

**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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

**Part I Annual Report Identification Information**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

**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); or  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

<b>1a</b> Name of plan WESTON SOLUTIONS, INC. RETIREMENT INCOME PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001
<b>2a</b> 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) WESTON SOLUTIONS, INC.  1400 WESTON WAY  WEST CHESTER PA 19380	<b>1c</b> Effective date of plan 11/01/1968  <b>2b</b> Employer Identification Number (EIN) 23-1501990  <b>2c</b> Plan Sponsor's telephone number 610-701-3694  <b>2d</b> Business code (see instructions) 541330

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

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

<b>SIGN HERE</b>		09/28/2016	James Hershey
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
---	-----------------------------------

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	717
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year.....	<b>6a(1)</b>	210
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	186
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	169
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	345
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	700
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	10
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	710
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>	
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A 1I

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
---	---

---

<b>Part III</b>	<b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b>
-----------------	---

---

**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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 \_\_\_\_\_

---

<p style="text-align: center;"><b>SCHEDULE C</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Service Provider Information</b></p> <p style="font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p style="font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2015</b></p> <hr/> <p style="font-size: small;"><b>This Form is Open to Public Inspection.</b></p>
---	---	---

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

<b>A</b> Name of plan WESTON SOLUTIONS, INC. RETIREMENT INCOME PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
--	---	-----

<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500  WESTON SOLUTIONS, INC.	<b>D</b> Employer Identification Number (EIN)  23-1501990
---	---

**Part I Service Provider Information (see instructions)**

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

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

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

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

<b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VANGUARD	23-1945930

<b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
J.P.MORGAN	13-3200244

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

**(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

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 59 21 50 51 56	TRUSTEE	29,326	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**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

**2015**

**This Form is Open to Public Inspection**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

<b>A</b> Name of plan WESTON SOLUTIONS, INC. RETIREMENT INCOME PLAN		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 WESTON SOLUTIONS, INC.		<b>D</b> Employer Identification Number (EIN) 23-1501990	

**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.

<b>Assets</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	305,159	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	246,160	224,125
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	26,066,162	25,036,812
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	26,617,481	25,260,937
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	26,617,481	25,260,937

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	23	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends: (A) Preferred stock .....</b>			
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	729,099	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....</b>			
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....</b>			
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)	-959,398
c Other income.....	2c	
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	-230,276

**Expenses**

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1,092,906
(2) To insurance carriers for the provision of benefits .....	2e(2)	
(3) Other .....	2e(3)	4,036
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)	1,096,942
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)	29,326
(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)	29,326
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	1,126,268

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d.....	2k	-1,356,544
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan .....	2l(2)	

**Part III Accountant's Opinion**

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unqualified (2)  Qualified (3)  Disclaimer (4)  Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?  Yes  No

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

(1) Name: PRICEWATERHOUSECOOPERS, LLP (2) EIN: 13-4008324

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	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		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.).....		X		

	Yes	No	N/A	Amount
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....	<b>4c</b>	X		
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	<b>4d</b>	X		
<b>e</b> Was this plan covered by a fidelity bond? .....	<b>4e</b>	X		5,000,000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>4f</b>	X		
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....	<b>4g</b>	X		
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	<b>4h</b>	X		
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....	<b>4i</b>	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	<b>4j</b>	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	<b>4k</b>	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>4l</b>	X		
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	<b>4m</b>			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....	<b>4n</b>			
<b>o</b> Did the plan trust incur unrelated business taxable income? .....	<b>4o</b>			
<b>p</b> Were in-service distributions made during the plan year? .....	<b>4p</b>			

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

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

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

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

**Part V Trust Information**

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2015</b>  <b>This Form is Open to Public Inspection.</b>
--	--	---

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

<b>A</b> Name of plan WESTON SOLUTIONS, INC. RETIREMENT INCOME PLAN	<b>B</b> Three-digit plan number (PN)	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500  WESTON SOLUTIONS, INC.	<b>D</b> Employer Identification Number (EIN)  23-1501990	

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

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-1558009</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	0

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

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

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

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

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

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

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

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

<b>a</b>	Name of contributing employer		
<b>b</b>	EIN	<b>c</b>	Dollar amount contributed by employer
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____

  

<b>a</b>	Name of contributing employer		
<b>b</b>	EIN	<b>c</b>	Dollar amount contributed by employer
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____

  

<b>a</b>	Name of contributing employer		
<b>b</b>	EIN	<b>c</b>	Dollar amount contributed by employer
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____

  

<b>a</b>	Name of contributing employer		
<b>b</b>	EIN	<b>c</b>	Dollar amount contributed by employer
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____

  

<b>a</b>	Name of contributing employer		
<b>b</b>	EIN	<b>c</b>	Dollar amount contributed by employer
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____		
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____



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

<b>a</b> The current year .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year .....	<b>14b</b>	
<b>c</b> The second preceding plan year .....	<b>14c</b>	

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

**20a** Is the plan a 401(k) plan?  Yes  No

**20b** If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?  Design-based safe harbor method  ADP/ACP test method

**20c** If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?  Yes  No

**21a** Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):  Ratio percentage test  Average benefit test

**21b** Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**22a** Has the plan been timely amended for all required tax law changes?  Yes  No  N/A

**22b** Date the last plan amendment/restatement for the required tax law changes was adopted \_\_\_\_ \_\_ \_\_. Enter the applicable code \_\_\_\_ (See instructions for tax law changes and codes).

**22c** If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter \_\_\_\_\_ and the letter's serial number \_\_\_\_\_.

**22d** If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter \_\_\_\_\_.

**23** Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?  Yes  No

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

OMB No. 1210-0110

**2015**

**This Form is Open to Public Inspection**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

<b>A</b> Name of plan WESTON SOLUTIONS, INC. RETIREMENT INCOME PLAN		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WESTON SOLUTIONS, INC.		<b>D</b> Employer Identification Number (EIN) 23-1501990	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	26,611,214	
<b>b</b> Actuarial value .....	<b>2b</b>	25,974,863	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	157	10,921,218	10,921,218
<b>b</b> For terminated vested participants .....	350	8,433,348	8,433,348
<b>c</b> For active participants .....	210	5,710,885	5,743,923
<b>d</b> Total .....	717	25,065,451	25,098,489
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	6.30%	
<b>6</b> Target normal cost .....	<b>6</b>	29,000	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	Signature of actuary	Date
	J. DANIEL GANSZ, JR.	08/25/2016
	Type or print name of actuary	Most recent enrollment number
	AON HEWITT	1406121
	Firm name	Telephone number (including area code)
	555 EAST LANCASTER AVE SUITE 300 RADNOR PA 19087-5159	610-834-2187
	Address of the firm	

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

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2015 v. 150123**

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	1,317
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	1,317
<b>10</b>	Interest on line 9 using prior year's actual return of <u>9.25%</u> .....	0	122
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		312
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.51%</u> .....		20
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		332
	<b>d</b> Portion of (c) to be added to prefunding balance.....		332
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	1,771

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	103.48%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	103.49%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	96.85%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

**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	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6).....				<b>31a</b> 29,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 29,000
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment .....				
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...				<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement.....			0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36) .....				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

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

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  <small>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).</small>  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2015</b>  <b>This Form is Open to Public Inspection</b>
---	---	--

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

<b>A</b> Name of plan WESTON SOLUTIONS, INC. RETIREMENT INCOME PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WESTON SOLUTIONS, INC.	<b>D</b> Employer Identification Number (EIN) 23-1501990	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2015</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		26,611,214
<b>b</b> Actuarial value .....	<b>2b</b>		25,974,863
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	157	10,921,218	10,921,218
<b>b</b> For terminated vested participants .....	350	8,433,348	8,433,348
<b>c</b> For active participants .....	210	5,710,885	5,743,923
<b>d</b> Total .....	717	25,065,451	25,098,489
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>		6.30%
<b>6</b> Target normal cost .....	<b>6</b>		29,000

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

<b>SIGN HERE</b>	<u>J. Daniel Gansz, Jr.</u> Signature of actuary	<u>8/25/16</u> Date
	<u>J. DANIEL GANSZ, JR.</u> Type or print name of actuary	<u>1406121</u> Most recent enrollment number
	<u>AON HEWITT</u> Firm name	<u>610-834-2187</u> Telephone number (including area code)
	<u>555 EAST LANCASTER AVE</u> <u>SUITE 300</u> <u>RADNOR PA 19087-5159</u> Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	1,317
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		0
<b>9</b>	Amount remaining (line 7 minus line 8).....	0	1,317
<b>10</b>	Interest on line 9 using prior year's actual return of <u>9.25%</u> .....	0	122
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		312
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.51%</u> .....		20
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		332
	<b>d</b> Portion of (c) to be added to prefunding balance.....		332
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	1,771

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	103.48%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	103.49%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	96.85%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

**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	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

**21** Discount rate:

**a** Segment rates:

1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	<input type="checkbox"/> N/A, full yield curve used
-----------------------	-----------------------	-----------------------	---

**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 64

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

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

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

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

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

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

**28** Unpaid minimum required contributions for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

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

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

**a** Target normal cost (line 6) ..... **31a** 29,000

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 29,000

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....		

**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
<b>35</b> 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** 0

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

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

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

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

**a** Schedule elected .....  2 plus 7 years  15 years

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

**42** Amount of acceleration adjustment ..... **42**

**43** Excess installment acceleration amount to be carried over to future plan years ..... **43**

**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponser:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

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

(A)	(B)	(C )	(D)	(E)
Age	lx	Retirement Rates	(B)*(C )	(A)*(D)
60	1000	5.0%	50	3000
61	950	5.0%	48	2928
62	902	10.0%	90	5580
63	812	5.0%	41	2583
64	771	50.0%	386	24704
65	385	100.0%	385	25025
			<b>Total</b>	63820
				63820/1000

63.82

The weighted average retirement age is 64.



**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponser:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

## **Schedule SB, line 24 – Changes in Actuarial Assumptions/Methods**

### **Assumption Changes**

Other than prescribed changes in interest rates and mortality, the funding valuation reflects an experience study that was completed late in 2014. Retirement and termination rates have all been updated to better reflect anticipated Plan experience. Additionally the percent married assumption and optional form election percentages were updated to reflect anticipated plan experience.



**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponsor:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

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

### **For ERISA Requirements**

Interest Rates for Minimum Funding Purposes	Based on segment rates, each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates, without regard to the MAP-21 interest rate corridor
1st Segment Rate	1.15%
2nd Segment Rate	4.06%
3rd Segment Rate	5.15%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	See Table 2
Mortality Rates	
Healthy and Disabled	RP-2000 IRS PPA@2015 Non-Annuitant & Annuitant Table
Withdrawal Rates	See Table 3
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.
Optional Payment Form Election Percentage	50% - Single Life Annuity 20% - Joint and 100% Survivor Annuity 15% - Joint and 50% Survivor Annuity 5% - Joint and 66 2/3% Survivor Annuity 5% - Joint and 75% Survivor Annuity 5% - 20 Year Certain and Continuous Annuity

**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponsor:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

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

Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2012 Plan Year	7.00%
2013 Plan Year	7.00%, limited to 6.76%
2014 Plan Year	7.00%, limited to 6.99%
Trust Expenses Included in Target Normal Cost	The expected administrative expenses are based on the prior year's actual (taken from final ASC 715 reports) rounded down to the nearest \$1,000. For 2015, expenses are assumed to be \$29,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2015

**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponser:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

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

**Table 1**

*Retirement Rates—Active Participants*

<u>Age</u>	<u>Rate</u>
60	5.00%
61	5.00%
62	10.00%
63	5.00%
64	50.00%
65+	100.00%

**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponsor:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

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

**Table 2**

**Retirement Rates—Terminated Vested Participants**

<u>Age</u>	<u>Rate</u>
62	5.00%
63	10.00%
64	25.00%
65+	100.00%

**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponsor:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

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

**Table 3**

### **Withdrawal Rates—Termination Rates**

<u>Age</u>	<u>Rate</u>
35	8.00%
36	8.00%
37	8.00%
38	8.00%
39	8.00%
40	7.00%
41	7.00%
42	7.00%
43	7.00%
44	7.00%
45	6.00%
46	6.00%
47	6.00%
48	6.00%
49	6.00%
50	6.00%
51	6.00%
52	6.00%
53	6.00%
54	6.00%
55+	6.00%

**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponsor:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

## **Schedule SB, Part V - Summary of Plan Provisions**

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

### **General Information**

Original Effective Date:	November 1, 1968
Effective Date of Last Amendment:	July 25, 2012
Plan Year:	January 1st to December 31st
Employer Fiscal Year:	January 1st to December 31st
Employer ID Number:	23-1501990
Plan Administrator's ID Number:	23-1501990
Plan Number:	001

### **Eligibility**

Age 21 and one year of service. Participation was frozen effective July 1, 1997

### **Normal Retirement Benefit**

The amount of annual benefit based on service to Normal Retirement Date is based on the following service and formulary breakdowns:

#### **Service after June 30, 1997:**

Credited Service:	None
Benefit:	Effective July 1, 1997, participation and benefit accruals were frozen.

#### **Service between January 1, 1997 and June 30, 1997:**

Credited Service:	At least 500 hours of service
Benefit:	1.15% of compensation plus .35% of compensation over 75% of the Social Security Taxable Wage Base (rounded to the next lowest \$100).



**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponser:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

**Schedule SB, Part V - Summary of Plan Provisions**  
**Normal Retirement Benefit (con.)**

**Service between January 1, 1989 and December 31, 1996:**

**Credited Service:** A Calendar year with at least 1,000 hours of service. (If any employee has between 1,000 and 1,999 hours of service, compensation is annualized as if he had 2,000 hours, but the benefit for the year is prorated. The proration fraction equals the number of hours of service divided by 2,000, rounded up to the next tenth).

**Benefit:** 1.15% of compensation plus .35% of compensation over 75% of the Social Security Taxable Wage Base (rounded to the next lowest \$100).

**Service between January 1, 1979 and December 31, 1988:**

**Credited Service:** A Calendar year with at least 1,000 hours of service. (If any employee has between 1,000 and 1,999 hours of service, compensation is annualized as if he had 2,000 hours, but the benefit for the year is prorated. The proration fraction equals the number of hours of service divided by 2,000, rounded up to the next tenth).

**Benefit:** 1.00% of compensation plus .70% of compensation over 75% of the Social Security Taxable Wage Base (rounded to the next lowest \$100).

**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponser:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

## **Schedule SB, Part V - Summary of Plan Provisions**

### **Normal Retirement Benefit (con.)**

#### **Service before January 1, 1979:**

**Credited Service:** A Calendar year with at least 1,000 hours of service. (If any employee has between 1,000 and 1,999 hours of service, compensation is annualized as if he had 2,000 hours, but the benefit for the year is prorated. The proration fraction equals the number of hours of service divided by 2,000, rounded up to the next tenth).

**Benefit:** Greater of a. and b.:

- a. 0.9% of Earnings as of January 1, 1979 up to \$8,700 plus 1.5% of Earnings as of January 1, 1979 over \$8,700 times years of Credited Service prior to January 1, 1979
- b. Sum of 1. plus 2.:
  1. 1% of Final Earnings plus 0.5% of Final Earnings over Covered Compensation, multiplied by years of Credited Service prior to January 1974
  2. 0.8% of Final Earnings plus 0.4% of Final Earnings over Covered Compensation, multiplied by years of Credited Service after December 31, 1973 but prior to January 1, 1979.

### **Compensation**

Effective January 1, 1989, the annual compensation of each Participant shall comply with the limitations set forth in Section 2.1, definition of Compensation, pertaining to Section 401(a)(17) of the Code.

### **Earnings**

January 1, 1979 base pay, but not more than the 36 consecutive month average prior to January 1, 1979 which produces the highest average.

**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponsor:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

## **Schedule SB, Part V - Summary of Plan Provisions**

### **Final Earnings**

The average Earnings (as defined above) for any five consecutive calendar years (or actual years of participation, if less) before 1979 which yields the highest average.

### **Covered Compensation**

The average annual amount of compensation for a Participant, with respect to which old age and survivors insurance benefits would be provided for him/her under the Social Security Act computed as though for each year until he/she reaches age 65, his/her annual compensation is equal to the Taxable Wage Base, but in no event more than \$22,900.

### **Normal Retirement Date**

Normal Retirement Date is first day of the month coincident with or next following the attainment of age 65.

### **Accrued Benefit**

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using average compensation and Credited Service as of the accrual date.

### **Delayed Retirement**

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement the benefit based on service and compensation as of actual Retirement Date.

### **Early Retirement Benefit**

Upon the completion of 5 years of Credited Service and the attainment of age 60, a participant may elect to retire. He may receive an immediate benefit equal to the Accrued Benefit at the early retirement date and reduced for early commencement by .6% for each month commencement precedes his normal retirement date.

### **Disability Retirement Benefit**

A participant who becomes totally and permanently disabled shall be entitled to benefits commencing at Normal Retirement Date. The benefit will be calculated assuming service continues to accrue from the disability date to the earlier of June 30, 1997, recovery or normal retirement age and earnings remain at the same level. The pension will be reduced for commencement prior to Normal Retirement Date.

**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponsor:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

## **Schedule SB, Part V - Summary of Plan Provisions**

### **Death Benefit**

In the event of a married participant's death after the completion of 5 years of Credited Service, but prior to Normal Retirement Date, it will be assumed:

- a) The participant terminated employment on the date of death or actual termination date, if earlier.
- b) Survived to the earliest retirement date (or date of death, if later).
- c) Retired with a 50% joint and survivorship option in effect.
- d) Died on the following day.

Payment of the death benefit begins on the participants earliest retirement date, or date of death if later.

### **Severance Benefit**

A participant is 100% vested in their accrued benefit at the earlier of completing 5 years of service and reaching normal retirement age. Participants who were age 60 on August 29, 1994 are 100% vested without regard to length of service. Participants who had 3 years of service on August 29, 1994 will be 100% vested upon reaching age 60 (even if they have less than 5 years of service at age 60).

A participant is entitled to their accrued benefit payable at age 65, or reduced benefit payable on or after the attainment of age 60, if eligible.

### **Normal Form of Payment**

The Normal Form of Payment for a single participant is an annuity paid in monthly installments for the life of the participant with no further payments following the participant's death.

For a married participant, the Normal Form of Payment is an actuarially equivalent 50% Joint and Survivor Annuity with the spouse as beneficiary.

### **Optional Methods of Settlement**

All Optional Methods of Settlement are actuarially equivalent to the normal form of Payment. The options are:

- (1) A Single Life Annuity
- (2) 50 %, 66  $\frac{2}{3}$  %, 75 % or 100 % Joint and Survivor Annuity
- (3) 5,10,15, or 20 Year Certain and Life Annuity
- (4) Lump Sum (if \$1,000 or less)

**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponsor:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

## **Schedule SB, Part V - Summary of Plan Provisions**

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

### **General Information**

Original Effective Date:	November 1, 1968
Effective Date of Last Amendment:	July 25, 2012
Plan Year:	January 1st to December 31st
Employer Fiscal Year:	January 1st to December 31st
Employer ID Number:	23-1501990
Plan Administrator's ID Number:	23-1501990
Plan Number:	001

### **Eligibility**

Age 21 and one year of service. Participation was frozen effective July 1, 1997

### **Normal Retirement Benefit**

The amount of annual benefit based on service to Normal Retirement Date is based on the following service and formulary breakdowns:

#### **Service after June 30, 1997:**

Credited Service:	None
Benefit:	Effective July 1, 1997, participation and benefit accruals were frozen.

#### **Service between January 1, 1997 and June 30, 1997:**

Credited Service:	At least 500 hours of service
Benefit:	1.15% of compensation plus .35% of compensation over 75% of the Social Security Taxable Wage Base (rounded to the next lowest \$100).

**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponser:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

**Schedule SB, Part V - Summary of Plan Provisions**  
**Normal Retirement Benefit (con.)**

**Service between January 1, 1989 and December 31, 1996:**

**Credited Service:** A Calendar year with at least 1,000 hours of service. (If any employee has between 1,000 and 1,999 hours of service, compensation is annualized as if he had 2,000 hours, but the benefit for the year is prorated. The proration fraction equals the number of hours of service divided by 2,000, rounded up to the next tenth).

**Benefit:** 1.15% of compensation plus .35% of compensation over 75% of the Social Security Taxable Wage Base (rounded to the next lowest \$100).

**Service between January 1, 1979 and December 31, 1988:**

**Credited Service:** A Calendar year with at least 1,000 hours of service. (If any employee has between 1,000 and 1,999 hours of service, compensation is annualized as if he had 2,000 hours, but the benefit for the year is prorated. The proration fraction equals the number of hours of service divided by 2,000, rounded up to the next tenth).

**Benefit:** 1.00% of compensation plus .70% of compensation over 75% of the Social Security Taxable Wage Base (rounded to the next lowest \$100).

**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponsor:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

## **Schedule SB, Part V - Summary of Plan Provisions**

### **Normal Retirement Benefit (con.)**

#### **Service before January 1, 1979:**

**Credited Service:** A Calendar year with at least 1,000 hours of service. (If any employee has between 1,000 and 1,999 hours of service, compensation is annualized as if he had 2,000 hours, but the benefit for the year is prorated. The proration fraction equals the number of hours of service divided by 2,000, rounded up to the next tenth).

**Benefit:** Greater of a. and b.:

- a. 0.9% of Earnings as of January 1, 1979 up to \$8,700 plus 1.5% of Earnings as of January 1, 1979 over \$8,700 times years of Credited Service prior to January 1, 1979
- b. Sum of 1. plus 2.:
  1. 1% of Final Earnings plus 0.5% of Final Earnings over Covered Compensation, multiplied by years of Credited Service prior to January 1974
  2. 0.8% of Final Earnings plus 0.4% of Final Earnings over Covered Compensation, multiplied by years of Credited Service after December 31, 1973 but prior to January 1, 1979.

### **Compensation**

Effective January 1, 1989, the annual compensation of each Participant shall comply with the limitations set forth in Section 2.1, definition of Compensation, pertaining to Section 401(a)(17) of the Code.

### **Earnings**

January 1, 1979 base pay, but not more than the 36 consecutive month average prior to January 1, 1979 which produces the highest average.

**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponsor:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

## **Schedule SB, Part V - Summary of Plan Provisions**

### **Final Earnings**

The average Earnings (as defined above) for any five consecutive calendar years (or actual years of participation, if less) before 1979 which yields the highest average.

### **Covered Compensation**

The average annual amount of compensation for a Participant, with respect to which old age and survivors insurance benefits would be provided for him/her under the Social Security Act computed as though for each year until he/she reaches age 65, his/her annual compensation is equal to the Taxable Wage Base, but in no event more than \$22,900.

### **Normal Retirement Date**

Normal Retirement Date is first day of the month coincident with or next following the attainment of age 65.

### **Accrued Benefit**

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using average compensation and Credited Service as of the accrual date.

### **Delayed Retirement**

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement the benefit based on service and compensation as of actual Retirement Date.

### **Early Retirement Benefit**

Upon the completion of 5 years of Credited Service and the attainment of age 60, a participant may elect to retire. He may receive an immediate benefit equal to the Accrued Benefit at the early retirement date and reduced for early commencement by .6% for each month commencement precedes his normal retirement date.

### **Disability Retirement Benefit**

A participant who becomes totally and permanently disabled shall be entitled to benefits commencing at Normal Retirement Date. The benefit will be calculated assuming service continues to accrue from the disability date to the earlier of June 30, 1997, recovery or normal retirement age and earnings remain at the same level. The pension will be reduced for commencement prior to Normal Retirement Date.



**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponsor:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

## **Schedule SB, Part V - Summary of Plan Provisions**

### **Death Benefit**

In the event of a married participant's death after the completion of 5 years of Credited Service, but prior to Normal Retirement Date, it will be assumed:

- a) The participant terminated employment on the date of death or actual termination date, if earlier.
- b) Survived to the earliest retirement date (or date of death, if later).
- c) Retired with a 50% joint and survivorship option in effect.
- d) Died on the following day.

Payment of the death benefit begins on the participants earliest retirement date, or date of death if later.

### **Severance Benefit**

A participant is 100% vested in their accrued benefit at the earlier of completing 5 years of service and reaching normal retirement age. Participants who were age 60 on August 29, 1994 are 100% vested without regard to length of service. Participants who had 3 years of service on August 29, 1994 will be 100% vested upon reaching age 60 (even if they have less than 5 years of service at age 60).

A participant is entitled to their accrued benefit payable at age 65, or reduced benefit payable on or after the attainment of age 60, if eligible.

### **Normal Form of Payment**

The Normal Form of Payment for a single participant is an annuity paid in monthly installments for the life of the participant with no further payments following the participant's death.

For a married participant, the Normal Form of Payment is an actuarially equivalent 50% Joint and Survivor Annuity with the spouse as beneficiary.

### **Optional Methods of Settlement**

All Optional Methods of Settlement are actuarially equivalent to the normal form of Payment. The options are:

- (1) A Single Life Annuity
- (2) 50 %, 66  $\frac{2}{3}$  %, 75 % or 100 % Joint and Survivor Annuity
- (3) 5, 10, 15, or 20 Year Certain and Life Annuity
- (4) Lump Sum (if \$1,000 or less)



**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponsor:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

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

### **For ERISA Requirements**

Interest Rates for Minimum Funding Purposes	Based on segment rates, each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates, without regard to the MAP-21 interest rate corridor
1st Segment Rate	1.15%
2nd Segment Rate	4.06%
3rd Segment Rate	5.15%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	See Table 2
Mortality Rates	
Healthy and Disabled	RP-2000 IRS PPA@2015 Non-Annuitant & Annuitant Table
Withdrawal Rates	See Table 3
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.
Optional Payment Form Election Percentage	50% - Single Life Annuity 20% - Joint and 100% Survivor Annuity 15% - Joint and 50% Survivor Annuity 5% - Joint and 66 2/3% Survivor Annuity 5% - Joint and 75% Survivor Annuity 5% - 20 Year Certain and Continuous Annuity

**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponsor:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

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

Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2012 Plan Year	7.00%
2013 Plan Year	7.00%, limited to 6.76%
2014 Plan Year	7.00%, limited to 6.99%
Trust Expenses Included in Target Normal Cost	The expected administrative expenses are based on the prior year's actual (taken from final ASC 715 reports) rounded down to the nearest \$1,000. For 2015, expenses are assumed to be \$29,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2015

**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponser:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

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

**Table 1**

*Retirement Rates—Active Participants*

<u>Age</u>	<u>Rate</u>
60	5.00%
61	5.00%
62	10.00%
63	5.00%
64	50.00%
65+	100.00%

**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponsor:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

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

**Table 2**

**Retirement Rates—Terminated Vested Participants**

<u>Age</u>	<u>Rate</u>
62	5.00%
63	10.00%
64	25.00%
65+	100.00%

**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponsor:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

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

**Table 3**

### **Withdrawal Rates—Termination Rates**

<u>Age</u>	<u>Rate</u>
35	8.00%
36	8.00%
37	8.00%
38	8.00%
39	8.00%
40	7.00%
41	7.00%
42	7.00%
43	7.00%
44	7.00%
45	6.00%
46	6.00%
47	6.00%
48	6.00%
49	6.00%
50	6.00%
51	6.00%
52	6.00%
53	6.00%
54	6.00%
55+	6.00%

**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponser:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

## **Schedule SB, line 24 – Changes in Actuarial Assumptions/Methods**

### **Assumption Changes**

Other than prescribed changes in interest rates and mortality, the funding valuation reflects an experience study that was completed late in 2014. Retirement and termination rates have all been updated to better reflect anticipated Plan experience. Additionally the percent married assumption and optional form election percentages were updated to reflect anticipated plan experience.



**Plan Name:** Weston Solutions, Inc. Retirement Income Plan  
**Plan Sponser:** Weston Solutions, Inc.  
**EIN:** 231501990  
**Plan Number:** 001

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

(A)	(B)	(C )	(D)	(E)
Age	lx	Retirement Rates	(B)*(C )	(A)*(D)
60	1000	5.0%	50	3000
61	950	5.0%	48	2928
62	902	10.0%	90	5580
63	812	5.0%	41	2583
64	771	50.0%	386	24704
65	385	100.0%	385	25025
			<b>Total</b>	63820
				63820/1000

63.82

The weighted average retirement age is 64.

**Weston Solutions, Inc.**  
**Retirement Income Plan**

**Financial Statements**

**December 31, 2015 and 2014**

**Supplemental Schedule**

**December 31, 2015**

# Weston Solutions, Inc. Retirement Income Plan

## Index

---

	Page(s)
<b>Independent Auditor's Report</b> .....	1-2
<b>Financial Statements</b>	
Statements of Net Assets Available for Benefits December 31, 2015 and 2014.....	3
Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2015 and 2014.....	4
Statement of Accumulated Plan Benefits December 31, 2014 .....	5
Statement of Changes in Accumulated Plan Benefits Year Ended December 31, 2014 .....	6
Notes to Financial Statements December 31, 2015 and 2014.....	7-13
<b>Supplemental Schedule*</b>	
Form 5500, Schedule H, Line 4(i): Schedule of Assets (Held at End of Year) December 31, 2015.....	14

\* Other supplemental schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosures under ERISA have been omitted because they are not applicable.



## Independent Auditor's Report

To the Administrator of the Weston Solutions, Inc. Retirement Income Plan

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

We were engaged to audit the accompanying financial statements of Weston Solutions, Inc. Retirement Income Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2014 and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of the 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 the financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Charles Schwab Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2015 and 2014 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

### ***Disclaimer of Opinion***

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



***Other Matter***

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2015 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*PricewaterhouseCoopers LLP*

September 27, 2016

**Weston Solutions, Inc. Retirement Income Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2015 and 2014**

---

	2015	2014
<b>Assets</b>		
Investments, at fair value		
Money market funds	\$ 224,125	\$ 246,160
Mutual funds	25,036,812	26,066,162
Total investments, at fair value	<u>25,260,937</u>	<u>26,312,322</u>
Receivables		
Employer contribution	<u>-</u>	<u>305,159</u>
Total receivables	<u>-</u>	<u>305,159</u>
Total assets	<u>25,260,937</u>	<u>26,617,481</u>
Net assets available for benefits	<u>\$ 25,260,937</u>	<u>\$ 26,617,481</u>

The accompanying notes are an integral part of these financial statements

**Weston Solutions, Inc. Retirement Income Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2015 and 2014**

	2015	2014
<b>Additions</b>		
Additions to net assets attributed to investment income		
Net appreciation in fair value of investments	\$ -	\$ 1,541,306
Dividends	729,122	744,786
Total investment income	<u>729,122</u>	<u>2,286,092</u>
Contributions		
Employer	-	849,145
Total contributions	<u>-</u>	<u>849,145</u>
Total additions	<u>729,122</u>	<u>3,135,237</u>
<b>Deductions</b>		
Deductions from net assets attributed to		
Net depreciation in fair value of investments	959,398	-
Benefits paid to participants	1,092,906	984,846
Other	4,036	61,240
Administrative expenses	29,326	29,410
Total deductions	<u>2,085,666</u>	<u>1,075,496</u>
Net increase (decrease)	<u>(1,356,544)</u>	<u>2,059,741</u>
<b>Net assets available for benefits</b>		
Beginning of year	<u>26,617,481</u>	<u>24,557,740</u>
End of year	<u>\$ 25,260,937</u>	<u>\$ 26,617,481</u>

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

**Weston Solutions, Inc. Retirement Income Plan**  
**Statement of Accumulated Plan Benefits**  
**December 31, 2014**

---

**Actuarial present value of accumulated plan benefits**

Vested benefits

Participants currently receiving payments

\$ 11,723,711

Other participants

16,212,401

Total actuarial present value of  
accumulated plan benefits

\$ 27,936,112

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



**Weston Solutions, Inc. Retirement Income Plan**  
**Statement of Changes in Accumulated Plan Benefits**  
**For the Year Ended December 31, 2014**

---

<b>Actuarial present value of accumulated plan benefits at beginning of year</b>	<u>\$ 25,830,575</u>
Increase (decrease) during the year attributed to	
Increase for interest	1,647,484
Benefits paid	(984,846)
Changes in assumptions	1,507,635
Actuarial losses	<u>(64,736)</u>
Net increase	<u>2,105,537</u>
<b>Total actuarial present value of accumulated plan benefits at end of year</b>	<u><b>\$ 27,936,112</b></u>

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

# Weston Solutions, Inc. Retirement Income Plan

## Notes to Financial Statements

### December 31, 2015 and 2014

---

#### 1. Description of the Plan

The following description of the Weston Solutions, Inc. Retirement Income Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

##### **General**

The Plan is a noncontributory, defined benefit pension plan covering eligible employees of Weston Solutions, Inc. (the "Company") who had an accrued benefit on June 30, 1997. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan was frozen effective June 30, 1997 in accordance with the Plan document as amended on January 1, 1997. As of July 1, 1997, participants no longer accrue additional benefits but the Plan will remain in existence until the Company decides to terminate the Plan.

##### **Retirement Benefits**

Normal retirement is age 65. The Plan permits early retirement at age 60 with five years of service. The Plan was amended effective January 1, 2011 to permit phased retirement. Under this provision an employee who (a) has attained age 62, (b) has completed at least five years of service, (c) is in the Company's employ and (d) is scheduled to provide an average of 20 hours of service or less per week on a regular and permanent basis may elect to receive an immediate reduced pension on the same basis as for early retirement.

Married participants will receive their retirement income benefits in the form of a joint and 50% survivor annuity with their spouse as survivor annuitant unless the spouse consents to a different form of settlement. Single participants will receive their retirement income benefits in the form of a straight life annuity unless they elect a different form of settlement. Settlement options include a joint and survivor annuity with a 66-2/3, 75 or 100% survivor benefit and period certain and life annuities. Subject to the spousal consent rules, the participant may select a beneficiary of any survivor annuity or guaranteed payments.

##### **Death Benefits**

A vested participant who is active can start receiving his or her benefit at any time after age 62, but subject to the above conditions if younger than age 65. If a participant dies while active and in benefit, the beneficiary's benefit amount, if any, is determined by the employee's benefit election. If a participant dies prior to the commencement of benefits, a death benefit is payable only to the participant's surviving spouse in the minimum amount required by ERISA.

##### **Funding Policy**

The Plan's funding policy is for the Company to make annual contributions to the extent necessary to satisfy minimum funding requirements of ERISA and to make such additional contributions as it determines are necessary to fund the Plan on an acceptable actuarial basis. The Company's contributions for 2015 and 2014 met the minimum funding requirements of ERISA. No contributions were made in 2015 as the Plan met ERISA minimum funding requirements and determined by the Plan's actuary.

# Weston Solutions, Inc. Retirement Income Plan

## Notes to Financial Statements

### December 31, 2015 and 2014

---

## 2. Summary of Significant Accounting Policies

### **Basis of Accounting**

The financial statements of the Plan 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 (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, the disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

### **Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for disclosures of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains or losses on investments bought and sold, as well as held during the year.

The Plan's Joint Administrative Committee determines the Plan's valuation policies utilizing information provided by its investment advisors.

### **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 services employees have rendered. The accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) active participants 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 rendered through the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by a consulting actuary and is that 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 payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected payment date. The Statement of Accumulated Plan Benefits is presented at December 31, 2014 and the Statement of Changes in Accumulated Plan Benefits is presented for the year ended December 31, 2014. However, these financial statements use actuarial data as of and for the year ended January 1, 2015. There is not a significant difference between the actuarial data as of December 31, 2014 and January 1, 2015. The significant actuarial assumptions used in the valuation as of January 1, 2015 (a) a life expectancy of participants (the RP-2014 Fully Generational Scale MP 2015 RP 2014 Ees & HA Mort.) (b) Retirement age assumptions (normal retirement age of 65); and (c) investment return. The 2015 and 2014 valuations included an effective annual rate of return of 5.8% and 6.5%, respectively. The valuation actuarial cost method is the traditional unit credit method.

# Weston Solutions, Inc. Retirement Income Plan

## Notes to Financial Statements

### December 31, 2015 and 2014

---

All of the foregoing actuarial information is based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

#### **Administrative Expenses**

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

The Company provides participant data services to the Plan at no charge. The Company pays administrative fees including accounting fees, actuarial fees, legal fees, investment management fees and the Pension Benefit Guaranty Corporation ("PBGC") insurance premiums; the Plan pays fund expenses. Administrative expenses of the Plan totaled \$340,804 and \$317,078 for the years ended December 31, 2015 and 2014, respectively, of which \$311,478 and \$287,668 were paid by the Company, respectively.

#### **Payment of Benefits**

Benefits are recorded when paid.

#### **New Accounting Pronouncements**

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III provides a practical expedient to permit plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part I and Part III are not applicable to the Plan. Part II is to be applied retrospectively. Management has elected not to early adopt this ASU and is currently assessing the pronouncement's impact of Part II on the financial statements.

### **3. Information Certified by Trustee**

The plan administrator has elected the method of compliance permitted by Section 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. All of the Plan's assets at December 31, 2015 and 2014 were held by Charles Schwab Trust Company, the Trustee of the Plan. Accordingly, investment amounts on the Statements of

**Weston Solutions, Inc. Retirement Income Plan**  
**Notes to Financial Statements**  
**December 31, 2015 and 2014**

---

Net Assets Available for Benefits at December 31, 2015 and 2014, investment income (including net appreciation (depreciation) in fair value of investments and interest and dividends) on the Statements of Changes in Net Assets for the years ended December 31, 2015 and 2014, and information included in the accompanying supplemental schedule have been compiled from statements certified as complete and accurate by the Trustee of the Plan in accordance with DOL Regulations Section 2520.103-8.

	<b>2015</b>	<b>2014</b>
Investments, at fair value	\$ 25,260,937	\$ 26,312,322
Net appreciation (depreciation) in fair value of investments	(959,398)	1,541,306
Dividends	729,122	744,786

**4. Investments**

The following are investments that represent 5% or more of the Plan's net assets available for benefits:

	<b>2015</b>	<b>2014</b>
JP Morgan High Yield Fund Select	\$ 1,211,018	\$ 1,488,441
Vanguard Developed Markets Index	2,090,692	1,972,455
Vanguard Int Term Bond Index Fund	9,612,504	8,960,979
Vanguard 500 Index Fund	3,200,150	3,683,052
Vanguard Mid Cap Index Fund	1,600,684	1,912,777
Vanguard Small Cap Index Fund	1,618,627	1,973,594
Vanguard Long Term Bond Index Fund	4,305,168	4,459,880

The Plan's investments (including gains and losses on investments bought, sold, and held during the year) depreciated in value by \$959,398 during 2015, and appreciated in value by \$1,541,306 during 2014.

**5. Fair Value Measurements**

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurement and Disclosures* establishes a framework for measuring fair value and expands disclosures about fair value measurements in financial statements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 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.

# Weston Solutions, Inc. Retirement Income Plan

## Notes to Financial Statements

### December 31, 2015 and 2014

---

Level 2 Inputs to the valuation methodology include:

- 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 maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2015 and 2014.

#### ***Mutual Funds***

Valued at the net asset value ("NAV") of shares held by the Plan.

#### ***Money Market Funds***

Valued at cost plus interest, which is equal to fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no transfers between levels and no changes in the methodologies from 2014 to 2015.

# Weston Solutions, Inc. Retirement Income Plan

## Notes to Financial Statements

### December 31, 2015 and 2014

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

	Investments at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
JP Morgan High Yield Fund Select	\$ 1,211,018	\$ -	\$ -	\$ 1,211,018
Vanguard Developed Markets Index	2,090,692	-	-	2,090,692
Vanguard Int Term Bond Index Fund	9,612,504	-	-	9,612,504
Vanguard REIT Index Fund	781,494	-	-	781,494
Vanguard 500 Index Fund	3,200,150	-	-	3,200,150
Vanguard Mid Cap Index Fund	1,600,684	-	-	1,600,684
Vanguard Small Cap Index Fund	1,618,627	-	-	1,618,627
Vanguard Long Term Bond Index Fund	4,305,168	-	-	4,305,168
Vanguard Emerging Markets Stock Index Signal	616,476	-	-	616,476
Schwab Money Market Funds	224,125	-	-	224,125
Total investments at fair value	<u>\$ 25,260,937</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 25,260,937</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014:

	Investments at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
JP Morgan High Yield Fund Select	\$ 1,488,441	\$ -	\$ -	\$ 1,488,441
Vanguard Developed Markets Index	1,972,455	-	-	1,972,455
Vanguard Int Term Bond Index Fund	8,960,979	-	-	8,960,979
Vanguard REIT Index Fund	928,747	-	-	928,747
Vanguard 500 Index Fund	3,683,052	-	-	3,683,052
Vanguard Mid Cap Index Fund	1,912,777	-	-	1,912,777
Vanguard Small Cap Index Fund	1,973,594	-	-	1,973,594
Vanguard Long Term Bond Index Fund	4,459,880	-	-	4,459,880
Vanguard Emerging Markets Stock Index Signal	686,237	-	-	686,237
Schwab Money Market Funds	246,160	-	-	246,160
Total investments at fair value	<u>\$ 26,312,322</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 26,312,322</u>

## 6. Related Party Transactions

Certain plan investments are shares of money market funds managed by Charles Schwab, the Trustee as defined by the Plan. Therefore, transactions in these investments qualify as party-in-interest transactions which are exempt from the prohibited transactions rules. The Plan paid approximately \$29,326 and \$29,410 in fees in 2015 and 2014, respectively, to Charles Schwab for trustee services. The Company paid all other expenses in connection with administration of the Plan.

The Plan is interpreted and administered by the Joint Administrative Committee of the Weston Solutions, Inc. Employee Benefit Plans, comprised entirely of the Company's management. The Committee has overall responsibility for the operation and administration of the Plan. The Committee reviews the appropriateness of the Plan's investment offerings, monitors investment performance, and provides quarterly updates to the Company's Board of Directors.

# Weston Solutions, Inc. Retirement Income Plan

## Notes to Financial Statements

### December 31, 2015 and 2014

---

#### 7. Plan Termination

Although it has not expressed any intention to do so, the Company has the right to terminate the Plan at any time, subject to the requirements of ERISA. If the Plan is terminated, the Company may be required to make contributions to the Plan sufficient to permit the Plan to satisfy all of the Plan's benefit liabilities as defined by Title IV of ERISA and as administered by the Pension Benefit Guaranty Corporation ("PBGC"). Upon termination, the Plan's assets will be allocated among Plan participants in the manner that Title IV of ERISA requires. No Plan assets will revert to the Company unless all benefit liabilities to Plan participants have been discharged in accordance with Title IV of ERISA.

#### 8. Tax Status

The Plan received a favorable determination letter dated July 9, 2012, in which the Internal Revenue Service stated that the form of the Plan was in compliance with the applicable requirements of the Internal Revenue Code (IRC.) The Plan has not been subsequently amended since receiving the determination letter. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions by the Plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is not subject to income tax examinations for years prior to 2012.

#### 9. Risks and Uncertainties

The Plan invests in various investment securities. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases of defaults and credit rating downgrades. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities in the near term would materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are 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 at any time would be material to the financial statements.

#### 10. Subsequent Events

The Company's management has evaluated all activity of the Plan through September 27, 2016 and concluded that subsequent events are properly reflected in the Plan's financial statements and notes as required by standards for accounting disclosure of subsequent events.



## **Supplemental Schedule**

**Weston Solutions, Inc. Retirement Income Plan**  
**Form 5500, Schedule H, Line 4(i): Schedule of Assets (Held at End of Year)**  
**December 31, 2015**

---

<b>Identity of Issue, Borrower, Lessor, or Similar Party*</b>	<b>Description of Investments</b>	<b>Cost</b>	<b>Current Value</b>
<b>Charles Schwab Trust Co.</b>			
* Schwab Money Market Fund	Money Market Fund	\$ 224,125	\$ 224,125
JP Morgan High Yield Fund Select	Registered Investment Company	1,396,162	1,211,018
Vanguard Developed Markets Index	Registered Investment Company	1,996,885	2,090,692
Vanguard Int Term Bond Index Fund	Registered Investment Company	9,856,532	9,612,504
Vanguard REIT Index Fund	Registered Investment Company	593,746	781,494
Vanguard 500 Index Fund	Registered Investment Company	2,087,056	3,200,150
Vanguard Mid Cap Index Fund	Registered Investment Company	1,010,061	1,600,684
Vanguard Small Cap Index Fund	Registered Investment Company	1,058,089	1,618,627
Vanguard Long Term Bond Market Index Fund	Registered Investment Company	4,345,014	4,305,168
Vanguard Emerging Markets Stock Index Signal	Registered Investment Company	784,657	616,476
		<u>\$ 23,352,328</u>	<u>\$ 25,260,937</u>

\* A party-in-interest as defined by ERISA.

The above information has been certified as complete and accurate by Charles Schwab Trust Company, the Plan Trustee.

**Weston Solutions, Inc. Retirement Income Plan**  
**Form 5500, Schedule H, Line 4(i): Schedule of Assets (Held at End of Year)**  
**December 31, 2015**

---

<b>Identity of Issue, Borrower, Lessor, or Similar Party*</b>	<b>Description of Investments</b>	<b>Cost</b>	<b>Current Value</b>
<b>Charles Schwab Trust Co.</b>			
* Schwab Money Market Fund	Money Market Fund	\$ 224,125	\$ 224,125
JP Morgan High Yield Fund Select	Registered Investment Company	1,396,162	1,211,018
Vanguard Developed Markets Index	Registered Investment Company	1,996,885	2,090,692
Vanguard Int Term Bond Index Fund	Registered Investment Company	9,856,532	9,612,504
Vanguard REIT Index Fund	Registered Investment Company	593,746	781,494
Vanguard 500 Index Fund	Registered Investment Company	2,087,056	3,200,150
Vanguard Mid Cap Index Fund	Registered Investment Company	1,010,061	1,600,684
Vanguard Small Cap Index Fund	Registered Investment Company	1,058,089	1,618,627
Vanguard Long Term Bond Market Index Fund	Registered Investment Company	4,345,014	4,305,168
Vanguard Emerging Markets Stock Index Signal	Registered Investment Company	784,657	616,476
		<u>\$ 23,352,328</u>	<u>\$ 25,260,937</u>

\* A party-in-interest as defined by ERISA.

The above information has been certified as complete and accurate by Charles Schwab Trust Company, the Plan Trustee.