# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2016**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [X] the DFVC program
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
PENTEL OF AMERICA, LTD. SHARED SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 03/15/1976

**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)
PENTEL OF AMERICA, LTD

2715 COLUMBIA STREET
TORRANCE, CA 90503

**2b** Employer Identification Number (EIN) 36-2611569

**2c** Plan Sponsor's telephone number 310-803-8723

**2d** Business code (see instructions) 339900

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/20/2017 | CHOTARO KOUMI |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 128 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 110 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 124 |
| **b** Retired or separated participants receiving benefits | **6b** | 2 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 18 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 144 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 144 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 136 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 8 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3D 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

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

| | |
|---|---|
| **A** Name of plan<br>PENTEL OF AMERICA, LTD. SHARED SAVINGS PLAN | **B** Three-digit plan number (PN) ▶ 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500<br>PENTEL OF AMERICA, LTD | **D** Employer Identification Number (EIN)<br>36-2611569 |

## Part I Service Provider Information (see instructions)

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

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

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

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

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

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**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)

ONEAMERICA RETIREMENT SERVICES, LLC

46-5378846

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 36 37 38 50 64 | NONE | 60631 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

NORTHWESTERN MUTUAL LIFE INSURANCE

39-0509570

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 52 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 22746 | Yes [ ] No [X] |

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

BMO HARRIS BANK, NA

36-2085229

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 19 21 25 28 52 62 68 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| BMO HARRIS BANK, NA | 19 21 25 28 52 62 68 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| ONEAMERICA RETIREMENT SERVICES, LLC<br><br>46-5378846 | ONEAMERICA HAS A REVENUE SHARING AGREEMENT WITH BMO HARRIS BANK, NA 2.25 BASIS POINTS ON MARKET VALUE ANNUALIZED MONTHLY. 40 BASIS POINTS ON BMO STABLE VALUE FUND CL I ANNUALIZED MONTHLY. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| NORTHWESTERN MUTUAL LIFE INSURANCE | 27 52 | 22746 |

| **(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. |
|---|---|
| ONEAMERICA RETIREMENT SERVICES, LLC<br><br>46-5378846 | ASSET-BASED SERVICE FEE 0F 20 BASIS POINTS |

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

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

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

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2016**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
PENTEL OF AMERICA, LTD. SHARED SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
PENTEL OF AMERICA, LTD

**D** Employer Identification Number (EIN)
36-2611569

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BMO STABLE VALUE FUND CLASS I

**b** Name of sponsor of entity listed in (a): BMO HARRIS BANK NA

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 39-6490536-001 | C | 1186267 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2016**

**This Form is Open to Public Inspection**

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

**A** Name of plan
PENTEL OF AMERICA, LTD. SHARED SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
PENTEL OF AMERICA, LTD

**D** Employer Identification Number (EIN)
36-2611569

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 3063 | 3438 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 185348 | 162228 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 984565 | 1186267 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 10014571 | 11258129 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 11187547 | 12610062 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 11187547 | 12610062 |

## Part II Income and Expense Statement

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

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 148535 | |
| | **(B)** Participants | 2a(1)(B) | 507998 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 656533 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 7674 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 7674 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 208778 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 208778 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 17553 |
| (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) | | 696746 |
| c Other income | 2c | | -1528 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1585756 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 90191 | |
| (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) | | 90191 |
| f Corrective distributions (see instructions) | 2f | | 12419 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | 60631 | |
| (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) | | 60631 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 163241 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1422515 |
| 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: KAKIMOTO & NAGASHIMA LLP **(2)** EIN: 56-2404069

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | X | | 13 |
| **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.) | 4b | | X | |

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

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

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

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

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

## Part V Trust Information

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

| **6c** Name of trustee or custodian | **6d** Trustee's or custodian's telephone number |
|---|---|
| | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2016**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
PENTEL OF AMERICA, LTD. SHARED SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
PENTEL OF AMERICA, LTD

**D** Employer Identification Number (EIN)
36-2611569

## Part I Distributions

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 39-6436442

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3**

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## 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): _____

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**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

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

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

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

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

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

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

**a** Enter the percentage of plan assets held as:
Stock: 0.0 % Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

## Part VII IRS Compliance Questions

| | | |
|---|---|---|
| **20a** Is the plan a 401(k) plan? If "No," skip b | ☐ Yes | ☐ No |
| **20b** 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<br>☐ "Current year" ADP test | ☐ "Prior year" ADP test<br>☐ N/A |
| **21a** 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 |
| **21b** 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 |

**22a** 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 _____.

**22b** 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 ____/____/____.

PENTEL OF AMERICA, LTD.
SHARED SAVINGS PLAN

Financial Statements

December 31, 2016 and 2015

(With Auditors' Report Thereon)

Kakimoto Nagashima LLP
Certified Public Accountants
Consultants

An Independent Member of the
plante moran ALLIANCE

# INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Pentel of America, Ltd. Shared Savings Plan
Torrance, California

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Pentel of America, Ltd. Shared Savings Plan, which comprise the statements of net assets available for plan benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for plan 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 the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

**Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by BMO Harris Bank N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2016 and 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

**Disclaimer of Opinion**

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

**Other Matter**

The supplemental schedules of assets held at end of year, acquired and disposed of within year, and delinquent participant contributions as of or for the year ended December 31, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 these 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Kekiwoto & Nagashima LLP

Torrance, California
September 21, 2017

PENTEL OF AMERICA, LTD.
SHARED SAVINGS PLAN

Statements of Net Assets Available For Plan Benefits

December 31, 2016 and 2015

## ASSETS

| | 2016 | 2015 |
|---|---|---|
| Investments, at fair value (notes 3 and 6): | | |
| Mutual funds | $ 11,258,129 | 10,014,571 |
| Common/collective trust | 1,186,267 | 984,565 |
| Total investments | 12,444,396 | 10,999,136 |
| Receivables: | | |
| Participant contributions (note 7) | 20,013 | 14,607 |
| Employer contributions (note 7) | 11,143 | 4,611 |
| Notes receivable from participants (note 3) | 162,228 | 185,348 |
| Other receivable | 3,438 | 3,063 |
| Total receivables | 196,822 | 207,629 |
| Total assets | 12,641,218 | 11,206,765 |

## LIABILITIES

| | | |
|---|---|---|
| Liabilities: | | |
| Excess contributions payable (note 7) | 7,965 | 11,159 |
| Total liabilities | 7,965 | 11,159 |
| Net assets available for plan benefits | $ 12,633,253 | 11,195,606 |

See accompanying notes to financial statements.

PENTEL OF AMERICA, LTD.
SHARED SAVINGS PLAN

Statements of Changes In Net Assets Available For Plan Benefits

Years Ended December 31, 2016 and 2015

| | 2016 | 2015 |
|---|---|---|
| Additions to net assets attributed to: | | |
| Investment income (loss) (note 3): | | |
| Net appreciation (depreciation) in fair value of investments | $ 714,298 | (222,704) |
| Interest income | 7,674 | 6,330 |
| Dividend | 207,251 | 193,361 |
| Total investment income (loss) | 929,223 | (23,013) |
| Contributions (notes 3 and 7): | | |
| Participants | 516,598 | 441,918 |
| Employer | 155,067 | 136,153 |
| Rollover | - | 26,431 |
| Total contributions | 671,665 | 604,502 |
| Total additions | 1,600,888 | 581,489 |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants (note 3) | (102,610) | (87,015) |
| Administrative expense | (60,631) | (60,678) |
| Total deductions | (163,241) | (147,693) |
| Net increase in net assets available for plan benefits | 1,437,647 | 433,796 |
| Net assets available for plan benefits: | | |
| Beginning of year | 11,195,606 | 10,761,810 |
| End of year | $ 12,633,253 | 11,195,606 |

See accompanying notes to financial statements.

PENTEL OF AMERICA, LTD.
SHARED SAVINGS PLAN

Notes to Financial Statements

December 31, 2016 and 2015

(1) Description of the Plan

The following description of the Pentel of America, Ltd. Shared Savings Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

*General* – The Plan is a defined contribution plan qualifying under section 401(k) of the Internal Revenue Code (the "IRC"). The Plan covers eligible employees of Pentel of America, Ltd. (the "Company") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan administrator controls and manages the operation and administration of the Plan.

Effective September 30, 2015, OneAmerica Retirement Services LLC ("OARS") has acquired BMO Retirement Services ("BMO RS"), a division of the BMO Harris Bank, N.A. ("BMO"). BMO RS is no longer affiliated with BMO Harris Bank, N. A. and now operates under the name OARS. With this change, OARS became the recordkeeper of the Plan. The rebranding and integration of BMO RS to OARS had been completed in March 2017. BMO continues to assume fiduciary responsibilities as trustee of the Plan.

*Eligibility* – Up to December 31, 2015, all employees, unless specifically excluded by the Plan, who had six months of credited service and were age 18 or older were eligible to participate in the Plan on the first day of the Plan month coinciding with or next following the date they became eligible. Effective January 1, 2016, there is no minimum service requirement for full-time employees. Part-time employees must complete at least 1,000 hours in the first consecutive six months of employment or a year of service.

*Contributions* – The Plan has an automatic deferral feature in order to simplify the administrative requirements for making salary deferrals. All employees who become eligible to make salary deferrals, who had not made a salary deferral election (including an election not to defer), will automatically have 1% of their compensation withheld which will be deposited into the Plan as a salary deferral. Starting the second full Plan year after a participant is automatically enrolled in the Plan, the participant's tax-deferred contribution rate is automatically increased by 1% annually, up to a maximum of 25%. This occurs on the first day of each Plan year.

Employees were generally limited to a maximum contribution of $18,000 in 2016 and 2015, by Code Section 402(g) of the IRC. Eligible employees may also rollover distributions from eligible retirement plans pursuant to the terms of the Plan. Participants are also permitted to contribute after-tax dollars as a Roth elective deferral.

The Plan provides that participants who are age 50 or older may also make catch-up contributions of up to $6,000 in 2016 and 2015; catch-up contribution limits are indexed annually for inflation.

The Company may make discretionary matching contributions which will be determined on an annual basis. For 2016 and 2015, the Company made a matching contribution to each participant's account in an amount of 50% of the elective contributions of each participant, not to exceed 6% of compensation of such participant in each pay period. The Company made contributions of $155,067 and $136,153 for the years ended December 31, 2016 and 2015, respectively.

(1) Description of the Plan (Continued)

*Participant Accounts* – Each participant's account is maintained separately and is credited with the participant's contribution, the Company's matching contribution and allocations of Company discretionary contributions and Plan earnings, and charged with withdrawals and an allocation of Plan losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled to is the benefit that can be provided from the participant's vested account.

*Investment Options* – Participants may direct the investment of their contributions and allocable Company contributions, subject to the limitations as defined by the Plan, among the following investments:

| | | |
|---|---|---|
| a. | Vanguard Target Retirement 2010 Fund | Growth & Income |
| b. | Vanguard Target Retirement 2015 Fund | Growth & Income |
| c. | Vanguard Target Retirement 2020 Fund | Growth & Income |
| d. | Vanguard Target Retirement 2025 Fund | Growth & Income |
| e. | Vanguard Target Retirement 2030 Fund | Growth & Income |
| f. | Vanguard Target Retirement 2035 Fund | Growth & Income |
| g. | Vanguard Target Retirement 2040 Fund | Growth & Income |
| h. | Vanguard Target Retirement 2045 Fund | Growth & Income |
| i. | Delaware Small Cap Value | Growth |
| j. | Vanguard Small Cap Index | Aggressive Growth |
| k. | Vanguard Small Cap Growth Index Fund | Aggressive Growth |
| l. | Meridian Growth Fund | Growth |
| m. | Ridgeworth Ceredex Mid Cap Value | Growth |
| n. | American Growth Fund of America | Growth |
| o. | Lord Abbett Fundamental Equity Fund | Growth & Income |
| p. | Vanguard Energy Fund | Aggressive Growth |
| q. | Vanguard 500 Index Fund | Growth & Income |
| r. | Yacktman Fund | Growth & Income |
| s. | American Capital Income Builder | Income |
| t. | DFA Emerging Markets Value Fund | Growth |
| u. | American Europacific Growth | Growth |
| v. | Franklin Mutual Global Discovery Fund Class Z | Growth |
| w. | T Rowe Price Personal Strategy Income Fund | Seeks high total return |
| x. | American Balanced Fund | Growth & Income |
| y. | T Rowe Price Personal Strategy Balanced Fund | Seeks high total return |
| z. | T Rowe Price Personal Strategy Growth Fund | Growth & Income |
| aa. | Cohen & Steers Institutional Realty Shares, Inc. | Seeks high total return |
| bb. | Fidelity Spartan Extended Market Index | Seeks high total return |
| cc. | American Income Fund of America | Income |
| dd. | Templeton Global Bond Fund-Ad | Income |
| ee. | Pimco Funds Total Return Fund Institutional Class Shares | Seeks high total return |
| ff. | Pimco Income Fund | Income |
| gg. | BMO Stable Value Fund | Conservative |

(1) Description of the Plan (Continued)

*BMO Stable Value Fund* – The BMO Stable Value Fund owns traditional and synthetic GIC contracts with various crediting rate formulas. Fixed rate traditional GIC contracts have no reset and are deemed to remain at par. Monthly reset traditional GIC contracts are credited off of one month LIBOR rate and a rolling twelve month Consumer Price Index (CPI). These contracts are reset monthly at a spread to their index. Contracts are deemed to be par. Monthly reset synthetic GIC contracts are credited off the internal rate of return, dollar duration, and dollar weighted duration of an underlying portfolio.

*Vesting* – Participants in the Plan are fully vested in their contributions plus actual earnings thereon. Participants become vested in the Company's contributions and related Plan earnings/appreciation based on years of service. Company contributions and related earnings/appreciation shall be vested in accordance with the following schedule:

| Years of Vesting Service | Vested Percentage |
|---|---|
| Less than two | 0% |
| Two | 20% |
| Three | 40% |
| Four | 60% |
| Five | 80% |
| Six | 100% |

Participants become fully vested in their accounts upon retirement, death, termination of employment due to disability or upon the Plan's termination. Effective January 1, 2016, the Plan no longer requires termination of employment as a condition for full vesting upon becoming disabled.

*Forfeitures* – Upon termination of employment, the non-vested portion of the participant's account will be forfeited. Forfeitures are retained in the Plan and used for payment of certain administrative fees or reduction of future employer contributions. At December 31, 2016 and 2015, forfeited accounts amounted to $2,088 and $4,967, respectively. The employer contributions were reduced by $2,528 and $4,922 from forfeited accounts in 2016 and 2015, respectively.

*Notes Receivable from Participants* – Loans are available in the Plan. The minimum loan amount is $1,000. The maximum amount is the lesser of one half of the participant's vested account balance or $50,000, reduced by the highest outstanding loan balance in the account during the prior twelve-month period. The participant may only have one loan outstanding at any time. The rate of interest will be at the trustee's secured loan rate (generally, 1% above the prime rate) at the time the loan is applied for. As of December 31, 2016 and 2015, the rate of interest was 4.50% and 4.25%, respectively. Loans are secured by the vested portion of the participant's account. Loan payments are made through payroll deductions and must be repaid within a period not exceeding 60 months. However, if the loan is for the purchase of participant's principal residence, the administrator may permit a longer repayment term.

*Payment of Benefits* – Withdrawals are permissible upon the participant's reaching age 59½, termination of employment, death, disability, retirement or certain financial hardships. The Plan's normal retirement age is 55, or the participant's 5th anniversary of joining the Plan, if later.

(1) Description of the Plan (Continued)

*Payment of Benefits (Continued)*

Generally, upon termination of service or otherwise becoming eligible to receive benefits, a participant may receive the value of the vested interest in his or her own account as a lump-sum distribution or in the form of a series of installment payments. If a participant's vested balance is less than $5,000, the vested account balance is either distributed in a lump-sum or rolled over into an IRA or another qualified plan pursuant to Plan provisions.

*Plan Termination* – Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate, discontinue making contributions to, amend, or modify the Plan at any time. In the event of a termination of the Plan, all participants will become fully vested in their accounts and the Company will arrange for distribution of all participants' accounts to the participants in accordance with the Plan.

(2) Summary of Significant Accounting Policies

*Basis of Accounting* – The Plan's financial statements have been prepared on the accrual basis of accounting.

*Use of Estimates* – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

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

*Valuation of Investments* – Investments are stated in the accompanying statements of net assets for plan benefits at fair value. See note 6 for further discussion of fair value measurements.

The Plan's investments in the shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan as provided by BMO. The BMO Stable Value Fund is stated at fair value using the net asset value ("NAV"); the NAV is determined by the BMO using the fair value of the underlying securities within the fund at year-end.

(2) Summary of Significant Accounting Policies (Continued)

*Adoption of New Accounting Standards* – In May 2015, the FASB issued Accounting Standards Update Accounting Standards Update No. 2015-07, "Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)" ("ASU 2015-07"). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy investments for which fair values are estimated using the net asset value practical expedient provided by ASC 820. Disclosures about investments in certain entities that calculate net asset value per share are limited under ASU 2015-07 to those investments for which the entity has elected to estimate the fair value using the net asset value practical expedient. ASU 2015-07 is effective for entities (other than public business entities) for fiscal years beginning after December 15, 2016, with retrospective application to all periods presented. During the year ended December 31, 2015, the Plan had elected to adopt ASU 2015-07 early to reduce the complexity of reporting investments. Accordingly, the standard was retrospectively applied.

In July 2015, the FASB issued Accounting Standards Update No. 2015-12, "Plan Accounting: Defined Benefit Pension Plan (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): Part I Fully Benefit-Responsive Investment Contracts, Part II Plan Investment Disclosures, Part III Measurement Date Practical Expedient" ("ASU 2015-12"). Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured at fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III is not applicable to the Plan. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015, with retrospective application of Parts I and II to all periods presented. During the year ended December 31, 2015, management had elected to early adopt the provisions of Parts I and II of this new standard to reduce the complexity of reporting investments. Accordingly, these provisions were retrospectively applied.

*Fair Value Measurements* – The Company follows the guidance provided by ASC 820, "Fair Value Measurements", for its fair value measurements. ASC 820 establishes a framework for measuring fair value and utilizes a valuation hierarchy which prioritizes the inputs used in measuring fair value.

*Notes Receivable from Participants* – Notes receivable from participants represent participant loans that are to be recorded at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2016 or 2015.

*Excess Contributions Payable* – The Plan is required to return contributions to participants in the event certain nondiscrimination tests and/or contribution limits defined under the Code are not satisfied. For the years ended December 31, 2016 and 2015, approximately $8,000 and $11,000, respectively, of contributions were refundable to Plan participants and are included in excess contributions payable in the accompanying statements of net assets available for plan benefits.

(2) Summary of Significant Accounting Policies (Continued)

*Income Recognition* – Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

*Payment of Benefits* – Benefits are recorded when paid.

*Administrative Expenses* – The Company generally pays for certain administrative expenses, including legal, audit and administrative expenses with the exception of certain services, the fees of which are deducted from the respective participants' funds which include:

- Processing normal, hardship and in-service distribution forms
- Processing loan application forms
- Maintaining existing loans
- Calculating required minimum distributions

*Subsequent Events* – ASC 855, "Subsequent Events", establishes general standards of accounting and disclosure for events that occur after the balance sheet date but before the financial statements are issued or are available to be issued. In addition, ASC 855-10-50-1 requires disclosure of the date through which an entity has evaluated subsequent events and the basis for that date. The Company has evaluated subsequent events through September 21, 2017, which is the date that the financial statements were available to be issued.

(3) Information Certified by the Trustee (Unaudited)

The following is a summary of the unaudited information included in the Plan's financial statements and supplemental schedules, that were prepared by BMO and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that such information is complete and accurate.

The following table presents the fair values of investments as certified by BMO at December 31, 2016 and 2015:

| | 2016 | 2015 |
|---|---|---|
| Participant directed investments: | | |
| Common/collective trust at fair value as determined by BMO: | | |
| BMO Stable Value Fund | $ 1,186,267 | 984,565 |
| Mutual funds at fair value as determined by BMO: | | |
| Vanguard Target Retirement 2010 | 3,365 | 2,048 |
| Vanguard Target Retirement 2015 | 474,904 | 402,231 |
| Vanguard Target Retirement 2020 | 475,507 | 376,663 |
| Vanguard Target Retirement 2025 | 759,200 | 671,863 |
| Vanguard Target Retirement 2030 | 205,431 | 190,251 |
| Vanguard Target Retirement 2035 | 413,001 | 338,839 |
| Vanguard Target Retirement 2040 | 72,948 | 47,869 |
| Vanguard Target Retirement 2045 | 94,200 | 46,698 |
| American Balanced Fund | 1,502,102 | 1,335,770 |
| American Growth Fund of America | 1,282,996 | 1,183,704 |
| T Rowe Price Personal Strategy Growth Fund | 877,010 | 766,683 |
| T Rowe Price Personal Strategy Balanced Fund | 807,934 | 724,087 |
| Pimco Funds Total Return Fund Institutional Class Shares | 559,574 | 487,159 |
| Vanguard 500 Index Fund | 521,541 | 546,366 |
| Fidelity Spartan Extended Market Index | 499,702 | 423,211 |
| American Capital Income Builder | 455,732 | 412,736 |
| Yacktman Fund | 443,871 | 399,267 |
| Lord Abbett Fundamental Equity Fund | 278,870 | 237,547 |
| Vanguard Small Cap Growth Index Fund | 242,037 | 227,944 |
| DFA Emerging Market Value Fund | 197,784 | 160,897 |
| Meridian Growth Fund | 171,436 | 167,744 |
| American Europacific Growth | 166,278 | 188,134 |
| T Rowe Price Personal Strategy Income Fund | 160,315 | 145,444 |
| Delaware Small Cap Value | 140,860 | 108,662 |
| Pimco Income Fund | 119,367 | 65,895 |
| Cohen & Steers Institutional Realty Shares, Inc. | 116,396 | 138,754 |
| Templeton Global Bond Fund-Ad | 77,327 | 70,316 |
| Ridgeworth Ceredex Mid Cap Value | 71,906 | 61,946 |
| Vanguard Energy Fund | 29,962 | 32,497 |
| American Income Fund of America Fund | 25,241 | 14,184 |
| Franklin Mutual Global Discovery Fund Class Z | 6,470 | 9,659 |
| Vanguard Small Cap Index | 4,862 | 29,503 |
| | $ 12,444,396 | 10,999,136 |

(3) Information Certified by the Trustee (Unaudited) (Continued)

| | 2016 | 2015 |
|---|---|---|
| Notes receivable from participants | $ 162,228 | 185,348 |

The following tables present information as certified by BMO for the years ended December 31, 2016 and 2015:

| | 2016 | 2015 |
|---|---|---|
| Participant directed investments: | | |
| Investment income (loss): | | |
| Net appreciation (depreciation) in fair value of investments | $ 714,298 | (222,704) |
| Interest income | 7,674 | 6,330 |
| Dividend | 207,251 | 193,361 |
| Investment income (loss) | $ 929,223 | (23,013) |
| Contributions: | | |
| Participants | $ 516,598 | 441,918 |
| Employer | 155,067 | 136,153 |
| Rollover | - | 26,431 |
| | $ 671,665 | 604,502 |
| Benefits paid to participants | $ 102,610 | 87,015 |

Supplemental schedules:
Schedule of Assets (Held at End of Year)
Schedule of Assets (Acquired and Disposed of Within Year)

(4) Related Party Transactions

Certain plan investments are managed by BMO or a BMO affiliate. BMO is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

OneAmerica Retirement Services LLC is the recordkeepr, as defined by the trust agreement, and provides recordkeeping and information services, therefore, these transactions qualify as party-in-interest transactions.

(5) Income Tax Status

The Plan as a volume submitter profit sharing 401(k), obtained its latest determination letter on September 24, 2015 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believes that the Plan is currently designed, and being operated, in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan had no uncertain tax positions at December 31, 2016 and 2015. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2013.

(6) Fair Value Measurements

As noted above, ASC 820 utilizes a valuation hierarchy which prioritizes the inputs used in measuring fair value. The fair value valuation hierarchy consists of the following three levels:

| | |
|---|---|
| Level 1: | Quoted market prices in active markets for identical assets or liabilities |
| Level 2: | Observable market based inputs or unobservable inputs that are corroborated by market data |
| Level 3: | Unobservable inputs that are not corroborated by market data |

*Mutual Funds* – Mutual funds are valued based on quoted prices in an active market and classified within level 1 of the valuation hierarchy.

*Common/Collective Trust* – The BMO Stable Value Fund ("Stable Value Fund") is primarily invested in traditional and synthetic GICs. Traditional GICs are typically issued by insurance companies or banks and are essentially nonmarketable deposits with the issuing entity. The issuer is contractually obligated to repay the principal and stated interest. The repayment of a traditional GIC is the sole responsibility of the issuing entity. In the case of a synthetic GIC, the Stable Value Fund purchases high quality debt obligations and enters into contractual arrangements (wrapper contracts) with third parties related to these debt obligations to provide a guarantee of contract value and specified interest. The fair value of this fund is estimated using the NAV per unit as a practical expedient as provided by BMO. There are no unfunded commitments. Redemption frequency is on a daily basis with up to one year advance notice.

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

(6) Fair Value Measurements (Continued)

The following summarizes the financial assets and liabilities that are measured at fair value on a recurring basis at December 31, 2016 and 2015:

| | Assets at Fair Value as of December 31, 2016 | | | |
|---|---|---|---|---|
| | Total | Level 1 | Level 2 | Level 3 |
| Mutual funds | $ 11,258,129 | $11,258,129 | $ - | $ - |
| Total assets in fair value hierarchy | 11,258,129 | $11,258,129 | $ - | $ - |
| Common/collective trust: | | | | |
| Stable Value Fund* | 1,186,267 | | | |
| | $ 12,444,396 | | | |

| | Assets at Fair Value as of December 31, 2015 | | | |
|---|---|---|---|---|
| | Total | Level 1 | Level 2 | Level 3 |
| Mutual funds | $ 10,014,571 | $10,014,571 | $ - | $ - |
| Total assets in fair value hierarchy | 10,014,571 | $10,014,571 | $ - | $ - |
| Common/collective trust: | | | | |
| Stable Value Fund* | 984,565 | | | |
| | $ 10,999,136 | | | |

* Investments are measured using the NAV practical expedient and, therefore, have not been classified in the fair value hierarchy.

(7) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements at December 31, 2016 and 2015 to Form 5500:

| | 2016 | 2015 |
|---|---|---|
| Net assets available for plan benefits per the financial statements | $12,633,253 | 11,195,606 |
| Excess contributions | 7,965 | 11,159 |
| Contributions receivable per financial statements | (31,156) | (19,218) |
| Net assets available for plan benefits per Form 5500 | $12,610,062 | 11,187,547 |

(7) Reconciliation of Financial Statements to Form 5500 (Continued)

Contributions receivable are recorded on the financial statement based on contributions received from participants prior to December 31, 2016 and 2015 but not yet transmitted to the trustee as of that date.

The following is a reconciliation of the contributions received and other adjustments per the financial statements to Form 5500:

| | 2016 | 2015 |
|---|---|---|
| Contributions received per financial statements | $ 671,665 | 604,502 |
| Excess contributions | 7,965 | 11,159 |
| Contributions - accrual to cash basis adjustment | (23,097) | 5,626 |
| Contributions received per Form 5500 | $ 656,533 | 621,287 |

**SUPPLEMENTAL SCHEDULES PROVIDED PURSUANT TO THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS**

**PENTEL OF AMERICA, LTD.**
**SHARED SAVINGS PLAN**
**Employer Identification Number: 36-2611569**
**Three-digit Plan Number: 001**

PENTEL OF AMERICA, LTD.
SHARED SAVINGS PLAN

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

Year Ended December 31, 2016

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | | Mutual Funds: | | |
| | Vanguard Funds | Vanguard Target Retirement 2010 | $ ** | $ 3,365 |
| | Vanguard Funds | Vanguard Target Retirement 2015 | ** | 474,904 |
| | Vanguard Funds | Vanguard Target Retirement 2020 | ** | 475,507 |
| | Vanguard Funds | Vanguard Target Retirement 2025 | ** | 759,200 |
| | Vanguard Funds | Vanguard Target Retirement 2030 | ** | 205,431 |
| | Vanguard Funds | Vanguard Target Retirement 2035 | ** | 413,001 |
| | Vanguard Funds | Vanguard Target Retirement 2040 | ** | 72,948 |
| | Vanguard Funds | Vanguard Target Retirement 2045 | ** | 94,200 |
| | American Funds | American Balanced Fund | ** | 1,502,102 |
| | American Funds | American Growth Fund of America | ** | 1,282,996 |
| | T Rowe Price Funds | T Rowe Price Personal Strategy Growth Fund | ** | 877,010 |
| | T Rowe Price Funds | T Rowe Price Personal Strategy Balanced Fund | ** | 807,934 |
| | Pimco Funds | Pimco Funds Total Return Fund Institutional Class Shares | ** | 559,574 |
| | Vanguard Funds | Vanguard 500 Index Fund | ** | 521,541 |
| | Fidelity Funds | Fidelity Spartan Extended Market Index | ** | 499,702 |
| | American Funds | American Capital Income Builder | ** | 455,732 |
| | Yacktman Funds | Yacktman Fund | ** | 443,871 |
| | Lord Abbett Funds | Lord Abbett Fundamental Equity Fund | ** | 278,870 |
| | Vanguard Funds | Vanguard Small Cap Growth Index Fund | ** | 242,037 |
| | DFA Funds | DFA Emerging Markets Value Fund | ** | 197,784 |
| | Meridian Funds | Meridian Growth Fund | ** | 171,436 |
| | American Funds | American Europacific Growth | ** | 166,278 |
| | T Rowe Price Funds | T Rowe Price Personal Strategy Income Fund | ** | 160,315 |
| | Delaware Funds | Delaware Small Cap Value | ** | 140,860 |
| | Pimco Funds | Pimco Income Fund | ** | 119,367 |
| | Cohen & Steers | Cohen & Steers Institutional Realty Shares, Inc. | ** | 116,396 |
| | Templeton Funds | Templeton Global Bond Fund-Ad | ** | 77,327 |
| | Ridgeworth Funds | Ridgeworth Ceredex Mid Cap Value | ** | 71,906 |
| | Vanguard Funds | Vanguard Energy Fund | ** | 29,962 |
| | American Funds | American Income Fund of America Fund | ** | 25,241 |
| | Franklin Funds | Franklin Mutual Global Discovery Fund Class Z | ** | 6,470 |
| | Vanguard Funds | Vanguard Small Cap Index | ** | 4,862 |
| | | Interest in Common/Collective Trust: | | |
| * | BMO Funds | BMO Stable Value Fund | ** | 1,186,267 |
| | Total investments | | | 12,444,396 |
| * | Participant loans secured by vested participant accounts | Annual interest rates of 4.25% to 5.00% and varying maturity dates | - | 162,228 |
| | | Total assets held for investment | | $ 12,606,624 |

* Party-in-interest
** Historical cost information is not required for participant-directed investment funds

See accompanying notes to financial statements.

PENTEL OF AMERICA, LTD.
SHARED SAVINGS PLAN

Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

Year Ended December 31, 2016

| (a) | (b) | (c) | (d) |
|---|---|---|---|
| Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Costs of Acquisitions | Proceeds of Dispositions |
| No Transactions | | | |

See accompanying notes to financial statements.

PENTEL OF AMERICA, LTD.
SHARED SAVINGS PLAN

Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Year Ended December 31, 2016

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption (PTE) 2002-51 |
|---|---|---|---|---|
| Check here if Late Participant Loan Repayments are included: | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction In VFCP | |
| $ 13 | $ - | $ 13 | $ - | $ - |

Participant contributions amounted to $13, $1 of which has been funded into the Plan during the 2016 and $12 in 2017.

See accompanying notes to financial statements.

**Attachment to 2016 Form 5500**
**Schedule H, line 4a – Schedule of Delinquent Participant Contributions**

**Plan Name** PENTEL OF AMERICA, LTD SHARED SAVINGS PLAN **EIN**: 36-2611569
**Plan Sponsor's Name** PENTEL OF AMERICA, LTD **PN**: 001

| | Total that Constitute Nonexempt Prohibited Transactions | |
|---|---|---|

| Participant Contributions Transferred Late to Plan | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Totally Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| Check here if Late Participant Loan Repayments are Included: ☐ | 0 | 13 | 0 | 0 |

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | AMERICAN FUNDS | BALANCED FUND R6 | ** | 1,502,102 |
| | AMERICAN FUNDS | CAPITAL INCOME BUILDER FUND CLASS R6 | ** | 455,732 |
| | AMERICAN FUNDS | EUROPACIFIC GROWTH FUND CLASS R6 | ** | 166,278 |
| | AMERICAN FUNDS | GROWTH FUND OF AMERICA CLASS R6 | ** | 1,282,996 |
| | AMERICAN FUNDS | INCOME FUND OF AMERICA CLASS R6 | ** | 25,241 |
| * | BMO FUNDS | STABLE VALUE FUND CLASS I | ** | 1,186,267 |
| | COHEN & STEERS | INSTITUTIONAL REALTY SHARES, INC | ** | 116,396 |
| | DELAWARE FUNDS | SMALL CAP VALUE FUND CLASS I | ** | 140,860 |
| | DFA FUNDS | EMERGING MARKETS VALUE PORTFOLIO INSTL | ** | 197,784 |
| | FIDELITY FUNDS | EXTENDED MARKET INDEX FUND INV | ** | 499,702 |
| | FRANKLIN FUND | MUTUAL GLOBAL DISCOVERY FUND CLASS Z | ** | 6,470 |
| | LORD ABBETT FUNDS | FUNDAMENTAL EQUITY FUND CLASS I | ** | 278,870 |
| | MERIDIAN FUNDS | GROWTH FUND | ** | 171,436 |
| | PIMCO FUNDS | TOTAL RETURN FD INST | ** | 559,574 |
| | PIMCO FUNDS | INCOME FUND - INS | ** | 119,367 |
| | RIDGEWORTH FUNDS | CEREDEX MID CAP VALUE EQUITY FUND CL I | ** | 71,906 |
| | T ROWE PRICE FUNDS | PERSONAL STRATEGY BALANCED FUND | ** | 807,934 |
| | T ROWE PRICE FUNDS | PERSONAL STRATEGY GROWTH FUND | ** | 877,010 |
| | T ROWE PRICE FUNDS | PERSONAL STRATEGY INCOME FUND | ** | 160,315 |
| | TEMPLETON FUNDS | GLOBAL BOND FUND-AD | ** | 77,327 |
| | VANGUARD FUNDS | 500 INDEX FUND ADM | ** | 521,541 |
| | VANGUARD FUNDS | ENERGY FUND | ** | 29,962 |
| | VANGUARD FUNDS | SMALL CAP GROWTH IDX FD | ** | 242,037 |
| | VANGUARD FUNDS | SMALL CAP INDEX FUND ADM | ** | 4,862 |
| | VANGUARD FUNDS | TARGET RETIREMENT 2010 | ** | 3,365 |
| | VANGUARD FUNDS | TARGET RETIREMENT 2015 | ** | 474,904 |
| | VANGUARD FUNDS | TARGET RETIREMENT 2020 | ** | 475,507 |
| | VANGUARD FUNDS | TARGET RETIREMENT 2025 | ** | 759,200 |
| | VANGUARD FUNDS | TARGET RETIREMENT 2030 | ** | 205,431 |
| | VANGUARD FUNDS | TARGET RETIREMENT 2035 | ** | 413,001 |
| | VANGUARD FUNDS | TARGET RETIREMENT 2040 | ** | 72,948 |
| | VANGUARD FUNDS | TARGET RETIREMENT 2045 | ** | 94,200 |
| | YACKTMAN FUNDS | FUND SERVICE CLASS | ** | 443,871 |
| | LOANS TO VARIOUS PARTICIPANTS | INTEREST RATE RANGE: 4.25% THROUGH 4.5% | ** | 162,228 |

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed accounts