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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WBC HOLDINGS, L.P. RETIREMENT PLAN FOR PARTNERS

1b Three-digit plan number (PN) ▶ 006

1c Effective date of plan 01/01/2011

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)
WBC HOLDINGS, L.P.

150 N RIVERSIDE PLAZA
CHICAGO, IL 60606

2b Employer Identification Number (EIN)
32-0268461

2c Plan Sponsor's telephone number
312-236-1600

2d Business code (see instructions)
523120

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.	07/26/2019	JON ZINDEL
	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

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	219
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)**	205
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	183
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	22
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	205
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	205
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1C 3B 3F 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)** [X] **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
WBC HOLDINGS, L.P. RETIREMENT PLAN FOR PARTNERS

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WBC HOLDINGS, L.P.

D Employer Identification Number (EIN)
32-0268461

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018

2 Assets:

a Market value	**2a**	72726273
b Actuarial value	**2b**	72726273

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	14	3381714	3381714
c For active participants	205	55447937	55447937
d Total	219	58829651	58829651

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.59 %
6 Target normal cost	**6**	7349610

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 07/18/2019

CHRISTOPHER J. ROMAN, EA, MAAA — Type or print name of actuary

17-08485 — Most recent enrollment number

SCHWAB RETIREMENT PLAN SERVICES — Firm name

330-908-4742 — Telephone number (including area code)

4150 KINROSS LAKES PARKWAY
RICHFIELD, OH 44286

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5250778
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	5250778
10	Interest on line 9 using prior year's actual return of 13.54 %	0	710955
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		8815965
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.78 %		509563
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		9325528
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	5961733

Part III Funding Percentages

14	Funding target attainment percentage	14	113.48%
15	Adjusted funding target attainment percentage	15	123.62%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	115.48%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/20/2018	8502517	0			
03/01/2019	2475633	0			
			Totals ► 18(b)	10978150	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	10390848

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.92%	5.52%	6.29%	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions)

Prior regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Current regulation: ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	7349610
b Excess assets, if applicable, but not greater than line 31a	**31b**	7349610

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	10390848

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	10390848
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
WBC HOLDINGS, L.P. RETIREMENT PLAN FOR PARTNERS

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
WBC HOLDINGS, L.P.

D Employer Identification Number (EIN)
32-0268461

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).. . . . . [X] 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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

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

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

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)

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
59	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC. AND AFFIL	59	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.
SEE ATTACHMENT 06-1555943	SEE ATTACHMENT

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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: JOHN BLANKENSHIP
b EIN: 34-1479833
c Position: ENROLLED ACTUARY
d Address: 4150 KINROSS LAKES PKWY
RICHFIELD, OH 44286
e Telephone: 330-908-4414

Explanation: JOHN BLANKENSHIP IS HEREBY REPLACED BY CHRISTOPHER ROMAN AS THE PLAN'S ENROLLED ACTUARY DUE TO JOHN'S RETIREMENT FROM SCHWAB RETIREMENT PLAN SERVICES, INC.

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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
WBC HOLDINGS, L.P. RETIREMENT PLAN FOR PARTNERS

B Three-digit plan number (PN) ▶ 006

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WBC HOLDINGS, L.P.

D Employer Identification Number (EIN)
32-0268461

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: LOOMIS SAYLES ALL CAP GROWTH TRUST

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC

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)
84-6391546-017	C	9223831

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

SCHEDULE H (Form 5500)

Department of the Treasury
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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
WBC HOLDINGS, L.P. RETIREMENT PLAN FOR PARTNERS

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
WBC HOLDINGS, L.P.

D Employer Identification Number (EIN)
32-0268461

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2793837	2475633
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	3955521
(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)		
(9) Value of interest in common/collective trusts	1c(9)	0	9223831
(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)	69957431	53510736
(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	72751268	69165721
	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	72751268	69165721

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)	10898804	
	(B) Participants	2a(1)(B)		
	(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)		10898804
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	21784	
	(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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		21784
	(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)	3134894	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3134894
	(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)		-835183
(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)		-7972951
c Other income	2c		118615
d Total income. Add all **income** amounts in column (b) and enter total	2d		5365963
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8951510	
(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)		8951510
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8951510
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-3585547
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) [X] 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 [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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	
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		40000000
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			
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			

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

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 4142469. (See instructions.)

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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
WBC HOLDINGS, L.P. RETIREMENT PLAN FOR PARTNERS

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
WBC HOLDINGS, L.P.

D Employer Identification Number (EIN)
32-0268461

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): 42-1558009

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** 12

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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): _____

---

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: _____% 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):

Financial Statements and Report of Independent Certified Public Accountants

WBC Holdings, L.P.
Retirement Plan for Partners

December 31, 2018 and 2017

Contents

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Benefits Committee
WBC Holdings, L.P.
Retirement Plan for Partners

We have audited the accompanying financial statements of the WBC Holdings, L.P. Retirement Plan for Partners (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, 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.

Auditor's responsibility
Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's financial status as of December 31, 2018 and 2017, and changes therein for the year ended December 31, 2018, in accordance with accounting principles generally accepted in the United States of America.

Grant Thornton LLP is the U.S. member firm of Grant Thornton International Ltd (GTIL). GTIL and each of its member firms are separate legal entities and are not a worldwide partnership.

Grant Thornton

Supplementary Information
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2018, and of reportable transactions for the year ended December 31, 2018, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such supplementary information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included comparing and reconciling the information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplemental schedules are fairly stated, in all material respects, in relation to the financial statements as a whole.

Grant Thornton LLP

Chicago, Illinois
July 26, 2019

WBC Holdings, L.P.
Retirement Plan for Partners
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2018 and 2017

	2018	2017
Assets		
Investments, at fair value	$66,690,088	$69,957,431
Company contribution receivable	2,475,633	2,793,837
NET ASSETS AVAILABLE FOR BENEFITS	$69,165,721	$72,751,268

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

WBC Holdings, L.P.
Retirement Plan for Partners
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2018

Additions	
Investment income (loss)	
Net appreciation (depreciation) in fair value of investments	$ (8,808,134)
Dividend Income	3,156,678
Other Income	118,615
Net investment income (loss)	(5,532,841)
Company contributions	10,898,804
Total additions	5,365,963
Deductions	
Benefits paid to participants	8,951,510
Total deductions	8,951,510
NET DECREASE	(3,585,547)
Net assets available for benefits	
Beginning of year	72,751,268
End of year	$69,165,721

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

NOTE A - DESCRIPTION OF THE PLAN

The WBC Holdings, L.P. Retirement Plan for Partners (the Plan) is a defined benefit plan that was effective as of January 1, 2011. The following brief description of the Plan is for general information purposes only. Participants should refer to the Plan document for more complete information. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Plan Administration

The directed trustee of the Plan is Charles Schwab Trust Company.

Participation

A person becomes an eligible partner, as defined by the Plan, when he or she has attained age 21 and has completed two years of service. Partner means either a Point or Production Partner as defined in the WBC Holdings, L.P. Operating Agreement. Certain Production Partners as of December 31, 2016, became Point Partners effective January 1, 2017.

Funding

The sponsor of the Plan contributes such amounts as are necessary on an actuarial basis to provide sufficient assets to meet benefit payments to Plan participants and fund prior-year service costs. The Plan has met the ERISA minimum funding requirements for 2018 and 2017.

Vesting

A participant shall have a fully vested and non-forfeitable interest in his or her accrued benefit under the Plan at all times. Participants receive an annual cash balance credit which is determined in accordance with the Plan's established formula credit matrix. Effective January 1, 2017, for purposes of determining cash balance credits, any participant who was a Production Partner effective as of December 31, 2016, will continue to be deemed a Production Partner, even if the Participant subsequently becomes a Point Partner. A participant's Plan benefit equals his or her annual cash balance credits plus their share of actual investment returns on Plan assets.

Benefit Payments

The Plan allows for benefit payments to commence upon the attainment of the normal retirement age, as defined by the Plan, permanent disability or death. The participant will be entitled to receive a single lump-sum payment or an annual retirement income. Any participant whose employment is terminated prior to normal retirement age is eligible to receive a distribution of his or her vested accrued benefit.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are 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 (U.S. GAAP) requires the Plan's management to use estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. See note F for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net depreciation is included the Plan's gains and losses on investments bought and sold, as well as held during the year.

Administrative Expenses

Administrative expenses can be paid by the Plan or paid by William Blair & Company (the Company).

Payment of Benefits

Benefits are recorded when paid.

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee service to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by Charles Schwab and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The following summarizes the significant actuarial assumptions used in calculating the actuarial present value of accumulated Plan benefits using the entry age normal method of valuation:

Interest crediting rate	3.5% in 2018 and 2017
Assumed retirement age	Age 65
Mortality basis	The fully generational RP-2006 Base Mortality Table with the MP-2018 improvement scale in 2018 The fully generational RP-2006 Base Mortality Table with the MP-2017 improvement scale in 2017

The foregoing actuarial assumptions were based on the presumption that the Plan will continue.

As of December 31, 2018 and 2017, the actuarial present value of accumulated Plan benefits is as follows:

	2018	2017
Vested benefits		
Participants	$69,141,195	$72,621,053
Actuarial present value of accumulated Plan benefits	$69,141,195	$72,621,053

Changes in the actuarial present value of accumulated Plan benefits between the December 31, 2018 and 2017, valuations are as follows:

Actuarial present value of accumulated Plan benefits at beginning of year	$72,621,053
Decrease during the year attributable to	
Benefits accumulated	3,046,610
Increase in interest	2,385,773
Benefits paid	(8,912,241)
Actuarial present value of accumulated Plan benefits at end of year	$69,141,195

NOTE D - TAX STATUS

The Company has received a favorable determination letter, dated October 16, 2017, for the Plan from the Internal Revenue Service (IRS). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any periods in progress.

NOTE E - PLAN TERMINATION AND PENSION BENEFIT GUARANTY CORPORATION MATTERS

The Company has the right under the Plan, in certain circumstances, to terminate the Plan subject to the provisions of ERISA. The Executive Committee has approved to terminate the Plan effective December 31, 2019 (see Note I). Upon the termination of the Plan, the Plan's net assets will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations and the Plan document. The Company de-risked the Plan in June and July of 2019, investing all assets in a Money Market fund.

When the Plan terminates, a portion of the benefits under the Plan is insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency). Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor benefits. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits under the Plan as a result of the Plan's termination in 2019 will depend on the sufficiency of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at the time. Some benefits may be

fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE F - FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board (FASB) has issued guidance that establishes a framework for measuring fair value under current accounting pronouncements that require or permit fair value measurement and enhance disclosures about fair value measurements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the FASB guidance are described below:

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

Level 2 - Inputs to the valuation methodology include the following:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodology used to measure assets at fair value. There have been no changes in the methodology used at December 31, 2018 and 2017.

Money market fund - Valued at the net asset value (NAV) of shares held by the Plan at year-end based on quoted market prices.

Mutual funds - Valued at the net asset value of shares held by the Plan at year-end based on quoted market prices.

Collective Trust funds - Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the

right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation method is 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

	2018			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 3,955,521	$ -	$ -	$ 3,955,521
Mutual funds	53,510,736	-	-	53,510,736
Total assets at fair value	57,466,257	-	-	57,466,257
Collective trust funds at NAV				9,223,831
Total Investments				$66,690,088

	2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	$69,957,431	$ -	$ -	$69,957,431

NOTE G - RISKS AND UNCERTAINTIES

The Plan invests in various investments 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 the amounts reported in the statements of net assets available for benefits.

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

NOTE H - RELATED-PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by the Plan sponsor and; therefore, these transactions qualify as party-in-interest transactions.

NOTE I - SUBSEQUENT EVENTS

Management has considered subsequent events through July 26, 2019, the date through which the financial statements were available to be issued. On June 4, 2019, the Executive Committee approved to terminate the Plan effective December 31, 2019. No other events or disclosures were noted that would have an impact on the December 31, 2018, financial statements or disclosures.

SUPPLEMENTAL SCHEDULES

WBC Holdings, L.P.
Retirement Plan for Partners
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2018

(a)	(b) Identity of issue	(c) Description of investment	(d) Cost	(e) Current value
		Money Market Fund		
*	Charles Schwab	Schwab Retirement Govt Money Fd	$ 3,955,521	$ 3,955,521
		Mutual Funds		
	AMG Funds	AMG River Road Dividend All Cap Value Fund Class I	10,710,678	9,219,562
	Dodge and Cox Fund	Fund International Stock Fund	9,953,781	9,170,516
	Northern Global	Real Estate Fund	2,692,493	2,680,614
	Templeton Investments	Templeton Global Total Return Fund R6	3,498,545	3,303,682
	Vanguard	Vanguard Short Term Inv Grade Instl	9,930,416	9,949,470
*	William Blair Mutual Funds	William Blair Bond Fund Inst	10,826,137	9,991,123
*	William Blair Mutual Funds	William Blair Instl Intl Growth Fund	10,975,909	9,195,768
		Common Collective Trust Fund		
	Loomis Sayles	Loomis Sayles All Cap Growth Tr Cl B	9,993,284	9,223,831
		Total investments	$72,536,764	$66,690,088

* Party-in-interest.

WBC Holdings, L.P.
Retirement Plan for Partners
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2018

Type of investment	Number of purchase transactions	Total value of purchases	Number of sales transactions	Total value of sales	Total cost of assets purchased/sold	Current value of asset on transaction date	Net gain (loss)
Mutual funds							
William Blair Bond Fund							
Purchases	13	$ 783,652	-	$ -	$ 783,652	$ 783,652	$ -
Sales	-		9	11,477,604	(12,283,431)	11,477,604	(805,827)
William Blair Growth Fund							
Purchases	1	19,836	-	-	19,836	19,836	-
Sale	-	-	1	11,146,412	(11,656,506)	11,146,412	(510,093)
Loomis Sayles All Ca Growth Tr Cl B							
Purchases	2	11,152,361	6	-	11,152,361	11,152,361	
Sales	-	-	-	1,093,347	1,159,078	1,093,347	(65,731)
Schwab Retirement Government Money Fund							
Purchases	9	17,070,706	-	17,070,706	-	17,070,706	-
Sale	-	-	10	13,115,185	(13,115,185)	13,115,185	-
Vanguard Short-Term Investment Grade Instl							
Purchases	2	9,930,416	-	9,930,416	-	9,930,416	-
Sale	-	-	-	-	-	-	-

Schedule SB, line 26 – Schedule of Active Participant Data

	under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	over 40	Total
under 25	-	-	-	-	-	-	-	-	-	-	0
25 to 29	-	-	-	-	-	-	-	-	-	-	0
30 to 34	1	-	-	-	-	-	-	-	-	-	1
35 to 39	5	7	4	-	-	-	-	-	-	-	16
40 to 44	6	19	14	-	-	-	-	-	-	-	39
45 to 49	4	11	35	-	-	-	-	-	-	-	50
50 to 54	1	10	34	-	-	-	-	-	-	-	45
55 to 59	1	3	23	-	-	-	-	-	-	-	27
60 to 64	-	-	15	-	-	-	-	-	-	-	15
65 to 69	-	-	3	-	-	-	-	-	-	-	3
over 70	-	6	3	-	-	-	-	-	-	-	9
Total	18	56	131	0	0	0	0	0	0	0	205

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

A summary of the actuarial methods and assumptions used in the valuation is presented below:

Valuation Data

Census Data as of January 1, 2018.

Funding Methods

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006.

Asset Method – Assets represent the Market Value of Assets as of January 1, 2018 plus the discounted receivable contributions made in 2018 for the 2017 plan year.

Actuarial Assumptions

Interest Rate

The assumed discount rates on benefits paid in the future are based on the January 2018 PPA Segment rates reflecting the funding stabilization provisions within MAP-21 and modifications under the Highway and Transportation Funding Act (HATFA):

Segment	Rate	Applicable to benefit payments made:
1	3.92%	During first 5 years starting from the valuation date.
2	5.52%	During years 6-20 starting from the valuation date.
3	6.29%	During years 21 and beyond starting from the valuation date.

Salary Increase Rates – N/A

Interest Crediting Rate – 3.50%

Retirement Age – Participants are assumed to retire at the later of age 65 and his or her current age.

Mortality – The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code, using generational tables with separate mortality rates for annuitants and nonannuitants.

Turnover/Disability – None

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Administrative Expenses – No administrative expense is expected to be paid from the invested plan assets.

Assumed Form of Payment – Lump Sum

Changes Since Last Valuation

Prescribed Changes

As required by PPA and IRS regulations reflecting the retroactive application of the Highway and Transportation Funding Act (HATFA) of 2014, the interest rates used to determine the Funding Target were as follows:

January 1, 2018: IRS Segment Rates for January 2018 (3.92%, 5.52%, 6.29%);
January 1, 2017: IRS Segment Rates for January 2017 (4.16%, 5.72%, 6.48%)

Non-Prescribed Changes

The prescribed 2018 mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code, using generational tables with separate mortality rates for annuitants and nonannuitants was used. Previously, the prescribed 2017 mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code, using static tables with separate mortality rates for annuitants and nonannuitants was used.

All other actuarial assumptions remained unchanged from the prior valuation.

WBC Holdings, L.P.
Retirement Plan for Partners
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2018

Type of investment	Number of purchase transactions	Total value of purchases	Number of sales transactions	Total value of sales	Total cost of assets purchased/sold	Current value of asset on transaction date	Net gain (loss)
Mutual funds							
William Blair Bond Fund							
Purchases	13	$ 783,652	-	$ -	$ 783,652	$ 783,652	$ -
Sales	-		9	11,477,604	(12,283,431)	11,477,604	(805,827)
William Blair Growth Fund							
Purchases	1	19,836	-	-	19,836	19,836	-
Sale	-	-	1	11,146,412	(11,656,506)	11,146,412	(510,093)
Loomis Sayles All Ca Growth Tr Cl B							
Purchases	2	11,152,361	6	-	11,152,361	11,152,361	
Sales	-	-	-	1,093,347	1,159,078	1,093,347	(65,731)
Schwab Retirement Government Money Fund							
Purchases	9	17,070,706	-	17,070,706	-	17,070,706	-
Sale	-	-	10	13,115,185	(13,115,185)	13,115,185	-
Vanguard Short-Term Investment Grade Instl							
Purchases	2	9,930,416	-	9,930,416	-	9,930,416	-
Sale	-	-	-	-	-	-	-

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
WBC HOLDINGS, L.P. RETIREMENT PLAN FOR PARTNERS

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WBC HOLDINGS, L.P.

D Employer Identification Number (EIN)
32-0268461

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018

2 Assets:

a Market value	2a	72,726,273
b Actuarial value	2b	72,726,273

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	14	3,381,714	3,381,714
c For active participants	205	55,447,937	55,447,937
d Total	219	58,829,651	58,829,651

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.59%
6 Target normal cost	6	7,349,610

Statement by Enrolled Actuary

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

SIGN HERE Christopher Roman CR — 7/18/2019

Signature of actuary — Date

CHRISTOPHER J. ROMAN, EA, MAAA — 1708485

Type or print name of actuary — Most recent enrollment number

SCHWAB RETIREMENT PLAN SERVICES — 330-908-4742

Firm name — Telephone number (including area code)

4150 KINROSS LAKES PARKWAY

RICHFIELD OH 44286

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5,250,778
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	5,250,778
10	Interest on line 9 using prior year's actual return of 13.54%	0	710,955
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		8,815,965
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.78%		509,563
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		9,325,528
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	5,961,733

Part III Funding Percentages

14	Funding target attainment percentage	14	113.48%
15	Adjusted funding target attainment percentage	15	123.62%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	115.48%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/20/2018	8,502,517	0			
03/01/2019	2,475,633	0			
		Totals ► 18(b)	10,978,150	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	10,390,848

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
3.92 %	5.52 %	6.29%	

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	65

23 Mortality table(s) (see instructions)

Prior regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Current regulation: ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	7,349,610
b Excess assets, if applicable, but not greater than line 31a	31b	7,349,610

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	10,390,848
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	10,390,848
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

WBC Holdings, L.P. Retirement Plan for Partners

EIN/ PN 32-0268461 / 006

Schedule SB, Line 19 – Discounted Employer Contributions

Valuation Date	1/1/2018
Effective Interest Rate	5.59%

Actual Contribution Date	Actual Contribution Amount	Discounted Contribution Amount	Plan Year to Which the Contribution is Applied
12/20/2018	$ 8,502,517	$ 8,066,801	2018
3/1/2019	$ 2,475,633	$ 2,324,047	2018
Total	$ 10,978,150	$ 10,390,848	

Schedule SB, Line 24 – Change in Actuarial Assumptions

The prescribed 2018 mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code, using generational tables with separate mortality rates for annuitants and nonannuitants was used. Previously, the prescribed 2017 mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code, using static tables with separate mortality rates for annuitants and nonannuitants was used.

Schedule SB, line 22 – Description of Weighted Average Retirement Age

All participants are assumed to retire at the later of age 65 or his or her current age.

WBC Holdings, L.P. Retirement Plan for Partners

EIN/ PN 32-0268461 / 006

charles SCHWAB

Schedule SB, line 26 – Schedule of Active Participant Data

	under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	over 40	Total
under 25	-	-	-	-	-	-	-	-	-	-	0
25 to 29	-	-	-	-	-	-	-	-	-	-	0
30 to 34	1	-	-	-	-	-	-	-	-	-	1
35 to 39	5	7	4	-	-	-	-	-	-	-	16
40 to 44	6	19	14	-	-	-	-	-	-	-	39
45 to 49	4	11	35	-	-	-	-	-	-	-	50
50 to 54	1	10	34	-	-	-	-	-	-	-	45
55 to 59	1	3	23	-	-	-	-	-	-	-	27
60 to 64	-	-	15	-	-	-	-	-	-	-	15
65 to 69	-	-	3	-	-	-	-	-	-	-	3
over 70	-	6	3	-	-	-	-	-	-	-	9
Total	18	56	131	0	0	0	0	0	0	0	205

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

A summary of the actuarial methods and assumptions used in the valuation is presented below:

Valuation Data

Census Data as of January 1, 2018.

Funding Methods

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006.

Asset Method – Assets represent the Market Value of Assets as of January 1, 2018 plus the discounted receivable contributions made in 2018 for the 2017 plan year.

Actuarial Assumptions

Interest Rate

The assumed discount rates on benefits paid in the future are based on the January 2018 PPA Segment rates reflecting the funding stabilization provisions within MAP-21 and modifications under the Highway and Transportation Funding Act (HATFA):

Segment	Rate	Applicable to benefit payments made:
1	3.92%	During first 5 years starting from the valuation date.
2	5.52%	During years 6-20 starting from the valuation date.
3	6.29%	During years 21 and beyond starting from the valuation date.

Salary Increase Rates – N/A

Interest Crediting Rate – 3.50%

Retirement Age – Participants are assumed to retire at the later of age 65 and his or her current age.

Mortality – The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code, using generational tables with separate mortality rates for annuitants and nonannuitants.

Turnover/Disability – None

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Administrative Expenses – No administrative expense is expected to be paid from the invested plan assets.

Assumed Form of Payment – Lump Sum

Changes Since Last Valuation

Prescribed Changes

As required by PPA and IRS regulations reflecting the retroactive application of the Highway and Transportation Funding Act (HATFA) of 2014, the interest rates used to determine the Funding Target were as follows:

January 1, 2018: IRS Segment Rates for January 2018 (3.92%, 5.52%, 6.29%);
January 1, 2017: IRS Segment Rates for January 2017 (4.16%, 5.72%, 6.48%)

Non-Prescribed Changes

The prescribed 2018 mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code, using generational tables with separate mortality rates for annuitants and nonannuitants was used. Previously, the prescribed 2017 mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code, using static tables with separate mortality rates for annuitants and nonannuitants was used.

All other actuarial assumptions remained unchanged from the prior valuation.

Schedule SB, Part V – Summary of Plan Provisions

A summary of the major plan provisions used in the valuation is presented below:

Definitions:

Effective Date – January 1, 2011. Amended and restated effective January 1, 2017.

Employer – WBC Holdings, L.P.

Plan Year - The calendar year.

Year of Service – Consecutive 12-calendar month periods that have elapsed since the individual's Employment Date.

Eligibility – Any individual shall become a Participant on the Entry Date coincident with or next following the date he/she meets all of the following requirements:

(1) is a Partner who is a citizen of the United States,
(2) has attained age 21,
(3) has completed two Years of Service,
(4) is not a non-resident alien who receives no earned income which constitutes income from sources within the United States,
(5) is not a leased employee.

Benefit Service – A Plan Year in which a Partner completes 12 full months of service.

Participation Entry Date – January 1, April 1, July 1, or October 1 on or after meeting the Eligibility Requirements.

Actuarial Equivalent – The equivalent annuity value of the participant's Accrued Benefit converted by employing the following actuarial assumptions:

(1) Interest: 4%
(2) Pre-retirement mortality: None
(3) Post-retirement mortality: Applicable Mortality Table under 417(e)(3)

Normal Retirement Age – the Participant's 62nd birthday.

Normal Retirement Date – first day of the calendar month following the month in which the Participant attains Normal Retirement Age.

Accrued Benefit – As of any determination date, the Participant's Cash Balance Account on such date projected, if necessary, with estimated Interest Credits between the determination date and the Participant's Normal Retirement Date, and then converted to an Actuarial Equivalent immediate automatic form of payment.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Accumulation Cycle – each calendar month of a Plan Year.

Contributions:

Employer – The amount necessary to fund the Plan on an actuarially sound basis as determined by the Plan's enrolled actuary.

Employee – No employee shall be permitted to contribute to the plan.

Accumulated Benefit:

Cash Balance Account – A notional account credited with Cash Balance Credits and Interest Credits. In order to determine a Participant's Cash Balance Account as of any date of determination, the following additional separate accounts shall be maintained on behalf of each Participant:

(1) A Basic Account which shall be equal to the sum of the Cash Balance Credits and the Basic Interest Credits made on behalf of the Participant, through the last day of any Accumulation Cycle.
(2) A Minimum Account which shall be the sum of the Cash Balance Credits and the Minimum Interest Credits made on behalf of the Participant.
(3) A Maximum Account which shall be the sum of the Cash Balance Credits and the Maximum Interest Credits made on behalf of the Participant.
(4) As of any determination date prior to a Participant's Annuity Starting Date, a Participant's Cash Balance Account shall be equal to the lesser of the accounts maintained under (1) and (3). Furthermore, as of the end of the last Accumulation Cycle of the Plan Year, the Basic Account is to be limited to the Maximum Account. If the limitation occurs, the Basic Account shall be set equal to the Maximum Account at that time.
(5) As of a Participant's Annuity Starting Date, a Participant's Cash Balance Account shall be the greater of the accounts in (2) and (4).

Cash Balance Credits

(1) For each year of Benefit Service, not to exceed 10 years, a Cash Balance Credit shall be credited to the Cash Balance Account of each Participant. Except as noted below in (3)-(7), the Cash Balance Credit amount shall be the Formula Credit Amount set forth in (2).
(2) The Formula Credit Amount for a Point Partner for a given Plan Year is equal to the amount below based on the Participant's age (complete years) as of the last day of the Plan Year and the Group (defined below) to which the Participant belongs for the Plan Year:

Schedule SB, Part V – Summary of Plan Provisions (continued)

Age	Group 1	Group 2	Group 3	Group 4
21 - 24	20,000	23,000	27,000	31,000
25 - 29	22,000	27,000	33,000	38,000
30 – 34	25,000	31,000	39,000	49,000
35 – 39	30,000	39,000	49,000	60,000
40 – 44	37,000	47,000	60,000	78,000
45 – 49	46,000	59,000	75,000	95,000
50 – 54	58,000	72,000	94,000	124,000
55 – 59	73,000	91,000	117,000	150,000
60	92,000	114,000	148,000	195,000
61	95,000	118,000	153,000	200,000
62+	98,000	122,000	164,000	225,000

(3) The Formula Credit Amount for a Production Partner shall be determined under (2) as if said Partner were always a member of Group 3.
(4) Notwithstanding (2) and (3), the Cash Balance Credit for any person listed on Schedule A and for any Point Partner who was not a Partner as of December 31, 2011, shall be equal to 50% of the Formula Credit Amount in (2).
(5) Notwithstanding (2), (3) and (4), the Cash Balance Credit for any Partner listed on Schedule B shall be equal to $40,000.
(6) Notwithstanding (2), (3), (4) and (5), the Cash Balance Credit for any Partner listed on Schedule C and for any Production Partner who was not a Partner as of December 31, 2011, shall be $20,000.
(7) Notwithstanding (2), (3), (4), (5) and (6), the Cash Balance Credit for any Partner listed on Schedule D shall be $1,000.
(8) Any participant who is a Production Partner effective as of December 31, 2016 shall continue to be deemed a Production Partner, even if such participant subsequently becomes a Point Partner.

A Participant shall be a member of one of the following groups based on the Participant's Partnership Points attributable to the current Plan year as follows:

Group	Partnership Points
Group 1	0.500 to 4.999
Group 2	5.000 to 6.874
Group 3	6.875 to 8.124
Group 4	8.125 +

Schedule SB, Part V – Summary of Plan Provisions (continued)

Interest Credits – For each Accumulation Cycle the Plan shall determine a Basic Interest Credit, a Minimum Interest Credit and a Maximum Interest Credit on behalf of each Participant. Each such Interest Credit shall be credited to the applicable separate Cash Balance Account described above as of the last day of each Accumulation Cycle. The separate Interest Credits are determined as follows:

(1) The Basic Interest Credit shall be based upon a market rate of return. The Basic Interest Credit shall be determined by applying the rate of return to the Basic Account as of the beginning of the Accumulation Cycle prior to the Cash Balance Credit accrued for the current Accumulation Cycle.
(2) The Minimum Interest Credit shall be determined by applying an interest rate of 0.00% to the Minimum Account as of the beginning of the Accumulation Cycle prior to the Cash Balance Credit accrued for the current Accumulation Cycle.
(3) The Maximum Interest Credit shall be determined by applying an interest rate of 6.00% (annualized) to the Maximum Account as of the beginning of the Accumulation Cycle prior to the Cash Balance Credit accrued for the current Accumulation Cycle.

Retirement Benefits:

Benefit Amount – Cash Balance Account or the Actuarial Equivalent payable as an annuity, subject to IRS maximum limitations.

Form of Payment – Life annuity. Actuarially equivalent optional forms are also available, including a lump sum option.

Normal Retirement Benefit – The first of the month next following the attainment of Normal Retirement Age

Vested Termination Benefit – Termination of employment after earning a non-forfeitable interest in the Accumulated Benefit.

Death Benefit – Participant's spouse or beneficiary shall be entitled to a death benefit based upon the Participant's Accumulated Benefit, if the Participant dies prior the his or her Annuity Starting Date.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Forms of Benefit:

Normal Form of Payment – The normal form of payment for a single Participant is a Single Life Annuity and for a married Participant is the 50% Qualified Joint and Survivor Annuity.

Optional Forms of Payment – A Participant may also elect a 75% Joint and Survivor Annuity or a single lump sum payment.

WBC HOLDINGS LP RET PLAN - PARTNERS

Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information

December 31, 2018

EIN: 32-0268461

Plan Number: 006

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)

Fund Family/Provider	EIN	Formula
AMG Funds	06-1555943	Rate of 0.09% of average daily balance of asset(s)
Dodge & Cox	Not Available	Rate of 0.10% of average daily balance of asset(s)
Northern Funds	36-3608252	Rate of 0.10% of average daily balance of asset(s)

Schedule SB, Line 19 – Discounted Employer Contributions

Valuation Date	1/1/2018
Effective Interest Rate	5.59%

Actual Contribution Date	Actual Contribution Amount	Discounted Contribution Amount	Plan Year to Which the Contribution is Applied
12/20/2018	$ 8,502,517	$ 8,066,801	2018
3/1/2019	$ 2,475,633	$ 2,324,047	2018
Total	$ 10,978,150	$ 10,390,848	

Schedule SB, line 22 – Description of Weighted Average Retirement Age

All participants are assumed to retire at the later of age 65 or his or her current age.

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Eligibility – Any individual shall become a Participant on the Entry Date coincident with or next following the date he/she meets all of the following requirements:

(1) is a Partner who is a citizen of the United States,
(2) has attained age 21,
(3) has completed two Years of Service,
(4) is not a non-resident alien who receives no earned income which constitutes income from sources within the United States,
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Benefit Service – A Plan Year in which a Partner completes 12 full months of service.

Participation Entry Date – January 1, April 1, July 1, or October 1 on or after meeting the Eligibility Requirements.

Actuarial Equivalent – The equivalent annuity value of the participant's Accrued Benefit converted by employing the following actuarial assumptions:

(1) Interest: 4%
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Normal Retirement Age – the Participant's 62nd birthday.

Normal Retirement Date – first day of the calendar month following the month in which the Participant attains Normal Retirement Age.

Accrued Benefit – As of any determination date, the Participant's Cash Balance Account on such date projected, if necessary, with estimated Interest Credits between the determination date and the Participant's Normal Retirement Date, and then converted to an Actuarial Equivalent immediate automatic form of payment.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Accumulation Cycle – each calendar month of a Plan Year.

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Cash Balance Account – A notional account credited with Cash Balance Credits and Interest Credits. In order to determine a Participant's Cash Balance Account as of any date of determination, the following additional separate accounts shall be maintained on behalf of each Participant:

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Schedule SB, Part V – Summary of Plan Provisions (continued)

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40 – 44	37,000	47,000	60,000	78,000
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Group 4	8.125 +

Schedule SB, Part V – Summary of Plan Provisions (continued)

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Form of Payment – Life annuity. Actuarially equivalent optional forms are also available, including a lump sum option.

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Forms of Benefit:

Normal Form of Payment – The normal form of payment for a single Participant is a Single Life Annuity and for a married Participant is the 50% Qualified Joint and Survivor Annuity.

Optional Forms of Payment – A Participant may also elect a 75% Joint and Survivor Annuity or a single lump sum payment.

WBC Holdings, L.P.
Retirement Plan for Partners
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2018

(a)	(b) Identity of issue	(c) Description of investment	(d) Cost	(e) Current value
		Money Market Fund		
*	Charles Schwab	Schwab Retirement Govt Money Fd	$ 3,955,521	$ 3,955,521
		Mutual Funds		
	AMG Funds	AMG River Road Dividend All Cap Value Fund Class I	10,710,678	9,219,562
	Dodge and Cox Fund	Fund International Stock Fund	9,953,781	9,170,516
	Northern Global	Real Estate Fund	2,692,493	2,680,614
	Templeton Investments	Templeton Global Total Return Fund R6	3,498,545	3,303,682
	Vanguard	Vanguard Short Term Inv Grade Instl	9,930,416	9,949,470
*	William Blair Mutual Funds	William Blair Bond Fund Inst	10,826,137	9,991,123
*	William Blair Mutual Funds	William Blair Instl Intl Growth Fund	10,975,909	9,195,768
		Common Collective Trust Fund		
	Loomis Sayles	Loomis Sayles All Cap Growth Tr Cl B	9,993,284	9,223,831
		Total investments	$72,536,764	$66,690,088

* Party-in-interest.

Schedule SB, Line 24 – Change in Actuarial Assumptions

The prescribed 2018 mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code, using generational tables with separate mortality rates for annuitants and nonannuitants was used. Previously, the prescribed 2017 mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code, using static tables with separate mortality rates for annuitants and nonannuitants was used.