

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information	
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a one-participant plan ☐ a foreign plan
B This return/report is	☒ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information													
1a Name of plan <u>PORTER WRIGHT CASH BALANCE PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;"><u>007</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2016</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>007</u>	1c Effective date of plan <u>01/01/2016</u>									
1b Three-digit plan number (PN) ►	<u>007</u>												
1c Effective date of plan <u>01/01/2016</u>													
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PORTER WRIGHT MORRIS & ARTHUR LLP</u> <u>41 SOUTH HIGH STREET</u> <u>SUITES 2800-3200</u> <u>COLUMBUS, OH 43215</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">2b Employer Identification Number (EIN) <u>31-4373657</u></td> <td style="width: 40%;"></td> </tr> <tr> <td>2c Sponsor's telephone number <u>614-227-2000</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>541110</u></td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-4373657</u>		2c Sponsor's telephone number <u>614-227-2000</u>		2d Business code (see instructions) <u>541110</u>							
2b Employer Identification Number (EIN) <u>31-4373657</u>													
2c Sponsor's telephone number <u>614-227-2000</u>													
2d Business code (see instructions) <u>541110</u>													
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">3b Administrator's EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td>3c Administrator's telephone number</td> <td></td> </tr> </table>	3b Administrator's EIN		3c Administrator's telephone number									
3b Administrator's EIN													
3c Administrator's telephone number													
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">4b EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN									
4b EIN													
4c PN													
5a Total number of participants at the beginning of the plan year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">5a</td> <td style="width: 40%; text-align: right;"><u>76</u></td> </tr> <tr> <td>5b Total number of participants at the end of the plan year.....</td> <td style="text-align: right;"><u>77</u></td> </tr> <tr> <td>5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....</td> <td></td> </tr> <tr> <td>5d(1) Total number of active participants at the beginning of the plan year.....</td> <td style="text-align: right;"><u>76</u></td> </tr> <tr> <td>5d(2) Total number of active participants at the end of the plan year</td> <td style="text-align: right;"><u>77</u></td> </tr> <tr> <td>5e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested</td> <td style="text-align: right;"><u>0</u></td> </tr> </table>	5a	<u>76</u>	5b Total number of participants at the end of the plan year.....	<u>77</u>	5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		5d(1) Total number of active participants at the beginning of the plan year.....	<u>76</u>	5d(2) Total number of active participants at the end of the plan year	<u>77</u>	5e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<u>0</u>
5a	<u>76</u>												
5b Total number of participants at the end of the plan year.....	<u>77</u>												
5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....													
5d(1) Total number of active participants at the beginning of the plan year.....	<u>76</u>												
5d(2) Total number of active participants at the end of the plan year	<u>77</u>												
5e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<u>0</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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2017	ROBERT J. TANNOUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** 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 III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a		2297770
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	0	2297770
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	2324529	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-26759	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		2297770
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions) ..	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		2297770
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1C
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?	10c	X			3000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☒ Yes ☐ No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a 0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b
c Enter the amount contributed by the employer to the plan for this plan year	12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No
c 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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
	13c(3) PN(s)

Part VIII Trust Information

14a Name of trust	14b Trust's EIN
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? If "No," skip b.	☐ Yes ☐ No
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.	
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.	
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	☐ Yes ☐ No
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	☐ Yes ☐ No

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
--	--	---

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

▶ **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 <u>PORTER WRIGHT CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶ <u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PORTER WRIGHT MORRIS & ARTHUR LLP</u>	D Employer Identification Number (EIN) <u>31-4373657</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>0</u>
b Actuarial value	2b <u>0</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>0</u> (2) Vested Funding Target <u>0</u> (3) Total Funding Target <u>0</u>
b For terminated vested participants	<u>0</u> <u>0</u> <u>0</u>
c For active participants	<u>76</u> <u>0</u> <u>0</u>
d Total	<u>76</u> <u>0</u> <u>0</u>
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 <u>5.94 %</u>
6 Target normal cost	6 <u>1925552</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/27/2017</u>
	Signature of actuary	Date
<u>ANDREW MARCUS</u>	Type or print name of actuary	<u>17-07743</u>
		Most recent enrollment number
<u>FIDELITY INVESTMENTS</u>	Firm name	<u>312-730-1197</u>
<u>311 S. WACKER DR STE 3800</u> <u>CHICAGO, IL 60606</u>	Address of the firm	Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2016
v. 160205

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 0.00%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 0.00%		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	100.00%
15	Adjusted funding target attainment percentage	15	100.00%
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	100.00%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/06/2016	909005	0	12/30/2016	341760	0
07/29/2016	181822	0	05/31/2017	164654	0
08/31/2016	181822	0			
09/30/2016	181822	0			
10/31/2016	181822	0			
11/30/2016	181822	0			
			Totals ►	18(b)	2324529
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2227946
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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost					
21	Discount rate:					
a	Segment rates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
b	Applicable month (enter code)	21b	4			
22	Weighted average retirement age	22	65			
23	Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute					
Part VI	Miscellaneous Items					
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No					
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No					
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No					
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27				
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years					
28	Unpaid minimum required contributions for all prior years	28	0			
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0			
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0			
Part VIII	Minimum Required Contribution For Current Year					
31	Target normal cost and excess assets (see instructions):					
a	Target normal cost (line 6)	31a	1925552			
b	Excess assets, if applicable, but not greater than line 31a	31b	0			
32	Amortization installments:	Outstanding Balance	Installment			
a	Net shortfall amortization installment	0	0			
b	Waiver amortization installment	0	0			
33	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	33				
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	1925552			
		Carryover balance	Prefunding balance			
35	Balances elected for use to offset funding requirement	0	0			
36	Additional cash requirement (line 34 minus line 35)	36	1925552			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2227946			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	302394			
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0			
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0			
40	Unpaid minimum required contributions for all years	40	0			
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)					
41	If an election was made to use PRA 2010 funding relief for this plan:					
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years				
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011				
42	Amount of acceleration adjustment	42				
43	Excess installment acceleration amount to be carried over to future plan years	43				

2016 Form 5500 – Schedule SB Attachments
Schedule SB, Line 26 – Schedule of Active
Participants EIN: 31-4373657 PN: 007
Porter Wright Market-Based Cash Balance Plan
Plan Year: 1/1/2016 to 12/31/2016
Valuation Date: 1/1/2016

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	5	0	0	0	0	0	0	0	0	0	5
40-44	11	0	0	0	0	0	0	0	0	0	11
45-49	5	0	0	0	0	0	0	0	0	0	5
50-54	9	0	0	0	0	0	0	0	0	0	9
55-59	18	0	0	0	0	0	0	0	0	0	18
60-64	15	0	0	0	0	0	0	0	0	0	15
65-69	11	0	0	0	0	0	0	0	0	0	11
70+	2	0	0	0	0	0	0	0	0	0	2
Total	76	0	0	0	0	0	0	0	0	0	76

*Employees who have not met the minimum eligibility requirements are excluded

Average Age: 55.0 Average Service: 0

2016 Form 5500 – Schedule SB Attachments
Schedule SB, Part IV – Summary of Actuarial Assumptions and
Method EIN: 31-4373657 PN: 007
Porter Wright Market-Based Cash Balance Plan
Plan Year: 1/1/2016 to 12/31/2016
Valuation Date: 1/1/2016

Interest Rates

	<u>2016</u>	
	<u>Min</u>	<u>Max</u>
Seg 1:	4.43%	1.34%
Seg 2:	5.91%	4.03%
Seg 3:	6.65%	5.06%

Look-back Month September

Pre-Retirement

Turnover None
Mortality None
Assumed Ret Age Normal retirement age and not before January 1, 2017

Post-Retirement

Mortality IRS 2016 Static Mortality Table using combined tables for annuitants and non-annuitants. These tables include future mortality improvement of 7 years for annuitants and 15 years for non-annuitants.

Assumed Benefit Form For Funding Lump Sum

Calculated Effective Interest Rate 5.94%

Cash Balance Projected Interest Crediting Rate 5.00%

The Actuarial Value of Assets is the Market Value of Assets plus accrued contributions discounted to the beginning of the Plan year.

Actuarial Cost Method

The unit credit cost method is used for ERISA funding target (FT). Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The target normal cost is equal to the sum of the individual normal costs plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service to date and anticipated salary and negotiated benefits increases to the assumed retirement age. The liability is then equal to the present value of all benefits for inactive participants plus the PVAB for active participants.

2016 Form 5500 – Schedule SB Attachments
Schedule SB, Part IV – Summary of Actuarial Assumptions and
Method EIN: 31-4373657 PN: 007
Porter Wright Market-Based Cash Balance Plan
Plan Year: 1/1/2016 to 12/31/2016
Valuation Date: 1/1/2016

Supplement to the Statement of Actuarial Assumptions and Methods

Interest Rates ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates.

"Minimum" means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

"Maximum" means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax deductible contribution.

Turnover Rates No termination rates have been assumed in the valuation. Being a newly adopted plan there is no experience for this sponsor. The actuary has determined that turnover rates are not material to the determination of the Plan's liability.

Retirement Being a newly adopted plan there is no experience for this sponsor. The actuary believes that the best expectation of future experience is 100% retirement at Normal Retirement Age. Gains or losses resulting from actual retirement experience will be recognized through the routine application of the actuarial cost method.

Mortality There is no assumption for pre-retirement mortality. Post-retirement mortality assumption is the IRS 2016 Static Mortality Table using separate rates for annuitants and non-annuitants. These tables include future mortality improvement of 7 years for annuitants and 15 years for non-annuitants. This table meets the requirements of IRC 430. Actuary has determined that pre-retirement mortality rates are not material to the determination of the Plan's liability for this population.

Form of Payment It has been assumed benefits will be paid in a lump sum. To the extent optional forms of payment are elected and conversions are determined on an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

Marital Marital status is not applicable in the valuation due to death benefit being 100% of the vested accrued benefit and the assumed form of payment being a lump sum.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
---	--	---

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

► **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 Porter Wright Cash Balance Plan	B Three-digit plan number (PN) ►	007
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Porter Wright Morris & Arthur LLP	D Employer Identification Number (EIN) 31-4373657	

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500
---	---

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>		
2	Assets:		
	a Market value.....	2a	0
	b Actuarial value.....	2b	0
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	0	0
	b For terminated vested participants.....	0	0
	c For active participants.....	76	0
	d Total.....	76	0
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	5.94%
6	Target normal cost.....	6	1925552

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	 Signature of actuary	<u>9/27/2017</u> Date 1707743 <u>17-7743</u> Most recent enrollment number 312-730-1197 Telephone number (including area code)
Andrew Marcus Type or print name of actuary Fidelity Investments Firm name 311 S. Wacker DR Ste 3800 Chicago IL 60606 Address of the firm		

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

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

Schedule SB (Form 5500) 2016
v. 160205

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

21 Discount rate:			
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute		

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	1925552	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 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	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	1925552	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	1925552	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	2227946	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	302394	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

2016 Form 5500 – Schedule SB Attachments
Schedule SB, Line 22 - Weighted Average Retirement
Age EIN: 31-4373657 PN: 007
Porter Wright Market-Based Cash Balance Plan
Plan Year: 1/1/2016 to 12/31/2016
Valuation Date: 1/1/2016

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

Attainment of age 65

Participants who have passed their Normal Retirement Date as defined above are assumed to retire at the end of the current plan year.

Weighted average retirement age: 65

2016 Form 5500 – Schedule SB Attachments
Schedule SB, Part IV – Summary of Plan Provisions
EIN: 31-4373657 PN: 007
Porter Wright Market-Based Cash Balance Plan
Plan Year: 1/1/2016 to 12/31/2016
Valuation Date: 1/1/2016

Plan Effective Date	January 1, 2016
Plan Year	From January 1 to December 31
Eligibility	All Non-Equity Partners with at least 250 Benefit Units and all Equity Partners are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements: 2 years of service Minimum age 21
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on attainment of age 65
Normal Retirement Benefit	Actuarial Equivalence of the accumulated cash balance account. See Cash Balance for more details.
Normal Form of Benefit	A benefit payable for the life of the participant. The maximum benefit is the lesser of 100% of salary or \$17,500 per month.
Accrued Benefit	The normal retirement benefit described above calculated based on service on the calculation date, and payable on the normal retirement date.
Termination Benefit	Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule: Immediate 100% vesting
Death Benefit	Actuarial Equivalent of the accrued benefit earned to date of death.
Cash Balance	Sum of Retirement Credits and Interest Credits.
Retirement Credit	For each year of plan participation, the Retirement Credit is based on age, Benefit Units, and Rate Group in the following manner.

For Rate Groups A, B, C, D, and E The Retirement Credit is determined by the product of:

- 1) \$100
- 2) The sum of
 - a. The number of Benefit Units of the Partner for that Plan Year in excess of 100
 - b. The number of Benefit Units of the Partner for that Plan Year in excess of 300
 - c. The number of Benefit Units of the Partner for that Plan Year in excess of 500
- 3) The Multiplier assigned to the Partner

The Multiplier for each group is detailed in the following table:

2016 Form 5500 – Schedule SB Attachments
Schedule SB, Part IV – Summary of Plan Provisions
EIN: 31-4373657 PN: 007
Porter Wright Market-Based Cash Balance Plan
Plan Year: 1/1/2016 to 12/31/2016
Valuation Date: 1/1/2016

Rate Group	Multiplier/Fixed Credit Amount
A	50%
B	75%
C	100%
D	200%
E	300%

In no event will the Retirement Credit for Rate Groups A, B, C, D, and E be less than \$10,000.

For Rate Group F The Retirement Credit will be \$250.

The Retirement Credit shall additionally be limited by an amount determined based on the assigned Maximum Credit Group for each Partner according to the table on the following page.

Interest Credit Credited daily based on the Plan Rate of Return.

2016 Form 5500 – Schedule SB Attachments
Schedule SB, Part IV – Summary of Plan Provisions
EIN: 31-4373657 PN: 007
Porter Wright Market-Based Cash Balance Plan
Plan Year: 1/1/2016 to 12/31/2016
Valuation Date: 1/1/2016

Attained Age at end of Plan Year	Maximum Credit Group 1	Maximum Credit Group 2	Maximum Credit Group 3	Maximum Credit Group 4	Maximum Credit Group 5	Maximum Credit Group 6	Maximum Credit Group 7
18	34,000	46,000	63,000	85,000	116,000	159,000	216,000
19	34,000	46,000	63,000	85,000	116,000	159,000	216,000
20	34,000	46,000	63,000	85,000	116,000	159,000	216,000
21	34,000	46,000	63,000	85,000	116,000	159,000	216,000
22	34,000	46,000	63,000	85,000	116,000	159,000	216,000
23	34,000	46,000	63,000	85,000	116,000	159,000	216,000
24	34,000	46,000	63,000	85,000	116,000	159,000	216,000
25	34,000	46,000	63,000	85,000	116,000	159,000	216,000
26	36,000	46,000	63,000	85,000	116,000	159,000	216,000
27	38,000	46,000	63,000	85,000	116,000	159,000	216,000
28	40,000	46,000	63,000	85,000	116,000	159,000	216,000
29	42,000	46,000	63,000	85,000	116,000	159,000	216,000
30	44,000	46,000	63,000	85,000	116,000	159,000	216,000
31	44,000	46,000	63,000	85,000	116,000	159,000	216,000
32	44,000	48,000	63,000	85,000	116,000	159,000	216,000
33	44,000	51,000	63,000	85,000	116,000	159,000	216,000
34	44,000	54,000	63,000	85,000	116,000	159,000	216,000
35	44,000	56,000	63,000	85,000	116,000	159,000	216,000
36	44,000	59,000	63,000	85,000	116,000	159,000	216,000
37	44,000	59,000	63,000	85,000	116,000	159,000	216,000
38	44,000	59,000	66,000	85,000	116,000	159,000	216,000
39	44,000	59,000	69,000	85,000	116,000	159,000	216,000
40	44,000	59,000	73,000	85,000	116,000	159,000	216,000
41	44,000	59,000	77,000	85,000	116,000	159,000	216,000
42	44,000	59,000	81,000	85,000	116,000	159,000	216,000
43	44,000	59,000	81,000	85,000	116,000	159,000	216,000
44	44,000	59,000	81,000	90,000	116,000	159,000	216,000
45	44,000	59,000	81,000	95,000	116,000	159,000	216,000
46	44,000	59,000	81,000	100,000	116,000	159,000	216,000
47	44,000	59,000	81,000	105,000	116,000	159,000	216,000
48	44,000	59,000	81,000	111,000	116,000	159,000	216,000
49	44,000	59,000	81,000	111,000	116,000	159,000	216,000
50	44,000	59,000	81,000	111,000	122,000	159,000	216,000
51	44,000	59,000	81,000	111,000	129,000	159,000	216,000
52	44,000	59,000	81,000	111,000	136,000	159,000	216,000
53	44,000	59,000	81,000	111,000	143,000	159,000	216,000
54	44,000	59,000	81,000	111,000	151,000	159,000	216,000
55	44,000	59,000	81,000	111,000	151,000	159,000	216,000
56	44,000	59,000	81,000	111,000	151,000	168,000	216,000
57	44,000	59,000	81,000	111,000	151,000	177,000	216,000
58	44,000	59,000	81,000	111,000	151,000	186,000	216,000
59	44,000	59,000	81,000	111,000	151,000	196,000	216,000
60	44,000	59,000	81,000	111,000	151,000	207,000	216,000
61	44,000	59,000	81,000	111,000	151,000	207,000	216,000
62	44,000	59,000	81,000	111,000	151,000	207,000	216,000
63	44,000	59,000	81,000	111,000	151,000	207,000	216,000
64	44,000	59,000	81,000	111,000	151,000	207,000	216,000
65+	44,000	59,000	81,000	111,000	151,000	207,000	216,000