

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 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.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>06/01/2011</u> and ending <u>05/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; 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
1a Name of plan <u>R.C. TWAY COMPANY RETIREMENT PLAN AND TRUST AGREEMENT</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>06/01/1964</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>R.C. TWAY COMPANY, INC.</u> <u>7201 LOGISTICS DRIVE</u> <u>LOUISVILLE, KY 40258</u>	2b Employer Identification Number (EIN) <u>61-0366810</u> 2c Sponsor's telephone number <u>502-634-2772</u> 2d Business code (see instructions) <u>336210</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>03/06/2013</u>	<u>LARRY M. ROY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") R.C. TWAY COMPANY, INC. 7201 LOGISTICS DRIVE LOUISVILLE, KY 40258	3b Administrator's EIN 61-0366810 3c Administrator's telephone number 502-634-2772
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	312
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	138
b Retired or separated participants receiving benefits.....	6b	69
c Other retired or separated participants entitled to future benefits.....	6c	80
d Subtotal. Add lines 6a , 6b , and 6c	6d	287
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	16
f Total. Add lines 6d and 6e	6f	303
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1B 1G 1I

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 06/01/2011 and ending 05/31/2012

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

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

A Name of plan <u>R.C. TWAY COMPANY RETIREMENT PLAN AND TRUST AGREEMENT</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>R.C. TWAY COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>61-0366810</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>06</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>3998630</u>
b Actuarial value	2b <u>3598767</u>
3 Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>80</u> <u>1808939</u>
b For terminated vested participants	3b <u>87</u> <u>1076990</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>2256173</u>
(3) Total active	3c(3) <u>148</u> <u>2256173</u>
d Total	3d <u>315</u> <u>5142102</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.84 %</u>
6 Target normal cost	6 <u>152225</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>12/13/2012</u>
Signature of actuary <u>WESLEY J. WICKENHEISER, FSA,EA,MAAA</u>	Date <u>11-06598</u>
Type or print name of actuary <u>BPS&M, LLC</u>	Most recent enrollment number <u>502-244-7828</u>
Firm name <u>11807 BRINLEY AVENUE, SUITE 101</u> <u>LOUISVILLE, KY 40243-1090</u>	Telephone number (including area code)
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) 2011
v.012611

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	136711
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	136711
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>21.44</u> %	0	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		77
b	Interest on (a) using prior year's effective rate of <u>6.55</u> % except as otherwise provided (see instructions)		5
c	Total available at beginning of current plan year to add to prefunding balance.....		82
d	Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	69.98 %
15	Adjusted funding target attainment percentage.....	15	69.98 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	75.30 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	69.98 %

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
09/13/2011	92235				
12/06/2011	92235				
03/06/2012	92235				
05/30/2012	212269				
			Totals ►	18(b)	488974
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	469292
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 2.81%	2nd segment: 5.76%	3rd segment: 6.46 %	☐ 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 eligible for (and is using) 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	152225	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	1543335	316860	
	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	469085	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	469085	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	469292	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	207	
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 a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
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		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning **06/01/2011** and ending **05/31/2012**

A Name of plan R.C. TWAY COMPANY RETIREMENT PLAN AND TRUST AGREEMENT	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 R.C. TWAY COMPANY, INC.	D Employer Identification Number (EIN) 61-0366810

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ARTISAN

39-1811840

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

BLACKROCK

04-6171663

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

EAGLE FUNDS

59-2385219

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

GOLDMAN SACHS

13-5108880

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

HARBOR

04-2679462

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

MFS

04-2747644

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

PIMCO FUNDS

95-2632339

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

T ROWE PRICE

52-2264646

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

TEMPLETON INVESTMENTS

94-3167260

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

VANGUARD

23-1945930

(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)

PNC BANK

25-1211909

(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?
21 27	NONE	31044	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BPS&M, LLC

62-0853448

(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?
11	NONE	30670	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOUNTJOY CHILTON MEDLEY, LLP

27-1235638

(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?
10	NONE	7950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FROST BROWN TODD, LLC

61-0722001

(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?
29	NONE	3702	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE 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
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 06/01/2011 and ending 05/31/2012		
A Name of plan R.C. TWAY COMPANY RETIREMENT PLAN AND TRUST AGREEMENT	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 R.C. TWAY COMPANY, INC.	D Employer Identification Number (EIN) 61-0366810	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	200924	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	12747	3537
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	33628	115728
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	3766754	3823369
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4014053	3942634

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4014053	3942634
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	488974	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		488974

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	187	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		187

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	104035	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		104035

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(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)		-136512
c Other income.....	2c		32
d Total income. Add all income amounts in column (b) and enter total.....	2d		456716

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	433608	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		433608
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)	42322	
(2) Contract administrator fees	2i(2)	31044	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	21161	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		94527
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		528135

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-71419
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: MOUNTJOY CHILTON MEDLEY LLP

(2) EIN: 27-1235638

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		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	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

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)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 06/01/2011 and ending 05/31/2012

A Name of plan <u>R.C. TWAY COMPANY RETIREMENT PLAN AND TRUST AGREEMENT</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>R.C. TWAY COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>61-0366810</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>25-1211909</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>5</u>

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

R.C. Tway Company Retirement Plan

**Financial Statements
and
Supplemental Schedules**

Years Ended May 31, 2012 and 2011

R.C. Tway Company Retirement Plan

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May 31, 2012 and 2011

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Independent Auditor's Report on Financial Statements

To the Plan Administrator

R.C. Tway Company Retirement Plan

We were engaged to audit the financial statements of the R.C. Tway Company Retirement Plan ("the Plan") as of May 31, 2012 and 2011 and for the years then ended, and the supplemental schedules as of and for the year ended May 31, 2012, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

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 C, which was certified by PNC Bank, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of and for the years ended May 31, 2012 and 2011, that the information provided to the plan administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Louisville, Kentucky
February 21, 2013

Louisville

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Kentucky

Indiana

Ohio

R.C. Tway Company Retirement Plan
Statements of Net Assets Available for Benefits
May 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Assets		
Investments, at fair value		
Cash and cash equivalents	\$ 260,728	\$ 33,628
Registered investment companies	<u>3,823,369</u>	<u>3,766,754</u>
	4,084,097	3,800,382
Receivables		
Employer contribution	-	200,924
Accrued interest and dividend income	3,537	3,472
Other	<u>-</u>	<u>9,275</u>
	<u>3,537</u>	<u>213,671</u>
Total Assets	4,087,634	4,014,053
Liabilities		
Due to broker for securities purchased	<u>145,000</u>	<u>-</u>
Total Liabilities	<u>145,000</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$ 3,942,634</u></u>	<u><u>\$ 4,014,053</u></u>

R.C. Tway Company Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended May 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Additions to Net Assets Attributed to:		
Investment Income:		
Net appreciation in fair value of investments	\$ -	\$ 588,119
Interest and dividend income	<u>104,222</u>	<u>110,618</u>
	104,222	698,737
Employer contributions	488,974	252,921
Other income	<u>32</u>	<u>103,255</u>
Total Additions	593,228	1,054,913
Deductions from Net Assets Attributed to:		
Net depreciation in fair value of investments	136,512	-
Benefits paid directly to participants	433,608	503,637
Administrative expenses	<u>94,527</u>	<u>130,376</u>
Total Deductions	<u>664,647</u>	<u>634,013</u>
Net (Decrease) Increase	(71,419)	420,900
Net Assets Available for Benefits at Beginning of Year	<u>4,014,053</u>	<u>3,593,153</u>
Net Assets Available for Benefits at End of Year	<u><u>\$ 3,942,634</u></u>	<u><u>\$ 4,014,053</u></u>

R.C. Tway Company Retirement Plan
Notes to Financial Statements
May 31, 2012 and 2011

Note A - Description of Plan

The following brief description of the R.C. Tway Company Retirement Plan ("the Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information. The following notes A.4 through A.9 refer to service and benefits accumulated prior to the June 1, 2005 amendment discussed in note A.3.

1. General: The Plan is a defined benefit pension plan covering employees of R.C. Tway Company ("the Company" and "Plan Sponsor"). The Board of Directors of the Company controls and manages the operations and administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").
2. Contributions: The Company's funding policy is to make annual funding contributions in amounts at least equal to the minimum funding requirements of ERISA. The Company's contribution was \$488,974 and \$252,921 for the years ended May 31, 2012 and 2011, respectively.
3. Participation Requirements: Effective June 1, 2005, the Company adopted an amendment to cease additional benefit accruals under the Plan, limit participation to persons with a participation date on or before May 31, 2005 and to provide that no other persons shall become eligible to participate in the Plan. After May 31, 2005, all benefit accruals under the Plan were frozen and all plan participants became 100% vested. This freeze does not affect benefits accrued through May 31, 2005; however no additional benefits will accrue on or after May 31, 2005.
4. Credited Service: Participants are credited, for vesting purposes, with one year of service during a Plan year in which an employee performs at least 1,000 hours of service. Participants are credited with a half year of service for each Plan year with 500 hours of service.
5. Normal Retirement Benefits: Salaried, office or clerical employees with five or more years of service are entitled to annual pension benefits beginning at retirement age (65) equal to .6% times the average earnings (as defined in the Plan document) times credited service (35 years maximum) plus .6% times average earnings in excess of the participant's social security covered compensation in effect on the first day of the plan year in which separation from service occurs times credited service (35 years maximum), plus 1.2% times average earnings times credited service (if any) in excess of 35 years. Hourly participants are entitled to monthly pension benefits beginning at normal retirement age (65) equal to twelve dollars multiplied by their years of credited service for participants retiring prior to January 1, 2000. Hourly employees retiring after January 1, 2000, are entitled to a monthly pension benefit equal to fourteen dollars multiplied by their years of credited service. No further benefits will accrue under the Plan after June 1, 2005.
6. Early Retirement Benefits: The Plan permits early retirement at age 55 provided the participant has ten years of service. Participants may elect an immediate monthly retirement benefit equal to the accrued benefit reduced 1/180th for each of the first 60 months and 1/360th for each additional month by which the retirement date precedes the normal retirement date. If a participant terminates before rendering five years of service, they forfeit the right to receive the portion of accumulated plan benefits attributable to the Company's contributions.
7. Disability Retirement Benefits: If a participant becomes totally and permanently disabled, the participant will be entitled to retire and receive monthly benefits, the amount and timing of which is coordinated with social security and Company disability benefits.

R.C. Tway Company Retirement Plan
Notes to Financial Statements (Continued)
May 31, 2012 and 2011

Note A - Description of Plan (Continued)

8. Death Benefits: If a participant dies after completing five years of service and is survived by a spouse, the spouse will receive a monthly benefit payment equal to the benefit payment that would have been payable had the participant retired early and elected the joint and 50% survivor method of payment.
9. Deferred Vested Benefits: If a participant terminates, the participant is entitled to a deferred benefit payable at age 65 equal to the participant's vested benefit. In the event the participant dies prior to benefit commencement, the spouse will be entitled to receive a death benefit.

Note B - Summary of Significant Accounting Policies

1. Basis of Accounting: The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles ("GAAP"). The Accounting Standards Codification ("ASC"), as produced by the Financial Accounting Standards Board ("FASB"), is the sole source of authoritative GAAP for non-governmental entities.
2. Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.
3. Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability between market participants at the measurement date. 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) in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the Plan year.
4. Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees who are vested or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent 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, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following actuarial assumptions are 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.

R.C. Tway Company Retirement Plan
Notes to Financial Statements (Continued)
May 31, 2012 and 2011

Note B - Summary of Significant Accounting Policies (Continued)

4. Actuarial Present Value of Accumulated Plan Benefits (Continued):

The significant actuarial assumptions as of May 31, 2012 and 2011 are as follows:

2012

Discount Rate	7.5%
Participants Valued	All Plan participants
Mortality Basis	IRS 2012 small plan combined static mortality tables
Termination	Actuary's Pension Table For salaried employees: T-1 For hourly employees: T-8
Disability Incidence	Class 1 rates for males and females from the 1985 pension disability study
Age Difference	Males are assumed to be three years older than their spouses

2011

Discount Rate	7.5%
Participants Valued	All Plan participants
Mortality Basis	IRS 2011 small plan combined static mortality tables
Termination	Actuary's Pension Table For salaried employees: T-1 For hourly employees: T-8
Disability Incidence	Class 1 rates for males and females from the 1985 pension disability study
Age Difference	Males are assumed to be three years older than their spouses

For the May 31, 2012 and 2011 valuations, the retirement rates used were the following:

<u>Age</u>	<u>Rate of Retirement</u>
62	25%
63-64	10%
65	100%

R.C. Tway Company Retirement Plan
Notes to Financial Statements (Continued)
May 31, 2012 and 2011

Note B - Summary of Significant Accounting Policies (Continued)

5. Payment of Benefits: Benefits are recorded when paid.
6. Trustee: PNC Bank, the Trustee of the Plan, holds substantially all of the Plan's assets and executes transactions therein.
7. Funding Policy: The Company's contributions to the Plan are determined by the Plan's independent actuary. The Plan meets ERISA's minimum funding requirements.
8. Administrative Expenses: Administrative expenses of the Plan are paid by the Plan, as provided in the Plan document. The Company provides accounting and other administrative services to the Plan at no charge. During the years ended May 31, 2012 and 2011, Plan administrative expenses totaled \$94,527 and \$130,376, respectively. Included in Plan administrative expenses were premiums paid to the Pension Benefit Guaranty Corporation ("PBGC") totaling \$21,161 and \$21,775, respectively.
9. Subsequent Events: Subsequent events for the Plan have been considered through the date of the Independent Auditor's Report, which represents the date the financial statements were available to be issued.

Note C - Information Certified by the Plan's Trustee

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, PNC Bank, the Trustee of the Plan, has certified to the completeness and accuracy of all investment information reflected in the accompanying Statements of Net Assets Available for Benefits, Statements of Changes in Net Assets Available for Benefits, Schedule of Assets (Held at End of Year), Schedule of Assets (Acquired and Disposed of Within Year), and Schedule of Reportable Transactions as of and for the years ended May 31, 2012 and 2011.

Note D - Investments

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

	2012	2011
PIMCO Funds Total Return Bond Fund	\$ 1,208,456	\$ 1,033,615
T. Rowe Price Growth Stock Fund	617,037	608,874
Black Rock Equity Dividend Institutional Fund	490,264	515,532
MFS Value Fund Class I	380,064	422,442
Harbor International Fund	370,065	395,911
Harbor Capital Appreciation Fund	265,803	-
Blackrock Liquidity Funds Temp Fund	260,728	less than 5%
MFS Core Growth Fund	-	233,769

R.C. Tway Company Retirement Plan
Notes to Financial Statements (Continued)
May 31, 2012 and 2011

Note D - Investments (Continued)

For the Plan years ended May 31, 2012 and 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2012	2011
Common stock	\$ -	\$ 9,470
Mutual funds	(136,512)	578,649
	<u>\$ (136,512)</u>	<u>\$ 588,119</u>

Note E - Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. 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 FASB ASC 820 are described as follows:

- Level 1: Quoted market prices in active markets for identical assets or liabilities. An active market for the asset or liability is a market in which the transaction for the asset or liability occurs with sufficient frequency and volume to provide pricing information on an ongoing basis.
- Level 2: Observable market-based inputs or unobservable inputs that are corroborated by market data, such as quoted prices for similar assets or liabilities or model-derived valuations.
- Level 3: Unobservable inputs that are not corroborated by market data. These inputs reflect a company's own assumptions about the assumptions a market participant would use in pricing the asset or liability.

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

The following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at May 31, 2012 and 2011.

Money market fund and registered investment companies (mutual funds): Valued at the net asset value ("NAV") of shares held by the Plan at year end. The NAV is based on the value of the underlying investment assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market.

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

R.C. Tway Company Retirement Plan
Notes to Financial Statements (Continued)
May 31, 2012 and 2011

Note E - Fair Value Measurements (Continued)

The following table sets for by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at May 31, 2012:

	Level 1	Level 2	Level 3	Total
Money Market Fund	\$ 260,728	\$ -	\$ -	\$ 260,728
Mutual Funds:				
Large cap	1,753,167	-	-	1,753,167
Mid cap	256,806	-	-	256,806
Small cap	120,310	-	-	120,310
International	484,630	-	-	484,630
Fixed income	1,208,456	-	-	1,208,456
	<u>\$ 4,084,097</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,084,097</u>

The following table sets for by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at May 31, 2011:

	Level 1	Level 2	Level 3	Total
Money Market Fund	\$ 33,628	\$ -	\$ -	\$ 33,628
Mutual Funds:				
Large cap	1,780,617	-	-	1,780,617
Mid cap	246,843	-	-	246,843
Small cap	118,293	-	-	118,293
International	395,911	-	-	395,911
Fixed income	1,225,090	-	-	1,225,090
	<u>\$ 3,800,382</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,800,382</u>

Note F - Related Party Transactions

Parties-in-interest include PNC Bank, the Trustee; Bryan, Pendleton, Swats & McAllister, LLC, Plan actuary; Mercer Human Resource Consulting, the former Plan actuary; and Frost Brown Todd LLC, Plan legal counsel. Trustee fees paid to PNC Bank totaled \$31,044 and \$29,875 during the Plan years ended May 31, 2012 and 2011, respectively. Actuary fees paid to Bryan, Pendleton, Swats & McAllister, LLC totaled \$30,670 and \$23,290 for the Plan years ended May 31, 2012 and 2011, respectively. Actuary fees paid to Mercer Human Resources Consulting totaled \$28,195 for the Plan year ended May 31, 2011. Legal fees paid to Frost Brown Todd LLC totaled \$3,702 and \$19,516 for the Plan years ended May 31, 2012 and 2011, respectively.

R.C. Tway Company Retirement Plan
Notes to Financial Statements (Continued)
May 31, 2012 and 2011

Note G - Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated May 7, 2012, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter; however, the Company and the plan administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC.

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 no longer subject to income tax examinations for years prior to 2008.

Note H - Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations:

- a) Annuity benefits that former participants or their beneficiaries have been receiving for at least three years, or that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b) Other vested benefits insured by the PBGC up to the applicable limitations discussed below.
- c) All other vested benefits (that is, vested benefits not insured by the PBGC).
- d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For any Plan terminations occurring during 2012, that ceiling was \$4,653 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC at that time.

Note I - Risk and Uncertainties

The Plan utilizes various investment securities including mutual funds, and corporate stocks. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

R.C. Tway Company Retirement Plan
Notes to Financial Statements (Continued)
May 31, 2012 and 2011

Note J - Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits at June 1 is as follows:

	<u>2012</u>	<u>2011</u>
Actuarial Present Value of Accumulated Benefits:		
Vested Benefits:		
Participants currently receiving benefits	\$ 1,674,068	\$ 1,620,351
Other participants	<u>2,648,170</u>	<u>2,711,677</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 4,322,238</u>	<u>\$ 4,332,028</u>

Information regarding changes in the actuarial present value of accumulated plan benefits from June 1 is presented below:

	<u>2012</u>	<u>2011</u>
Actuarial Present Value of Accumulated Plan Benefits as of Beginning of Year	\$ 4,332,028	\$ 4,469,062
Increase (decrease) during the year attributed to:		
Increase for interest due to decrease in the discount period	308,642	316,293
Increase due to change in actuarial assumptions	36,344	14,698
Other	78,832	35,612
Benefits paid	<u>(433,608)</u>	<u>(503,637)</u>
	<u>(9,790)</u>	<u>(137,034)</u>
Actuarial Present Value of Accumulated Plan Benefits as of End of Year	<u>\$ 4,322,238</u>	<u>\$ 4,332,028</u>

The increase due to the change in the actuarial assumptions is due to changes in the mortality tables in recognition of Internal Revenue Service final regulations that specify funding target mortality, mortality rate improvement as measured by methodology set forth in IRC section 417(e)(3) and updating interest rates in recognition of the interest rate environment as measured by methodology set forth in IRC section 430(h)(2).

Supplemental Schedules

R.C. Tway Company Retirement Plan
Schedule of Assets (Held at End of Year)
Form 5500, Schedule H, Part IV, Line 4i
Plan Sponsor EIN: 61-0366810 Plan Number: 001
May 31, 2012

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value	(d) Cost	(e) Current Value
*	Blackrock Liquidity Funds Temp Fund	Money Market Fund	\$ 260,728	\$ 260,728
	Artisan Small Cap Value Fund	Mutual Fund	47,947	50,361
	Artisan Mid Cap Value Fund	Mutual Fund	108,084	123,187
*	Blackrock Equity Dividend Institutional Fund	Mutual Fund	427,449	490,264
	Eagle Small Cap Growth Fund	Mutual Fund	68,020	69,950
	Goldman Sachs Growth Opportunity Fund	Mutual Fund	142,500	133,618
	Harbor International Fund	Mutual Fund	295,444	370,065
	Harbor Capital Appreciation Fund	Mutual Fund	250,252	265,803
	MFS Value Fund Class I	Mutual Fund	345,670	380,064
	PIMCO Funds Total Return Bond Fund	Mutual Fund	1,161,090	1,208,456
	T. Rowe Price Growth Stock Fund	Mutual Fund	443,778	617,037
	Templeton Global Bond Fund	Mutual Fund	127,679	114,564
			<u>\$ 3,678,641</u>	<u>\$ 4,084,097</u>

* denotes party-in-interest

R.C. Tway Company Retirement Plan
Schedule of Assets (Acquired and Disposed of Within Year)
Form 5500, Schedule H, Part IV, Line 4i
Plan Sponsor EIN: 61-0366810 Plan Number: 001
Year ended May 31, 2012

(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Blackrock Liquidity Funds Temp Fund	Money Market Fund	\$ 209,065	\$ 209,065

See independent auditor's report.

R.C. Tway Company Retirement Plan
Schedule of Reportable Transactions
Form 5500, Schedule H, Part IV, Line 4j
Plan Sponsor EIN: 61-0366810 Plan Number: 001
Year Ended May 31, 2012

(a) Identity of party involved	(b) Description of assets including interest rate and maturity in case of a loan	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Harbor Capital Appreciation Fund	Mutual fund	\$ 250,252	\$ -	\$ -	\$ 250,252	\$ -
MFS Core Growth Fund	Mutual fund	-	218,625	156,473	-	62,152
Blackrock Liquidity Funds Temp Fund	Money market fund	436,164	209,065	209,065	436,164	-

See independent auditor's report.

Schedule SB, Line 26 - Schedule of Active Participant Data
Plan Name: R.C. Tway Company Retirement Plan and Trust Agreement

Plan Year: 2011
EIN/PN: 61-0366810 / 001

AGE GROUP	YEARS OF SERVICE									
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - UP
1 - 24	Number									
	Avg Comp*									
25 - 29	Number		2							
	Avg Comp*		N/A							
30 - 34	Number		5	1	1					
	Avg Comp*		N/A	N/A	N/A					
35 - 39	Number		4	5	6					
	Avg Comp*		N/A	N/A	N/A					
40 - 44	Number		3	10	8	3				
	Avg Comp*		N/A	N/A	N/A	N/A				
45 - 49	Number	1	4	6	9	1	6			
	Avg Comp*	N/A	N/A	N/A	N/A	N/A	N/A			
50 - 54	Number		4	11	3		6	10	1	
	Avg Comp*		N/A	N/A	N/A		N/A	N/A	N/A	
55 - 59	Number			4	2		1	5	13	1
	Avg Comp*			N/A	N/A		N/A	N/A	N/A	N/A
60 - 64	Number		2	3	2	1	1	1		1
	Avg Comp*		N/A	N/A	N/A	N/A	N/A	N/A		N/A
65 - 69	Number									1
	Avg Comp*									N/A
70 - UP	Number									
	Avg Comp*									

* Average compensation is omitted since the plan has fewer than 1,000 active participants.

Summary of Actuarial Assumptions

(Sample Values per 1,000 Lives)

	AGE			
	25	40	55	60
<u>Mortality Rates</u>				
IRS 2011 Small Plan Combined Mortality Tables				
Males	0.29	0.88	2.32	4.85
Females	0.14	0.48	2.24	4.55
IRS 2011 Mortality Table for 417(e) forms of payment				
Males and Females	0.22	0.68	2.28	4.70

Withdrawal Rates

For Salaried Participants: T-1 Table from the Actuary's Pension Handbook				
Males and Females	48.95	11.28	0.00	0.00
For Hourly Participants: T-8 Table from the Actuary's Pension Handbook				
Males and Females	116.24	93.96	17.26	1.61

Disablement Rates

Class 1 rates from the 1985 Pension Disability Study				
Males	0.38	1.17	7.22	12.56
Females	0.47	2.11	9.52	11.59

Salary Scale

N/A

Rate of Retirement

Participants, if eligible, are assumed to retire according to the following schedule:

<u>Age</u>	<u>Retirement Rate</u>
62	25%
63-64	10%
65	100%

Rate of Investment Return

	Segment 1 (0 to 5 Years)	Segment 2 (5 to 20 Years)	Segment 3 (More than 20 Years)
Funding Target	2.81% per annum	5.76% per annum	6.46% per annum
Effective Interest Rate	5.84% per annum	5.84% per annum	5.84% per annum
PBGC Premium Funding Target	2.81% per annum	5.76% per annum	6.46% per annum
Plan termination value	2.21% per annum	4.84% per annum	5.91% per annum
ASC 960 (FASB 35)	7.50% per annum	7.50% per annum	7.50% per annum

Actuarial Valuation Method

Unit Credit

Asset Valuation Method

Market value adjusted for any accruals and further adjusted for weighted gains and losses during the prior 2 years. Weighted gains and losses for each plan year reflect interest at the applicable third segment rate. The resulting value shall not be more than 110% or less than 90% of market value.

Form of Payment

50% of participants eligible for the 60 guaranteed payment option at their decrement age are assumed to elect that option. The other 50% are assumed to elect a single life annuity.

Conversion from Single Life Annuity to 60 Guaranteed Payments

Interest rates: 2.81% for the first 5 years after the valuation date, 5.76% for the next 15 years, and 6.46% thereafter

Mortality: IRS 2011 Mortality Table for 417(e) forms of payment

Conversion from Single Life Annuity to Joint and Survivor Annuity

Interest rate: 4.23%

Mortality: IRS 2011 Mortality Table for 417(e) forms of payment

Provision for Expenses

Replacement of previous plan year's administrative expenses

Other Assumptions

Marital status at benefit commencement -- 80% married for male participants, 50% married for female participants. Female spouses are assumed to be 3 years younger than male participants and male spouses are assumed to be 3 years older than female participants.

Top-Heavy status -- not top-heavy.

Current Code section 401(a)(17) compensation limitation -- \$245,000

Current Code section 415(b) annual benefit limitation -- \$195,000

Cost-of-Living escalation for Code section 401(a)(17) and 415(b) -- none.

Changes in Assumptions From Prior Actuarial Valuation

	<u>Previous</u>	<u>Current</u>
Conversion to 60 Guaranteed Payments Interest Rates	Three Segment Yield Curve 4.51%, 6.64% & 6.75%	Three Segment Yield Curve 2.81%, 5.76% & 6.46%

Reason: In recognition of interest rate environment as measured by methodology set forth in Code §430(h)(2).

	<u>Previous</u>	<u>Current</u>
Conversion to 60 Guaranteed Payments Mortality Rates	IRS 2010 Mortality Table for 417(e) forms of payment	IRS 2011 Mortality Table for 417(e) forms of payment

Reason: In recognition of mortality rate improvement as measured by methodology set forth in Code §417(e)(3).

	<u>Previous</u>	<u>Current</u>
Conversion to Joint & Survivor Interest Rates	4.13%	4.23%

Reason: In recognition of interest rate environment per Actuarial Equivalence as defined in the plan.

	<u>Previous</u>	<u>Current</u>
Conversion to Joint & Survivor Mortality Rates	IRS 2010 Mortality Table for 417(e) forms of payment	IRS 2011 Mortality Table for 417(e) forms of payment

Reason: In recognition of mortality rate improvement as measured by methodology set forth in Code §417(e)(3).

	<u>Previous</u>	<u>Current</u>
Funding Target Mortality Rates	IRS 2010 Small Plan Combined Mortality Tables	IRS 2011 Small Plan Combined Mortality Tables

Reason: In recognition of IRS final regulations that specify Funding Target mortality.

Schedule H, Item 4j - Schedule of Reportable Transactions
Plan Name: R.C. Tway Company Retirement Plan and Trust Agreement

Plan Year: 2011
EIN/PN: 61-0366810 / 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Blackrock Liquidity Funds	Cash Equivalent, Temp Fund Instl. Shares #24	436,164	N/A	0	0	436,164	436,164	0
Blackrock Liquidity Funds	Cash Equivalent, Temp Fund Instl. Shares #24	N/A	209,065	0	0	209,065	209,065	0
MFS Core Growth Fund Class I	Core Growth Fund Class I	N/A	218,625	0	0	156,473	218,625	62,153
Harbor	Capital Appreciation Fund	250,252	N/A	0	0	250,252	250,252	0

This summary is not a Summary Plan Description or a plan document. You should not rely solely on this summary in making a determination of eligibility for the plan or its benefits.

Summary of Provisions of the Plan

Effective Date and Plan Year

The plan was established effective June 1, 1964, with the latest plan restatement effective June 1, 1997. The plan year ends on each May 31. Fiscal years end each December 31.

Eligibility

Each employee is eligible to become a participant in the plan on the earlier of the June 1 or December 1 immediately following his completion of one year of service with 1,000 hours of service. No employee shall commence participation in the plan after May 31, 2005.

Service

One year of service is credited for benefit purposes for every plan year in which an employee works 1,000 hours of service and half of a year is credited for 500 or more hours of service but less than 1,000. One year of service is credited for vesting purposes for every plan year in which an employee works 1,000 hours of service. No service for benefit purposes will be credited under the plan after June 1, 2005.

Compensation

Compensation for plan purposes means W-2 compensation plus pre-tax salary deferrals but excluding management bonuses. A participant's annual compensation for plan purposes is limited as required under Code §401(a)(17).

Normal Retirement

Condition

The normal retirement date is the first day of the calendar month coincident with or next following the participant's 65th birthday.

Benefit

For Salaried employees, the normal retirement benefit, 1/12th of which is payable monthly for the life of the participant, is equal to the sum of the following:

- 0.6% of average earnings multiplied by the participant's years of benefit service not in excess of 35 years, plus
- 0.6% of average earnings in excess of Covered Compensation, multiplied by the participant's years of benefit service not in excess of 35 years, plus
- 1.2% of average earnings multiplied by the participant's years of benefit service in excess of 35 years.

"Average earnings" is the average annual compensation of a participant for the five consecutive plan years which produce the highest average.

"Covered Compensation" is the average of the taxable wage bases for the 35 years ending with the year the participant attains Social Security retirement age, rounded, as permitted by the IRS.

For Hourly employees, the normal retirement benefit, 1/12th of which is payable monthly for the life of the participant, is equal to \$14 multiplied by the participant's years of benefit service.

No further benefits will accrue under the plan after June 1, 2005.

Accrued Benefit

For Salaried participants, the accrued benefit is the monthly benefit with payments beginning at normal retirement that has been earned due to compensation and benefit service as of any determination date. The accrued benefit is payable for the life of the participant and is computed in the same manner as for normal retirement, using the participant's average earnings and benefit service projected to the participant's normal retirement date, and Covered Compensation determined by assuming the current taxable wage base will remain constant for all future years. This benefit is then multiplied by a fraction, the numerator which is the participant's years of benefit service at the date of determination and the denominator of which is the participant's years of projected benefit service at normal retirement. No further benefits will accrue under the plan after June 1, 2005.

For Hourly participants, the accrued benefit is the monthly benefit with payments beginning at normal retirement, that has been earned due to benefit service as of any determination date in accordance with Section 3.1(a)(2) of the plan document. No further benefits will accrue under the plan after June 1, 2005.

Early Retirement**Condition**

A participant may retire early after he has attained age 55 and completed 10 years of service with the employer.

Benefit

The deferred benefit, to commence at the participant's normal retirement date, is equal to the participant's accrued benefit determined as of his early retirement date.

Upon making a written request, the participant's benefit may commence at any time after his termination of employment. If the benefit is to commence immediately, the deferred benefit is reduced by 1/180th for each of the first 60 months and by 1/360th for each additional month by which the participant's date of benefit commencement precedes his normal retirement date.

Late Retirement**Condition**

A participant may choose to postpone his retirement beyond his normal retirement date, in which event no benefit shall be payable until actual retirement. The late retirement date is the first day of the calendar month coincident with or next following the participant's termination of employment after the participant's normal retirement date.

Benefit

The benefit, payment of which commences the first day of the month following the participant's actual date of retirement, is computed in the same manner as the normal retirement benefit based upon service accrued and compensation earned through earlier of the date of retirement and June 1, 2005. This benefit shall not be less than the benefit the participant would have received at his normal retirement date increased 10% annually from the normal retirement date to the late retirement date.

Disability Retirement**Condition**

If a participant becomes totally and permanently disabled, as determined by the Social Security Administration, he will be entitled to retire and receive a disability retirement benefit commencing on his normal retirement date.

Benefit

The disability retirement benefit, commencing at the participant's normal retirement date, is equal to the accrued benefit determined as of the participant's date of disablement. The participant may choose to commence this benefit as early as the first day of the month coincident with or next following the participant's date of disablement but the benefit will be actuarially reduced from the normal retirement date to the elected disability retirement date.

Death Before Retirement**Condition**

In the event of the death of a participant after becoming eligible for a vested benefit under the plan, and while either (i) actively employed by the employer, or (ii) on deferred vested status but prior to receiving any retirement benefits, a monthly survivorship benefit shall be payable to the participant's surviving spouse.

Benefit

The monthly benefit is payable on the first day of the calendar month following the participant's date of death or the earliest date the participant could have elected benefit payments to commence, whichever is later, and continuing for the lifetime of the surviving spouse or beneficiary. The benefit is determined as 50% of the benefit the beneficiary would have received if the participant had terminated employment the day before his death (or on his actual date of termination if earlier), had lived to the benefit commencement date, and elected an immediate joint and 50% to survivor benefit.

Vesting

As of June 1, 2005, all participants were deemed to be 100% vested in their accrued benefits.

Optional Modes of Benefit Payments

Subject to the applicable plan conditions, a participant may select an optional method of benefit payment, in lieu of the prescribed life income, which is actuarially equivalent thereto. The purpose of the optional method is to permit the guarantee of retirement income payments for a minimum period of time (i.e., 5, 10, 15 or 20 years), to permit the entire value of the benefit to be paid in a certain period (i.e., 5, 10, 15 or 20 years), or to provide a continued life income to a surviving beneficiary after the death of a participant (i.e., 50%, 66⅔%, 75% or 100% joint and survivor). However, if no option is elected and the participant is married at the date the benefit commences, the monthly benefit will automatically be paid in the form of a 50% joint and survivor annuity.

For Salaried employees, the actuarial equivalent single sum amount equal to their accrued benefit as of May 31, 1992 may be distributed to the participant. For the accrued benefit after May 31 1992 and for hourly employees, if the actuarial equivalent single sum amount due a terminated participant is less than \$5,000, such amount may be distributed to the participant in lieu of any other benefits under the plan.

Actuarial Equivalence

Actuarial equivalent values shall be computed based on the mortality table described under Code Section 417(e)(3) for the plan year in which the benefit is to be paid and the 30-year Treasury interest rate in effect for the second month immediately preceding the date of commencement. For certain only and single sum forms of payment, the interest rates will be those described under Code Section 417(e)(3) for the second month immediately preceding the date of commencement. The actuarial equivalent benefits shall not be less than the benefits determined using the factors as described in Section 5.1 of the plan document.

Contributions to the Plan

The employer contributes actuarially determined amounts to finance the plan benefits. No contributions by participating employees are required.

Investment of Plan Funds

The assets of the retirement plan will be invested by the trustee in accordance with the terms of the trust agreement.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2011**This Form is Open to Public
Inspection**

For calendar plan year 2011 or fiscal plan year beginning 06/01/2011 and ending 05/31/2012

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

A Name of plan R.C. TWAY COMPANY RETIREMENT PLAN AND TRUST AGREEMENT		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF R.C. TWAY COMPANY, INC.		D Employer Identification Number (EIN) 61-0366810
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>6</u> Day <u>1</u> Year <u>2011</u>			
2 Assets:			
a Market value	2a	3,998,630	
b Actuarial value	2b	3,598,767	
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	80	1,808,939
b For terminated vested participants	3b	87	1,076,990
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		2,256,173
(3) Total active	3c(3)	148	2,256,173
d Total	3d	315	5,142,102
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.84 %	
6 Target normal cost	6	152,225	

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

WESLEY J. WICKENHEISER, FSA, EA, MAAA

Type or print name of actuary

BPS&M, LLC

11807 BRINLEY AVENUE, SUITE 101

LOUISVILLE

KY 40243-1090

Address of the firm



Date

11-06598

Most recent enrollment number

(502) 244-7828

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	136,711
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	136,711
9	Amount remaining (line 7 minus line 8).....	0	0
10	Interest on line 9 using prior year's actual return of <u>21.44</u> %.....	0	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		77
b	Interest on (a) using prior year's effective rate of <u>6.55</u> % except as otherwise provided (see instructions).....		5
c	Total available at beginning of current plan year to add to prefunding balance.....		82
d	Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III	Funding percentages		
14	Funding target attainment percentage	14	69.98 %
15	Adjusted funding target attainment percentage	15	69.98 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	75.30 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	69.98 %

Part IV	Contributions and liquidity shortfalls																																																								
18	Contributions made to the plan for the plan year by employer(s) and employees:																																																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 20%;">(a) Date (MM-DD-YYYY)</th> <th style="text-align: left; width: 20%;">(b) Amount paid by employer(s)</th> <th style="text-align: left; width: 20%;">(c) Amount paid by employees</th> <th style="text-align: left; width: 20%;">(a) Date (MM-DD-YYYY)</th> <th style="text-align: left; width: 20%;">(b) Amount paid by employer(s)</th> <th style="text-align: left; width: 20%;">(c) Amount paid by employees</th> </tr> </thead> <tbody> <tr> <td>09/13/2011</td> <td style="text-align: right;">92,235</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12/06/2011</td> <td style="text-align: right;">92,235</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>03/06/2012</td> <td style="text-align: right;">92,235</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>05/30/2012</td> <td style="text-align: right;">212,269</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">Totals •</td> <td style="text-align: center;">18(b)</td> <td style="text-align: right;">488,974</td> <td style="text-align: center;">18(c)</td> </tr> <tr> <td colspan="3"></td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> </tbody> </table>	(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	09/13/2011	92,235					12/06/2011	92,235					03/06/2012	92,235					05/30/2012	212,269																	Totals •			18(b)	488,974	18(c)						0		
(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																																																				
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					0																																																				

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date.....	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 469,292
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c	If 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: 2.81 %	2nd segment: 5.76 %	3rd segment: 6.46 %	☐ 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 eligible for (and is using) 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	152,225	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	1,543,335	316,860	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	469,085	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	469,085	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	469,292	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	207	
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 a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
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		

Schedule H, Item 4i - Schedule of Assets (Acquired and Disposed of Within Year)
Plan Name: R.C. Tway Company Retirement Plan and Trust Agreement

Plan Year: 2011
EIN/PN: 61-0366810 / 001

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Blackrock Liquidity Funds	Cash Equivalent, Temp Fund Institutional Shares #24	209,065	209,065

Schedule H, Item 4i - Schedule of Assets (Held at End of Year)
Plan Name: R.C. Tway Company Retirement Plan and Trust Agreement

Plan Year: 2011
EIN/PN: 61-0366810 / 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Blackrock Liquidity Funds	Cash Equivalent, Temp Fund Institutional Shares #24	115,728	115,728
	Artisan	3,384.451 shares, Small Cap Value Fund 963	47,947	50,361
	Artisan	6,224.716 shares, Mid Cap Value Fund 1464	108,084	123,187
	Blackrock Funds	26,486.429 shares, Equity Div. Instl Class Fund 383	427,449	490,264
	Eagle Funds	1,776.728 shares, Small Cap Growth Fund Class I	68,020	69,950
	Goldman Sachs	5,535.146 shares, Growth Opportunity Fund, Instl Class Fund 1132	142,500	133,618
	Harbor	6,961.346 shares, International Fund	295,444	370,065
	Harbor	6,600.517 shares, Capital Appreciation Fund 12	250,252	265,803
	MFS	16,304.746 shares, Value Fund Class I	345,670	380,064
	Pimco Funds	107,132.608 shares, Total Return Bond Fund, Instl Class Fund 35	1,161,090	1,208,456
	T Rowe Price	17,474.854 shares, Growth Stock Fund 40	443,778	617,037
	Templeton	9,329.365 shares, Global Bond Fund 616	127,679	114,565

Schedule SB, line 32 - Schedule of Amortization Bases
Plan Name: R.C. Tway Company Retirement Plan and Trust Agreement

PLAN YEAR: 2011
EIN/PN: 61-0366810 / 001

Amortization Charge Bases

<u>Description</u>	<u>Year Established</u>	<u>Original Amount</u>	<u>Period Remaining</u>	<u>Current Balance</u>	<u>Minimum Payment</u>
Shortfall Amortization Base	2008	\$ 819,686	4	\$ 525,621	\$ 136,917
Shortfall Amortization Base	2009	\$ 200,239	5	\$ 161,824	\$ 34,183
Shortfall Amortization Base	2010	\$ 406,388	6	\$ 372,347	\$ 67,825
Shortfall Amortization Base	2011	\$ 483,543	7	\$ 483,543	\$ 77,935
Total Charges				\$ 1,543,335	\$ 316,860

Amortization Credit Bases

<u>Description</u>	<u>Year Established</u>	<u>Original Amount</u>	<u>Period Remaining</u>	<u>Current Balance</u>	<u>Minimum Payment</u>
None				\$ 0	\$ 0
Total Credits				\$ 0	\$ 0
Total Shortfall Amortization Charge				\$ 1,543,335	\$ 316,860

Schedule SB, Line 19 - Discounted Employer Contributions
Plan Name: R.C. Tway Company Retirement Plan and Trust Agreement

Plan Year: 2011
EIN/PN: 61-0366810 / 001

Effective Interest Rate
5.84%

Date of Contribution	Contribution	Days Adjusted	Adjusted Contribution
9/13/2011	92,235.00	104	90,759.36
12/6/2011	92,235.00	188	89,584.75
3/6/2012	92,235.00	279	88,329.41
5/30/2012	212,269.00	364	200,618.71
			469,292.23

Changes in Non-Prescribed Actuarial Assumptions

	<u>Previous</u>	<u>Current</u>
Conversion to Joint & Survivor Interest Rates	4.13%	4.23%
<i>Reason: In recognition of interest rate environment per Actuarial Equivalence as defined in the plan.</i>		

	<u>Previous</u>	<u>Current</u>
Conversion to Joint & Survivor Mortality Rates	IRS 2010 Mortality Table for 417(e) forms of payment	IRS 2011 Mortality Table for 417(e) forms of payment
<i>Reason: In recognition of mortality rate improvement as measured by methodology set forth in Code §417(e)(3).</i>		

Schedule SB, line 22 - Description of Weighted Average Retirement Age
Plan Name: R.C. Tway Company Retirement Plan and Trust Agreement

Plan Year: 2011
EIN/PN: 61-0366810 / 001

(1) Age	(2) Rate of Retirement	(3) Retirees	(4) (1) * (3)
62	25.00%	25.0000	1,550.00
63	10.00%	7.5000	472.50
64	10.00%	6.7500	432.00
65	100.00%	60.7500	3,948.75
Sum of Column 4			6,403.25
			÷ 100
Weighted Normal Retirement Age			64.03