fund                                                                                               | Mutual Fund       | 1,687,897            | 1,701,422            |
|                                                      | American Europacific Growth Fund                                                                                  | Mutual Fund       | 3,627,535            | 4,381,933            |
|                                                      | Goldman Sachs Value Institutional                                                                                 | Mutual Fund       | 1,613,707            | 1,714,419            |
|                                                      | Prudential Jennison Small Company Fund                                                                            | Mutual Fund       | 674,879              | 871,984              |
|                                                      | Vanguard Institutional Index Fund                                                                                 | Mutual Fund       | 6,033,666            | 9,310,721            |
|                                                      | Victory Small Company Opportunity Fund                                                                            | Mutual Fund       | 689,442              | 833,139              |
|                                                      | PIMCO Commodity Real Return Fund                                                                                  | Mutual Fund       | 2,701,975            | 1,394,127            |
|                                                      | Avenue Credit Strategies Fund                                                                                     | Mutual Fund       | 760,717              | 709,217              |
|                                                      | Dodge & Cox International Stock Fund                                                                              | Mutual Fund       | 4,384,659            | 4,095,301            |
|                                                      | Driehaus Active Income Fund                                                                                       | Mutual Fund       | 558,761              | 538,503              |
|                                                      | Hatteras Hedged Strategies Fund                                                                                   | Mutual Fund       | 1,170,096            | 1,131,302            |
|                                                      | Mainstay Marketfield Fund                                                                                         | Mutual Fund       | 1,360,000            | 1,141,824            |
|                                                      |                                                                                                                   |                   | <u>\$ 68,105,928</u> | <u>\$ 69,836,278</u> |

\* Indicates party-in-interest to the Plan.

VEYANCE TECHNOLOGIES, INC. DEFINED BENEFIT PLAN  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
For the Year Ended July 31, 2015  
EIN No. 20-8832176 Plan #003

| (a)                                                       | (b)                  | (c)            | (d)           | (e)          | (f)                                  | (g)           | (h)                                           | (i)                   |
|-----------------------------------------------------------|----------------------|----------------|---------------|--------------|--------------------------------------|---------------|-----------------------------------------------|-----------------------|
| Identity of Party Involved                                | Description of Asset | Purchase Price | Selling Price | Lease Rental | Expense Incurred<br>with Transaction | Cost of Asset | Current Value of Asset<br>on Transaction Date | Net Gain or<br>(Loss) |
| PIMCO Total Return Bond Fund<br>1 Transaction             | Mutual Fund          | \$ -           | \$ 15,929,108 | \$ -         | \$ -                                 | \$ 16,095,782 | \$ 15,929,108                                 | \$ (166,674)          |
| Metropolitan West Total Return Bond Fund<br>1 Transaction | Mutual Fund          | \$ 15,300,000  | \$ -          | \$ -         | \$ -                                 | \$ 15,300,000 | \$ 15,300,000                                 | N/A                   |
| PNC Government Money Market Fund<br>4 Transactions        | Money Market Fund    | \$ 7,839,116   | \$ -          | \$ -         | \$ -                                 | \$ 7,839,116  | \$ 7,839,116                                  | N/A                   |

VEYANCE TECHNOLOGIES, INC.  
DEFINED BENEFIT PLAN

FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULE

July 31, 2015 and 2014

VEYANCE TECHNOLOGIES, INC.  
DEFINED BENEFIT PLAN  
ANNUAL REPORT INDEX

The following financial statements and other information of the Veyance Technologies, Inc. Defined Benefit Plan are included herewith:

- Statements of Net Assets Available for Benefits as of July 31, 2015 and 2014;
- Statements of Changes in Net Assets Available for Benefits for the years ended July 31, 2015 and 2014.

The following supplemental schedules of the Veyance Technologies, Inc. Defined Benefit Plan included in the Annual Report of the Plan on Form 5500 filed with the Department of Labor for the year ended July 31, 2015 are included herewith:

- Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
- Schedule H, Line 4j – Schedule of Reportable Transactions

All other supplemental schedules and notes for which provision is made in the applicable rules and regulations of the Department of Labor are not required under the related instructions or are inapplicable and, therefore, have been omitted.

VEYANCE TECHNOLOGIES, INC. DEFINED BENEFIT PLAN

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## INDEPENDENT AUDITORS' REPORT

Participants and Administrator of  
Veyance Technologies, Inc.  
Defined Benefit Plan  
Fairlawn, Ohio

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Veyance Technologies, Inc. Defined Benefit Plan (the "Plan"), which comprise the statements of net assets available for benefits as of July 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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 our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however; we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("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 PNC Bank, N.A., the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the Trustee as of July 31, 2015 and 2014, and for the years then ended, that the information provided to the Plan administrator by the Trustee is complete and accurate.

#### Disclaimer of Opinion

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

#### Other Matter

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of July 31, 2015 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended July 31, 2015, are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") and are 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 schedules.

#### 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 schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

BOBER, MARKEY, FEDOROVICH & COMPANY  
Akron, Ohio

May 6, 2016

VEYANCE TECHNOLOGIES, INC. DEFINED BENEFIT PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
July 31, 2015 and 2014

|                                   | <u>2015</u>                 | <u>2014</u>                 |
|-----------------------------------|-----------------------------|-----------------------------|
| ASSETS                            |                             |                             |
| Investments, at fair value        | \$ 69,836,278               | \$ 62,880,190               |
| Receivables:                      |                             |                             |
| Employer contributions            | 2,870,000                   | 5,500,000                   |
| Other receivables                 | <u>31,209</u>               | <u>41,432</u>               |
| TOTAL ASSETS                      | 72,737,487                  | 68,421,622                  |
| LIABILITIES                       |                             |                             |
| Accrued administration expenses   | <u>174,397</u>              | <u>246,511</u>              |
| TOTAL LIABILITIES                 | <u>174,397</u>              | <u>246,511</u>              |
| NET ASSETS AVAILABLE FOR BENEFITS | <u><u>\$ 72,563,090</u></u> | <u><u>\$ 68,175,111</u></u> |

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

VEYANCE TECHNOLOGIES, INC. DEFINED BENEFIT PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the Years Ended July 31, 2015 and 2014

|                                                              | <u>2015</u>                 | <u>2014</u>                 |
|--------------------------------------------------------------|-----------------------------|-----------------------------|
| ADDITIONS                                                    |                             |                             |
| Employer contributions                                       | \$ 5,500,000                | \$ 5,500,000                |
| Interest income                                              | 933                         | 2,477                       |
| Dividend income                                              | 2,507,375                   | 2,299,419                   |
| Net (depreciation) appreciation in fair value of investments | <u>(1,940,328)</u>          | <u>2,491,873</u>            |
|                                                              | 6,067,980                   | 10,293,769                  |
| DEDUCTIONS                                                   |                             |                             |
| Benefits paid to participants or their beneficiaries         | 1,471,386                   | 1,146,247                   |
| Administrative expenses                                      | <u>208,615</u>              | <u>225,860</u>              |
|                                                              | 1,680,001                   | 1,372,107                   |
| NET INCREASE                                                 | 4,387,979                   | 8,921,662                   |
| NET ASSETS AVAILABLE FOR BENEFITS AT<br>BEGINNING OF PERIOD  | <u>68,175,111</u>           | <u>59,253,449</u>           |
| NET ASSETS AVAILABLE FOR BENEFITS AT<br>END OF PERIOD        | <u><u>\$ 72,563,090</u></u> | <u><u>\$ 68,175,111</u></u> |

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

VEYANCE TECHNOLOGIES, INC. DEFINED BENEFIT PLAN  
NOTES TO FINANCIAL STATEMENTS  
July 31, 2015 and 2014

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the Veyance Technologies, Inc. (the “Company”) Defined Benefit Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

On August 1, 2007, the Company was acquired from The Goodyear Tire & Rubber Company. The Board of Directors of the newly formed company entered into a pension, insurance and service award agreement with the United Steel Workers and the Local Unions thereof effective August 1, 2007.

In January 2015, the Company was acquired by Continental ContiTech. The Company continues to operate under the name ContiTech AG. The Company remains the Plan sponsor and Plan administrator.

Participation and Benefits

The Plan is a defined benefit plan, which became effective August 1, 2007. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan covers all bargaining employees of the Company who have at least one hour of service, excluding leased or new hire employees. New hire employees are employees hired by the Goodyear Tire and Rubber Company after December 22, 2006 or by the Company after July 31, 2007, who shall be in a job classification other than technical maintenance. Individuals employed by the Goodyear Tire & Rubber Company prior to the acquisition of the Company were eligible to carry forward their continuous years of service incurred at the Goodyear Tire & Rubber Company. The Plan provides for pension, death, disability, service and separation benefits calculated under formulas principally based on length of service. Participants may elect to receive their pension benefits in a normal retirement annuity or a joint and survivor annuity.

Normal retirement age is 65; however, early retirement provisions are available to employees who have attained age 55 and have completed at least 10 years of continuous service, or to employees who have completed at least 30 years of service.

Vesting

Benefits are fully vested after 5 years of service.

Termination Provisions

Although it has not expressed any intent to do so, the Company has the right under the Plan to amend or terminate the Plan and the Trust agreements at any time, by action of the Board of Directors and subject to the provisions of ERISA. In the event that such action was taken: a) The Plan’s assets shall serve to discharge any liability presently incurred and the net assets shall be applied for the exclusive benefit of the participants and beneficiaries of the Plan, provided that after satisfaction of all liabilities, residual assets of the Plan are distributable to the Company; b) To the extent unfunded vested benefits exist, benefits up to specified limitations are insured by the Pension Benefit Guaranty Corporation.

VEYANCE TECHNOLOGIES, INC. DEFINED BENEFIT PLAN  
NOTES TO FINANCIAL STATEMENTS  
July 31, 2015 and 2014

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition

The Plan presents in the statements of changes in net assets available for benefits the net appreciation or depreciation in the fair value of the Plan assets, which consists of the realized gains or losses and the unrealized appreciation or depreciation of those assets.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Investment securities are exposed to various risks such as interest rate, market and credit risks. Market values of securities fluctuate based on the magnitude of changing market conditions; significant changes in market conditions could materially affect Plan investments.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits (Note 6) are those estimated future periodic benefits, including lump sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date.

Administrative Fees

The Company pays for certain expenses associated with the Plan while certain administrative expenses are permitted to be paid from Plan assets.

Contributions and Funding

Annual employer contributions to the Plan are made based upon actuarially determined amounts, calculated by Mercer, LLC ("Mercer"), subject to a floor of \$5.5 million per the Company's agreement with the United Steelworkers of America. For the accumulated benefit obligation determination, the traditional unit credit method was utilized for August 1, 2014 and 2013.

For the 2015 and 2014 Plan years, employer contributions met or exceeded the minimum funding requirements as specified in ERISA.

Payment of Benefits

Benefits are recorded when paid.

VEYANCE TECHNOLOGIES, INC. DEFINED BENEFIT PLAN  
NOTES TO FINANCIAL STATEMENTS  
July 31, 2015 and 2014

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes and schedules. Actual results could differ from those estimates.

Risks and Uncertainties

Plan contributions and the actuarial present value of accumulated plan benefits are based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in estimations and assumptions, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Fair Value Measurements

Fair value estimates are made at a specific point in time based on relevant market information about the financial instrument. These estimates are subjective in nature and involve uncertainties and matters of significant judgment and, therefore, cannot be determined with precision. Changes in assumptions could significantly affect the estimates.

Subsequent Events

The Plan has evaluated subsequent events through May 6, 2016, the date the financial statements were available to be issued. In January and February 2016, all of the Plan's assets were transferred from PNC Bank N.A. to a master trust with State Street Corporation.

NOTE 3 – CERTIFIED FINANCIAL INFORMATION

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103–8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The investment balance and related investment results included in the financial statements and accompanying notes are derived from statements which have been certified by PNC Bank, N.A. ("Trustee") as of and for the years ended July 31, 2015 and 2014. A summary of the certified information is displayed below:

|                                                              | 2015           | 2014          |
|--------------------------------------------------------------|----------------|---------------|
| Investments, at fair value                                   | \$ 69,836,278  | \$ 62,880,190 |
| Interest income                                              | \$ 933         | \$ 2,477      |
| Dividend income                                              | \$ 2,507,375   | \$ 2,299,419  |
| Net (depreciation) appreciation in fair value of investments | \$ (1,940,328) | \$ 2,491,873  |

VEYANCE TECHNOLOGIES, INC. DEFINED BENEFIT PLAN  
NOTES TO FINANCIAL STATEMENTS  
July 31, 2015 and 2014

NOTE 4 – INVESTMENTS

The fair value of investments that represent 5% or more of fair value of the Plan's net assets available for benefits as of July 31, 2015 and 2014, are as follows:

|                                          | 2015          | 2014          |
|------------------------------------------|---------------|---------------|
| PNC Government Money Market Fund         | \$ 7,582,005  | \$ 998,189    |
| Natixis Loomis Sayles Bond Fund          | \$ 15,005,282 | \$ 15,806,318 |
| PIMCO Total Return Bond Fund             | \$ -          | \$ 15,783,290 |
| Metropolitan West Total Return Bond Fund | \$ 15,437,960 | \$ -          |
| American Europacific Growth Fund         | \$ 4,381,933  | \$ 4,090,709  |
| Vanguard Institutional Index Fund        | \$ 9,310,721  | \$ 8,373,599  |
| Dodge & Cox International Stock Fund     | \$ 4,095,301  | \$ 3,818,709  |

NOTE 5 – FAIR VALUE MEASUREMENTS

Fair value is a market-based measurement that is determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, the Plan uses a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

- Level 1 – Observable inputs such as quoted prices in active markets;
- Level 2 – Inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3 – Unobservable inputs in which there is little or no market data, which require the reporting entity to develop its own assumptions.

VEYANCE TECHNOLOGIES, INC. DEFINED BENEFIT PLAN  
NOTES TO FINANCIAL STATEMENTS  
July 31, 2015 and 2014

Assets measured on a recurring basis are as follows:

| July 31, 2015                |                      |                     |             |                      |
|------------------------------|----------------------|---------------------|-------------|----------------------|
|                              | Level 1              | Level 2             | Level 3     | Total                |
| Money Market Funds           | \$ -                 | \$ 7,582,005        | \$ -        | \$ 7,582,005         |
| Mutual Funds:                |                      |                     |             |                      |
| Fixed income funds           | 1,932,630            | -                   | -           | 1,932,630            |
| Value funds                  | 3,256,775            | -                   | -           | 3,256,775            |
| Balanced funds               | 1,141,824            | -                   | -           | 1,141,824            |
| Growth funds                 | 871,984              | -                   | -           | 871,984              |
| Large cap funds              | 9,310,721            | -                   | -           | 9,310,721            |
| Mid cap funds                | 1,701,422            | -                   | -           | 1,701,422            |
| International funds          | 8,477,234            | -                   | -           | 8,477,234            |
| Bond funds                   | 32,330,838           | -                   | -           | 32,330,838           |
| Alternative Investment funds | 1,131,302            | -                   | -           | 1,131,302            |
| Real estate funds            | 2,099,543            | -                   | -           | 2,099,543            |
| Total                        | <u>\$ 62,254,273</u> | <u>\$ 7,582,005</u> | <u>\$ -</u> | <u>\$ 69,836,278</u> |

| July 31, 2014                |                      |                   |             |                      |
|------------------------------|----------------------|-------------------|-------------|----------------------|
|                              | Level 1              | Level 2           | Level 3     | Total                |
| Money Market Funds           | \$ -                 | \$ 998,189        | \$ -        | \$ 998,189           |
| Mutual Funds:                |                      |                   |             |                      |
| Fixed income funds           | 2,329,174            | -                 | -           | 2,329,174            |
| Value funds                  | 3,114,577            | -                 | -           | 3,114,577            |
| Balanced funds               | 1,299,317            | -                 | -           | 1,299,317            |
| Growth funds                 | 773,413              | -                 | -           | 773,413              |
| Large cap funds              | 8,373,599            | -                 | -           | 8,373,599            |
| Mid cap funds                | 1,547,383            | -                 | -           | 1,547,383            |
| International funds          | 7,909,418            | -                 | -           | 7,909,418            |
| Bond funds                   | 33,478,602           | -                 | -           | 33,478,602           |
| Alternative investment funds | 1,138,036            | -                 | -           | 1,138,036            |
| Real estate funds            | 1,918,482            | -                 | -           | 1,918,482            |
| Total                        | <u>\$ 61,882,001</u> | <u>\$ 998,189</u> | <u>\$ -</u> | <u>\$ 62,880,190</u> |

The classification of fair value measurements within the hierarchy is based upon the lowest level of input that is significant to the measurement. Valuation methodologies used for assets and liabilities measured at fair value are as follows:

- *Mutual Funds:* Valued at the closing price reported on the active market in which individual securities are traded.
- *Money Market Funds:* Valued based on institutional bid evaluations using proprietary models.

VEYANCE TECHNOLOGIES, INC. DEFINED BENEFIT PLAN  
NOTES TO FINANCIAL STATEMENTS  
July 31, 2015 and 2014

NOTE 6 – ACCUMULATED PLAN BENEFITS

The accumulated Plan benefits information as of the beginning of each Plan year is as follows:

|                                                            | August 1,<br>2014           | August 1,<br>2013           |
|------------------------------------------------------------|-----------------------------|-----------------------------|
| Actuarial present value of accumulated plan benefits:      |                             |                             |
| Vested benefits for:                                       |                             |                             |
| Participants currently receiving payments                  | \$ 13,746,409               | \$ 7,006,569                |
| Other participants                                         | 65,774,450                  | 33,991,731                  |
| Total vested benefits                                      | <u>79,520,859</u>           | <u>40,998,300</u>           |
| Nonvested benefits                                         | 16,814,875                  | 13,028,062                  |
| Total actuarial present value of accumulated plan benefits | <u><u>\$ 96,335,734</u></u> | <u><u>\$ 54,026,362</u></u> |

The change in the actuarial present value of accumulated Plan benefits for the years ended July 31, 2015 and 2014 are as follows:

|                                                                            | August 1,<br>2014           | August 1,<br>2013           |
|----------------------------------------------------------------------------|-----------------------------|-----------------------------|
| Actuarial present value of accumulated plan benefits,<br>Beginning of Year | \$ 54,026,362               | \$ 46,984,128               |
| Increase (decrease) during the year attributable to:                       |                             |                             |
| Benefits accumulated                                                       | 4,592,464                   | 4,303,148                   |
| Increase for interest due to decrease in discount period                   | 4,005,411                   | 3,493,175                   |
| Benefits paid                                                              | (1,146,247)                 | (754,089)                   |
| Change in actuarial assumptions                                            | <u>34,857,744</u>           | <u>-</u>                    |
| Net increase in actuarial present value of accumulated<br>plan benefits    | <u>42,309,372</u>           | <u>7,042,234</u>            |
| Total actuarial present value of accumulated plan benefits                 | <u><u>\$ 96,335,734</u></u> | <u><u>\$ 54,026,362</u></u> |

Accumulated Plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries; beneficiaries of employees who died while in active service; and present employees and their beneficiaries.

The actuarial present value of accumulated Plan benefits is determined by Mercer, consulting actuaries, using actuarial assumptions to reflect the time value of money and the probability that a benefit payment will be made between the valuation date and the expected payment date.

VEYANCE TECHNOLOGIES, INC. DEFINED BENEFIT PLAN  
NOTES TO FINANCIAL STATEMENTS  
July 31, 2015 and 2014

The significant actuarial assumptions used in the valuation of accumulated Plan benefits as of August 1, 2014 and 2013 were:

- a) Life Expectancy - The mortality basis is based on RP-2014 Sex Distinct, Separate Annuitant/Non-Annuitant Mortality Table with Blue Collar Adjustments using the MP-2014 scale, and in the prior year had been the RP-2000 Annuitant and Nonannuitant Mortality Tables for males and females.
- b) Retirement Age - In 2014 and 2013, the scale ranged from 2% of all eligible employees at ages 50 to 54 to 100% at age 67.
- c) Withdrawal - Scale ranging from 16.0% at age 20 to 2.2% at age 55.
- d) Discount Rate - Obligations of the Plan are assumed to be settled at a rate of 4.5% and 7.5% at August 1, 2014 and 2013, respectively.

NOTE 7 – INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated March 11, 2015 that the Plan is qualified in accordance with the applicable regulations of the Internal Revenue Code ("IRC"), and the Trust established with the Plan constitutes a qualified trust and is exempt from Federal income taxes.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of and for the years ended July 31, 2015 and 2014, there were no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments are maintained by the Trustee as defined by the Plan, and therefore, these transactions are party-in-interest transactions.

VEYANCE TECHNOLOGIES, INC. DEFINED BENEFIT PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
July 31, 2015  
EIN No. 20-8832176 Plan #003

| (a) | (b)                                                  | (c)                                                                                                               | (d)                  | (e)                  |
|-----|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|     |                                                      | Description of Investment,<br>Including Maturity Date, Rate<br>of Interest, Collateral, Par, or<br>Maturity Value | Cost                 | Current Value        |
|     | Identity of Issue, Borrower, Lessor or Similar Party |                                                                                                                   |                      |                      |
| *   | PNC Government Money Market Fund                     | Money Market Fund                                                                                                 | \$ 7,582,005         | \$ 7,582,005         |
|     | Natixis Loomis Sayles Investment Grade Bond Fund     | Mutual Fund                                                                                                       | 15,829,925           | 15,005,282           |
|     | Neuberger Berman High Income Bond Fund               | Mutual Fund                                                                                                       | 2,015,539            | 1,887,596            |
|     | Metropolitan West Total Return Bond Fund             | Mutual Fund                                                                                                       | 15,495,837           | 15,437,960           |
|     | Invesco Real Estate Fund                             | Mutual Fund                                                                                                       | 1,919,288            | 2,099,543            |
|     | Columbia Acorn Fund                                  | Mutual Fund                                                                                                       | 1,687,897            | 1,701,422            |
|     | American Europacific Growth Fund                     | Mutual Fund                                                                                                       | 3,627,535            | 4,381,933            |
|     | Goldman Sachs Value Institutional                    | Mutual Fund                                                                                                       | 1,613,707            | 1,714,419            |
|     | Prudential Jennison Small Company Fund               | Mutual Fund                                                                                                       | 674,879              | 871,984              |
|     | Vanguard Institutional Index Fund                    | Mutual Fund                                                                                                       | 6,033,666            | 9,310,721            |
|     | Victory Small Company Opportunity Fund               | Mutual Fund                                                                                                       | 689,442              | 833,139              |
|     | PIMCO Commodity Real Return Fund                     | Mutual Fund                                                                                                       | 2,701,975            | 1,394,127            |
|     | Avenue Credit Strategies Fund                        | Mutual Fund                                                                                                       | 760,717              | 709,217              |
|     | Dodge & Cox International Stock Fund                 | Mutual Fund                                                                                                       | 4,384,659            | 4,095,301            |
|     | Driehaus Active Income Fund                          | Mutual Fund                                                                                                       | 558,761              | 538,503              |
|     | Hatteras Hedged Strategies Fund                      | Mutual Fund                                                                                                       | 1,170,096            | 1,131,302            |
|     | Mainstay Marketfield Fund                            | Mutual Fund                                                                                                       | 1,360,000            | 1,141,824            |
|     |                                                      |                                                                                                                   | <u>\$ 68,105,928</u> | <u>\$ 69,836,278</u> |

\* Indicates party-in-interest to the Plan.

VEYANCE TECHNOLOGIES, INC. DEFINED BENEFIT PLAN  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
For the Year Ended July 31, 2015  
EIN No. 20-8832176 Plan #003

| (a)                                                       | (b)                  | (c)            | (d)           | (e)          | (f)                                  | (g)           | (h)                                           | (i)                   |
|-----------------------------------------------------------|----------------------|----------------|---------------|--------------|--------------------------------------|---------------|-----------------------------------------------|-----------------------|
| Identity of Party Involved                                | Description of Asset | Purchase Price | Selling Price | Lease Rental | Expense Incurred<br>with Transaction | Cost of Asset | Current Value of Asset<br>on Transaction Date | Net Gain or<br>(Loss) |
| PIMCO Total Return Bond Fund<br>1 Transaction             | Mutual Fund          | \$ -           | \$ 15,929,108 | \$ -         | \$ -                                 | \$ 16,095,782 | \$ 15,929,108                                 | \$ (166,674)          |
| Metropolitan West Total Return Bond Fund<br>1 Transaction | Mutual Fund          | \$ 15,300,000  | \$ -          | \$ -         | \$ -                                 | \$ 15,300,000 | \$ 15,300,000                                 | N/A                   |
| PNC Government Money Market Fund<br>4 Transactions        | Money Market Fund    | \$ 7,839,116   | \$ -          | \$ -         | \$ -                                 | \$ 7,839,116  | \$ 7,839,116                                  | N/A                   |

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</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<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No 1210-0110<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

For calendar plan year 2014 or fiscal plan year beginning 08/01/2014 and ending 07/31/2015

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established

|                                                                                                                                                         |                                                                                                                                                                                                               |                                                             |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>VEYANCE TECHNOLOGIES, INC. DEFINED BENEFIT PLAN                                                                                | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>B</b> Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;">003</td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ▶                     | 003 |
| <b>B</b> Three-digit plan number (PN) ▶                                                                                                                 | 003                                                                                                                                                                                                           |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>VEYANCE TECHNOLOGIES, INC.                                                  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>D</b> Employer Identification Number (EIN)<br/>20-8832176</td> </tr> </table>                                                   | <b>D</b> Employer Identification Number (EIN)<br>20-8832176 |     |
| <b>D</b> Employer Identification Number (EIN)<br>20-8832176                                                                                             |                                                                                                                                                                                                               |                                                             |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                                                                                                                                                               |                                                             |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                                                                                                                                                               |                                                             |     |

|                                                                                                                                                                                                          |                            |                           |                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|--|
| <b>Part I Basic Information</b>                                                                                                                                                                          |                            |                           |                          |  |
| <b>1</b> Enter the valuation date: Month <u>08</u> Day <u>01</u> Year <u>2014</u>                                                                                                                        |                            |                           |                          |  |
| <b>2</b> Assets:                                                                                                                                                                                         |                            |                           |                          |  |
| a Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 68,173,355                |                          |  |
| b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 67,279,408                |                          |  |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                      | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |  |
| a For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 187                        | 11,324,993                | 11,324,993               |  |
| b For terminated vested participants .....                                                                                                                                                               | 90                         | 1,138,647                 | 1,138,647                |  |
| c For active participants .....                                                                                                                                                                          | 1,171                      | 44,190,807                | 57,207,365               |  |
| d Total .....                                                                                                                                                                                            | 1,448                      | 56,654,447                | 69,671,005               |  |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                         |                            |                           |                          |  |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |  |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |                          |  |
| <b>5</b> Effective interest rate .....                                                                                                                                                                   | <b>5</b>                   | 6.58%                     |                          |  |
| <b>6</b> Target normal cost .....                                                                                                                                                                        | <b>6</b>                   | 4,465,520                 |                          |  |

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                  |                                                                            |                                                        |
|------------------|----------------------------------------------------------------------------|--------------------------------------------------------|
| <b>SIGN HERE</b> | <br>Signature of actuary                                                   | <u>7-19-2017</u><br>Date                               |
|                  | JEFFRY P. BLASZKOWSKI<br>Type or print name of actuary                     | 1706646<br>Most recent enrollment number               |
|                  | MERCER<br>Firm name                                                        | 248-945-5500<br>Telephone number (including area code) |
|                  | ONE TOWNE SQUARE, SUITE 1100<br>SOUTHFIELD MI 48076<br>Address of the firm |                                                        |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

|                |                                                            |
|----------------|------------------------------------------------------------|
| <b>Part II</b> | <b>Beginning of Year Carryover and Prefunding Balances</b> |
|----------------|------------------------------------------------------------|

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 0                     | 1,039,909              |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 34,226                 |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 0                     | 1,005,683              |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>8.34%</u> .....                                                                                 | 0                     | 83,874                 |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                     |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.78%</u> ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                       |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                        | 0                     | 1,089,557              |

|                 |                            |
|-----------------|----------------------------|
| <b>Part III</b> | <b>Funding Percentages</b> |
|-----------------|----------------------------|

|    |                                                                                                                                                            |    |        |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 14 | Funding target attainment percentage                                                                                                                       | 14 | 95.00% |
| 15 | Adjusted funding target attainment percentage                                                                                                              | 15 | 95.00% |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 96.62% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.                                       | 17 | %      |

|                |                                               |
|----------------|-----------------------------------------------|
| <b>Part IV</b> | <b>Contributions and Liquidity Shortfalls</b> |
|----------------|-----------------------------------------------|

18 Contributions made to the plan for the plan year by employer(s) and employees.

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 11/14/2014               | 1,430,000                         | 0                               |                          |                                   |                                 |
| 02/13/2015               | 1,200,000                         | 0                               |                          |                                   |                                 |
| 08/14/2015               | 860,000                           | 0                               |                          |                                   |                                 |
| 04/15/2016               | 2,010,000                         | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| Totals ▶                 |                                   |                                 | 18(b)                    | 5,500,000                         | 18(c)                           |

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                            |     |           |
|------------------------------------------------------------------------------------------------------------|-----|-----------|
| a Contributions allocated toward unpaid minimum required contributions from prior years                    | 19a | 0         |
| b Contributions made to avoid restrictions adjusted to valuation date                                      | 19b | 0         |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 5,171,800 |

## 20 Quarterly contributions and liquidity shortfalls

**a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

**C** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---------|---------|---------|---------|
| 0       | 0       | 0       | 0       |

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

|                                                 |                                                |                                                           |                                                     |
|-------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                |                                                           |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.99%                          | 2nd segment:<br>6.32%                                     | 3rd segment:<br>6.99%                               |
|                                                 |                                                |                                                           | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code)          |                                                |                                                           | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age       |                                                |                                                           | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                 |

**Part VI Miscellaneous Items**

|                                                                                                                                                                  |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                |           |   |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29)                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                             |                     |                    |               |
| <b>a</b> Target normal cost (line 6)                                                                                                                                           | <b>31a</b>          | 4,465,520          |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                           |                     |                    |               |
| <b>a</b> Net shortfall amortization installment                                                                                                                                | Outstanding Balance | Installment        |               |
|                                                                                                                                                                                | 3,481,154           | 621,998            |               |
| <b>b</b> Waiver amortization installment                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)                                                         | <b>34</b>           | 5,087,518          |               |
|                                                                                                                                                                                | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement                                                                                                               | 0                   | 1,089,557          | 1,089,557     |
| <b>36</b> Additional cash requirement (line 34 minus line 35)                                                                                                                  | <b>36</b>           | 3,997,961          |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)                                                  | <b>37</b>           | 5,171,800          |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                            |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                       | <b>38a</b>          | 1,173,839          |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances                                                                | <b>38b</b>          | 1,089,557          |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                          |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:          |                                                                                                                         |  |  |
| <b>a</b> Schedule elected                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years | <b>43</b>                                                                                                               |  |  |