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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 06/01/2012 and ending 05/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
R.C. TWAY COMPANY RETIREMENT PLAN AND TRUST AGREEMENT

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1964

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

KENTUCKY TRAILER

7201 LOGISTICS DRIVE
LOUISVILLE, KY 40258

2b Employer Identification Number (EIN) 61-0366810

2c Sponsor's telephone number 502-634-2772

2d Business code (see instructions) 336210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/10/2015	LARRY M. ROY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/10/2015	LARRY M. ROY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name
R.C. TWAY COMPANY, INC.

4b EIN
61-0366810

4c PN
001

5	Total number of participants at the beginning of the plan year	**5**	303
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**	129
b	Retired or separated participants receiving benefits	**6b**	76
c	Other retired or separated participants entitled to future benefits	**6c**	72
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	277
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	14
f	Total. Add lines **6d** and **6e**	**6f**	291
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**	

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**A** (Insurance Information)
(4)	[X]	**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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 06/01/2012 and ending 05/31/2013

▶ **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
KENTUCKY TRAILER

D Employer Identification Number (EIN)
61-0366810

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

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

Part I Basic Information

1 Enter the valuation date: Month 06 Day 01 Year 2012

2	Assets:			
	a Market value	**2a**		3942634
	b Actuarial value	**2b**		3925342
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	84	1743806
	b For terminated vested participants	**3b**	84	847109
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		1860406
	(3) Total active	**3c(3)**	138	1860406
	d Total	**3d**	306	4451321
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**		6.97 %
6	Target normal cost	**6**		94527

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	02/13/2014 Date
WESLEY J. WICKENHEISER, FSA,EA,MAAA Type or print name of actuary	11-06598 Most recent enrollment number
BPS&M, LLC Firm name	502-244-7828 Telephone number (including area code)
11807 BRINLEY AVENUE, SUITE 101 LOUISVILLE, KY 40243-1090 Address of the firm	

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

Part II Beginning of Year Carryover Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -0.61%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		207
	b Interest on (a) using prior year's effective interest rate of 5.84% except as otherwise provided (see instructions)		12
	c Total available at beginning of current plan year to add to prefunding balance		219
	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	88.18 %
15	Adjusted funding target attainment percentage	15	88.18 %
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	69.98 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/13/2012	117271				
12/19/2012	14231				
03/11/2013	65751				
06/14/2013	65751				
02/12/2014	44609				
			Totals ► 18(b)	307613	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	292248

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.54%	6.85%	7.52 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	94527
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	525979	197699
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**	292226

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

36 Additional cash requirement (line 34 minus line 35)	**36**	292226
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	292248

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

a Total (excess, if any, of line 37 over line 36)	**38a**	22
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 06/01/2012 and ending 05/31/2013

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
KENTUCKY TRAILER

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).. . . . . [X] Yes [ ] No

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

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

AMERICAN CENTURY

44-6006315

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

ARTISAN

39-1811840

(b) Enter name and EIN or address of person who provided you disclosures 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

(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 50	NONE	33949	Yes [ ] No [X]	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 50	NONE	27081	Yes [ ] No [X]	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 50	NONE	8200	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 06/01/2012 and ending 05/31/2013

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
KENTUCKY TRAILER

D Employer Identification Number (EIN)
61-0366810

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	110360
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3537	2867
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	115728	53553
(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)	3823369	4221295
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3942634	4388075
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3942634	4388075

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	307613	
(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)		307613
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	156	
(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)		156
(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)	137976	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		137976
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	310836	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	310836	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		526367
c Other income	2c		2551
d Total income. Add all **income** amounts in column (b) and enter total	2d		974663
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	435695	
(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)		435695
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)	35445	
(2) Contract administrator fees	2i(2)	33949	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	24133	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		93527
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		529222
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		445441
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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

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

Part V Trust Information (optional)

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

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 06/01/2012 and ending 05/31/2013

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
KENTUCKY TRAILER

D Employer Identification Number (EIN)
61-0366810

Part I Distributions

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

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

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

EIN(s): 25-1211909

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** 3

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

R.C. Tway Company Retirement Plan

Financial Statements
and
Supplemental Schedules

For the Years Ended May 31, 2013 and 2012

R.C. Tway Company Retirement Plan

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May 31, 2013 and 2012

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Independent Auditor's Report

To the Plan Administrator
R.C. Tway Company Retirement Plan

We were engaged to audit the accompanying financial statements of the R.C. Tway Company Retirement Plan ("the Plan") which comprise the statements of net assets available for benefits as of May 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information 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. 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 May 31, 2013 and 2012 and for the years then ended, that the information provided to the Plan administrator by the trustee is complete and accurate.

Independent Auditor's Report (Continued)

Disclaimer of Opinion

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

Report on Supplementary Information

The supplemental Schedule of Assets (Held at End of Year) as of May 31, 2013, Schedule of Assets (Acquired and Disposed of Within Year) for the year ended May 31, 2013 and Schedule of Reportable Transactions for the year ended May 31, 2013 are required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

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

Louisville, Kentucky
March 5, 2014

R.C. Tway Company Retirement Plan
Statements of Net Assets Available for Benefits
May 31, 2013 and 2012

	2013	2012
Assets		
Investments, at fair value		
Cash and cash equivalents	$ 53,553	$ 260,728
Registered investment companies	4,221,295	3,823,369
	4,274,848	4,084,097
Receivables		
Employer contribution	110,360	-
Accrued interest and dividend income	2,867	3,537
	113,227	3,537
Total Assets	4,388,075	4,087,634
Liabilities		
Due to broker for securities purchased	-	145,000
Total Liabilities	-	145,000
Net Assets Available for Benefits	$ 4,388,075	$ 3,942,634

See independent auditors report and accompanying notes.

R.C. Tway Company Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended May 31, 2013 and 2012

	2013	2012
Additions to Net Assets Attributed to:		
Investment Income:		
Net appreciation in fair value of investments	$ 526,367	$ -
Interest and dividend income	138,132	104,222
	664,499	104,222
Employer contributions	307,613	488,974
Other income	2,576	32
Total Additions	974,688	593,228
Deductions from Net Assets Attributed to:		
Net depreciation in fair value of investments	-	136,512
Benefits paid directly to participants	435,695	433,608
Administrative expenses	93,552	94,527
Total Deductions	529,247	664,647
Net Increase (Decrease)	445,441	(71,419)
Net Assets Available for Benefits at Beginning of Year	3,942,634	4,014,053
Net Assets Available for Benefits at End of Year	$ 4,388,075	$ 3,942,634

See independent auditors report and accompanying notes.

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 $307,613 and $488,974 for the years ended May 31, 2013 and 2012, 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.

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. New Accounting Pronouncement: In May 2011, the FASB issued Accounting Standards Update ("ASU") No. 2011-04, "Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and International Financial Reporting Standards" ("ASU 2011-04"), which was issued to create a consistent framework for the application of fair value measurement across jurisdictions. The amendments include wording changes to U.S. GAAP in order to clarify the FASB's intent about the application of existing fair value measurements and disclosure requirements, as well as to change a particular principle or existing requirement for measuring fair value or disclosing information about fair value measurements. There are no additional fair value measurements required upon the adoption of ASU 2011-04. Effective June 1, 2012, the Plan adopted the provisions of ASU 2011-04. The adoption did not have a material effect on the financial statements of the Plan.

3. 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.

4. 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.

5. 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.

Note B - Summary of Significant Accounting Policies (Continued)

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

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.

The significant actuarial assumptions as of May 31, 2013 and 2012 are as follows:

2013	
Assumed Rate of Return on Investments	7.5%
Participants Valued	All Plan participants
Mortality Basis	IRS 2013 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

2012	
Assumed Rate of Return on Investments	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

Note B - Summary of Significant Accounting Policies (Continued)

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

   For the May 31, 2013 and 2012 valuations, the retirement rates used were the following:

Age	Rate of Retirement
62	25%
63-64	10%
65	100%

6. Payment of Benefits: Benefits are recorded when paid.

7. Trustee: PNC Bank, the trustee of the Plan, holds substantially all of the Plan's assets and executes transactions therein.

8. 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.

9. 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, 2013 and 2012, Plan administrative expenses totaled $93,552 and $94,527, respectively. Included in Plan administrative expenses were premiums paid to the Pension Benefit Guaranty Corporation ("PBGC") totaling $24,133 and $21,161, respectively.

10. 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, 2013 and 2012.

Note D - Investments

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

	2013	2012
PIMCO Funds Total Return Bond Fund	$ 1,189,714	$ 1,208,456
T. Rowe Price Growth Stock Fund	702,612	617,037
Black Rock Equity Dividend Institutional Fund	506,333	490,264
MFS Value Fund Class I	568,738	380,064
Harbor International Fund	421,221	370,065
Harbor Capital Appreciation Fund	252,482	265,803
Blackrock Liquidity Funds Temp Fund	**	260,728

** Investment does not represent 5% or more of the Plan net assets for the respective year.

For the Plan years ended May 31, 2013 and 2012, 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:

	2013	2012
Mutual funds	$ 526,367	$ (136,512)

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: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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, 2013 and 2012.

Note E - Fair Value Measurements (Continued)

Money market fund and mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at May 31, 2013:

	Level 1	Level 2	Level 3	Total
Money Market Fund	$ 53,553	$ -	$ -	$ 53,553
Mutual Funds:				
Large cap	2,030,165	-	-	2,030,165
Mid cap	363,582	-	-	363,582
Small cap	76,017	-	-	76,017
International	421,221	-	-	421,221
Fixed income	1,330,310	-	-	1,330,310
	$ 4,274,848	$ -	$ -	$ 4,274,848

The following table sets forth 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
	$ 4,084,097	$ -	$ -	$ 4,084,097

Note F - Related Party Transactions

Parties-in-interest include PNC Bank, the Trustee; Bryan, Pendleton, Swats & McAllister, LLC, Plan actuary; and Frost Brown Todd LLC, Plan legal counsel. Trustee fees paid to PNC Bank totaled $31,044 and $31,044 during the Plan years ended May 31, 2013 and 2012, respectively. Actuary fees paid to Bryan, Pendleton, Swats & McAllister, LLC totaled $27,081 and $30,670 for the Plan years ended May 31, 2013 and 2012, respectively. Legal fees paid to Frost Brown Todd LLC totaled $164 and $3,702 for the Plan years ended May 31, 2013 and 2012, respectively.

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 as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified and the related trust is tax exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. 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 2009.

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 2013, that ceiling was $4,790 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 money market and mutual funds. 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.

Note J - Actuarial Present Value of Accumulated Plan Benefits

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

	2013	2012
Actuarial Present Value of Accumulated Benefits:		
Vested Benefits:		
Participants currently receiving benefits	$ 1,672,398	$ 1,674,068
Other participants	2,602,033	2,648,170
Total Actuarial Present Value of Accumulated Plan Benefits	$ 4,274,431	$ 4,322,238

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

	2013	2012
Actuarial Present Value of Accumulated Plan Benefits as of Beginning of Year	$ 4,322,238	$ 4,332,028
Increase (decrease) during the year attributed to:		
Increase for interest due to decrease in the discount period	307,829	308,642
Increase due to change in actuarial assumptions	68,651	36,344
Other	11,408	78,832
Benefits paid	(435,695)	(433,608)
	(47,807)	(9,790)
Actuarial Present Value of Accumulated Plan Benefits as of End of Year	$ 4,274,431	$ 4,322,238

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, 2013

(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	$ 53,553	$ 53,553
	American Century Small Cap Value	Mutual Fund	65,517	76,016
	Artisan Mid Cap Value Fund	Mutual Fund	109,432	153,302
*	Blackrock Equity Dividend Institutional Fund	Mutual Fund	372,826	506,333
	Goldman Sachs Growth Opportunity Fund	Mutual Fund	127,969	138,965
	Harbor International Fund	Mutual Fund	276,122	421,221
	Harbor Capital Appreciation Fund	Mutual Fund	202,134	252,482
	MFS Value Fund Class I	Mutual Fund	424,463	568,738
	PIMCO Funds Total Return Bond Fund	Mutual Fund	1,168,590	1,189,714
	T. Rowe Price Growth Stock Fund	Mutual Fund	419,312	702,612
	T. Rowe Price New Horizons Fund Inc	Mutual Fund	67,500	71,316
	Templeton Global Bond Fund	Mutual Fund	144,524	140,596
			$ 3,431,942	$ 4,274,848

* denotes party-in-interest

See independent auditor's report and accompanying notes.

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, 2013

	(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) Disposition of Proceeds
	Blackrock Liquidity Funds Temp Fund	Money Market Fund	$ 195,108	$ 195,108

See independent auditor's report and accompanying notes.

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, 2013

(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)
Blackrock Liquidity Funds Temp Fund	Money market fund	$ 248,661	$ 310,836	$ 310,836	$ 248,661	$ -

See independent auditor's report and accompanying notes.

Schedule of Active Participant Data

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 Benefit*										
25 - 29	Number										
	Avg Benefit*										
30 - 34	Number		3	2	1						
	Avg Benefit*		N/A	N/A	N/A						
35 - 39	Number		4	4	6						
	Avg Benefit*		N/A	N/A	N/A						
40 - 44	Number		3	10	5	3					
	Avg Benefit*		N/A	N/A	N/A	N/A					
45 - 49	Number	1	4	5	8	1	5				
	Avg Benefit*	N/A	N/A	N/A	N/A	N/A	N/A				
50 - 54	Number		5	10	5		7	9			
	Avg Benefit*		N/A	N/A	N/A		N/A	N/A			
55 - 59	Number			5	2		1	4	11		
	Avg Benefit*			N/A	N/A		N/A	N/A	N/A		
60 - 64	Number		2	3	1	1	1	1	2	2	
	Avg Benefit*		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
65 - 69	Number				1						
	Avg Benefit*				N/A						
70 - UP	Number										
	Avg Benefit*										

* Average frozen accrued benefits are 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
Mortality Rates				
IRS 2012 Small Plan Combined Mortality Tables				
Males	0.29	0.87	2.28	4.78
Females	0.14	0.47	2.22	4.53
IRS 2012 Mortality Table for 417(e) forms of payment				
Males and Females	0.21	0.67	2.25	4.65
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:

Age	Retirement Rate
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)
Adjusted 24-Mo. Average Segment Rates	5.54% per annum	6.85% per annum	7.52% per annum
Minimum Funding Target Liability			
Unadjusted 24-Mo. Average Segment Rates	1.96% per annum	5.01% per annum	6.13% per annum
Maximum Deductible Liability			
PBGC Variable Premium Liability (alternative method)			
Other Measurements			
Plan termination value	1.60% per annum	3.97% per annum	4.93% per annum
ASC 960	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: For the Minimum Funding Target Liability, Maximum Deductible Liability and PBGC Variable Premium Liability, the underlying rates (as shown above) were used pursuant to the annuity substitution method. For the ASC 960 liability, the rates were the same rates used for the Maximum Deductible Liability and PBGC Variable Premium Liability.

Mortality: IRS 2012 Mortality Table for 417(e) forms of payment

* The resulting conversion factor cannot be less than the Adjustment Factors as defined in Section 5.1 of the plan document.

Conversion from Single Life Annuity to Joint and Survivor Annuity**

Interest rate: 2.70%

Mortality: IRS 2012 Mortality Table for 417(e) forms of payment

** The resulting conversion factor cannot be less than the Adjustment Factors as defined in Section 5.1 of the plan document.

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 -- $250,000

Current Code section 415(b) annual benefit limitation -- $200,000

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

Changes in Assumptions From Prior Actuarial Valuation

	Previous	Current
Minimum Funding Target Segment Rates	Three Segment Yield Curve 2.81%, 5.76% & 6.46%	Three Segment Yield Curve 5.54%, 6.85% & 7.52%

Reason: In recognition of interest rate environment as measured by methodology set forth in Code §430(h)(2) as amended by the Moving Ahead for Progress in the 21st Century Act.

	Previous	Current
Unadjusted 24-Month Avg. Segment Rates (4 month lookback)	Three Segment Yield Curve 2.81%, 5.76% & 6.46%	Three Segment Yield Curve 1.96%, 5.01% & 6.13%

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

	Previous	Current
Mortality Rates	IRS 2011 Small Plan Combined Mortality Tables	IRS 2012 Small Plan Combined Mortality Tables

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

	Previous	Current
Interest Rates for Conversion to Joint & Survivor Form of Payment	4.23%	2.70%

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

	Previous	Current
Mortality Rates for Conversion to 60 Guaranteed Payments or Joint & Survivor Forms of Payment	IRS 2011 Mortality Table for 417(e) forms of payment	IRS 2012 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).

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

Plan Year: 2012
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	248,661	N/A	0	0	248,661	248,661	0
Blackrock Liquidity Funds	Cash Equivalent, Temp Fund Instl. Shares #24	N/A	310,836	0	0	310,836	310,836	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.

794801 R F12

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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 06/01/2012 and ending 05/31/2013

▶ **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

KENTUCKY TRAILER

D Employer Identification Number (EIN)

61-0366810

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

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

Part I Basic Information

1 Enter the valuation date: Month 6 Day 1 Year 2012

2	Assets:			
	a Market value	**2a**		3,942,634
	b Actuarial value	**2b**		3,925,342
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	84	1,743,806
	b For terminated vested participants	**3b**	84	847,109
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		1,860,406
	(3) Total active	**3c(3)**	138	1,860,406
	d Total	**3d**	306	4,451,321
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**		6.97 %
6	Target normal cost	**6**		94,527

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 WJW

Signature of actuary

2/13/2014

Date

WESLEY J. WICKENHEISER, FSA,EA,MAAA

Type or print name of actuary

11-06598

Most recent enrollment number

BPS&M, LLC

Firm name

(502) 244-7828

Telephone number (including area code)

11807 BRINLEY AVENUE, SUITE 101

LOUISVILLE KY 40243-1090

Address of the firm

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

Part II Beginning of Year Carryover Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of (0.61) %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		207
	b Interest on (a) using prior year's effective interest rate of 5.84 % except as otherwise provided (see instructions)		12
	c Total available at beginning of current plan year to add to prefunding balance		219
	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	88.18 %
15	Adjusted funding target attainment percentage	15	88.18 %
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	69.98 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/13/2012	117,271				
12/19/2012	14,231				
03/11/2013	65,751				
06/14/2013	65,751				
02/12/2014	44,609				
			Totals ▶ 18(b)	307,613	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	292,248

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.54 %	6.85 %	7.52 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	94,527
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	525,979	197,699
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**	292,226

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

36 Additional cash requirement (line 34 minus line 35)	**36**	292,226
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	292,248

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

a Total (excess, if any, of line 37 over line 36)	**38a**	22
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

Schedule H, Item 4i - Schedule of Assets (Acquired and Disposed of Within Year) **Plan Year: 2012**

Plan Name: R.C. Tway Company Retirement Plan and Trust Agreement **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	195,108	195,108

Schedule H, Item 4i - Schedule of Assets (Held at End of Year) **Plan Year: 2012**

Plan Name: R.C. Tway Company Retirement Plan and Trust Agreement **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	53,553	53,553
	American Century	7,764.701 shares, Small Cap Value Fund #486	65,517	76,016
	Artisan	6,236.849 shares, Mid Cap Value Fund #1464	109,432	153,302
	Blackrock Funds	22,931.750 shares, Equity Div. Instl Class Fund #383	372,826	506,333
	Goldman Sachs	4,991.542 shares, Growth Opportunity Fund, Instl Class Fund #1132	127,969	138,965
	Harbor	6,448.578 shares, International Fund #2011	276,122	421,221
	Harbor	5,328.874 shares, Capital Appreciation Fund #2012	202,133	252,482
	MFS	19,046.814 shares, Value Fund Class I	424,463	568,738
	Pimco Funds	107,471.904 shares, Total Return Bond Fund, Instl Class Fund #35	1,168,590	1,189,714
	T Rowe Price	16,497.120 shares, Growth Stock Fund #40	419,312	702,612
	T Rowe Price	1,800.000 shares, New Horizons Fund #42	67,500	71,316
	Templeton	10,595.024 shares, Global Bond Fund #616	144,524	140,596

Schedule of Amortization Bases

Amortization Charge Bases

Description	Year Established	Original Amount	Period Remaining	Current Balance	Minimum Payment
Shortfall Amortization Base	2008	$ 819,686	3	$ 389,567	$ 136,917
Shortfall Amortization Base	2009	200,239	4	126,338	34,183
Shortfall Amortization Base	2010	406,388	5	305,343	67,825
Shortfall Amortization Base	2011	483,543	6	406,815	77,935
Total Charges				$ 1,228,063	$ 316,860

Amortization Credit Bases

Description	Year Established	Original Amount	Period Remaining	Current Balance	Minimum Payment
Shortfall Amortization Base	2012	$ 702,084	7	$ 702,084	$ 119,161
Total Credits				$ 702,084	$ 119,161

Total Shortfall Amortization Charge	**$ 525,979**	**$ 197,699**

Discounted Employer Contributions

Effective Interest Rate
6.97%

Date of Contribution	Contribution	Days Adjusted	Adjusted Contribution	
9/13/2012	117,271.00	104	115,041.08	
12/19/2012	14,231.00	201	13,705.78	*
3/11/2013	65,751.00	283	62,404.27	
6/14/2013	65,751.00	378	61,319.44	
2/12/2014	44,609.00	621	39,777.46	
Total	307,613.00		292,248.03	

* The December 19, 2012 contribution of $14,231 was late by 4 days. Therefore, this quarterly contribution has been adjusted with an 11.97% discount rate for the late period.

Changes in Non-Prescribed Actuarial Assumptions

	Previous	Current
Interest Rates for Conversion to Joint & Survivor Form of Payment	4.23%	2.70%

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

	Previous	Current
Mortality Rates for Conversion to 60 Guaranteed Payments or Joint & Survivor Forms of Payment	IRS 2011 Mortality Table for 417(e) forms of payment	IRS 2012 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).

Description of Weighted Average Retirement Age

(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