

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>06/01/2013</u> and ending <u>05/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>R.C. TWAY COMPANY RETIREMENT PLAN AND TRUST AGREEMENT</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>06/01/1964</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>KENTUCKY TRAILER</u> <u>7201 LOGISTICS DRIVE</u> <u>LOUISVILLE, KY 40258</u>	2b Employer Identification Number (EIN) <u>61-0366810</u> 2c Sponsor's telephone number <u>502-634-2772</u> 2d Business code (see instructions) <u>336210</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/11/2015	LARRY M. ROY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	291
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	127
b Retired or separated participants receiving benefits		6b	73
c Other retired or separated participants entitled to future benefits		6c	59
d Subtotal. Add lines 6a , 6b , and 6c		6d	259
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	14
f Total. Add lines 6d and 6e		6f	273
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 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) ☒ 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) ☒ 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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 06/01/2013 and ending 05/31/2014

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

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

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

Part I	Basic Information
1 Enter the valuation date: Month <u>06</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>4385858</u>
b Actuarial value	2b <u>4219381</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>86</u> <u>1797286</u>
b For terminated vested participants.....	3b <u>76</u> <u>877777</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>2022972</u>
(3) Total active.....	3c(3) <u>129</u> <u>2022972</u>
d Total.....	3d <u>291</u> <u>4698035</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.26 %</u>
6 Target normal cost	6 <u>93527</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>03/10/2015</u>
Signature of actuary		Date
<u>WESLEY J. WICKENHEISER, FSA,EA,MAAA</u>		<u>14-06598</u>
Type or print name of actuary		Most recent enrollment number
<u>BPS&M, LLC</u>		<u>502-244-7828</u>
Firm name		Telephone number (including area code)
<u>11807 BRINLEY AVENUE, SUITE 101</u> <u>LOUISVILLE, KY 40243-1090</u>		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	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 <u>17.64</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		22
b Interest on (a) using prior year's effective interest rate of <u>6.97</u> % except as otherwise provided (see instructions)		2
c Total available at beginning of current plan year to add to prefunding balance		24
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	89.81 %
15 Adjusted funding target attainment percentage	15	89.81 %
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	88.18 %
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
09/11/2013	73057				
12/16/2013	70663				
03/12/2014	70662				
06/19/2014	70662				
08/27/2014	1307014				
			Totals ►	18(b)	1592058 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	1486201
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %
			☐ 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	93527
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	478654		220524
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	314051
	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	314051
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	1486201
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	1172150
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 06/01/2013 and ending 05/31/2014

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

13-5108880

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

HARBOR INTERNATIONAL FUND

13-5108880

(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

DODGE & COX INCOME FUND

94-1441976

(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	36767	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BPS&M, LLC

62-0853448

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	39635	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOUNTJOY CHILTON MEDLEY, LLP

27-1235638

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	9250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>06/01/2013</u> and ending <u>05/31/2014</u>		
A Name of plan <u>R.C. TWAY COMPANY RETIREMENT PLAN AND TRUST AGREEMENT</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KENTUCKY TRAILER</u>		D Employer Identification Number (EIN) <u>61-0366810</u>

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)	110360	1377676
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	2867	748
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	53553	2992751
(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)	4221295	1593171
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4388075	5964346

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4388075	5964346
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1592058	
(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)		1592058

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	433	
(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)		433

(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)	151076	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		151076

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	174199	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	174199	
(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)		397296
c Other income	2c		331
d Total income. Add all income amounts in column (b) and enter total	2d		2141194

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	454727	
(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)		454727
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)	48885	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	36767	
(4) Other	2i(4)	24544	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		110196
j Total expenses. Add all expense amounts in column (b) and enter total	2j		564923

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1576271
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: MOUNTJOY CHILTON MEDLEY LLP

(2) EIN: 27-1235638

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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:

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.)

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.)

	Yes	No	Amount
4a		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
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?		X	
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?		X	
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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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: 0

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

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

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

Part V Trust Information (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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 06/01/2013 and ending 05/31/2014

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

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

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

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

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

For the Years Ended May 31, 2014 and 2013

R.C. Tway Company Retirement Plan

Table of Contents
May 31, 2014 and 2013

	<u>Page</u>
Independent Auditor's Report.....	1 - 2
Financial Statements	
Statement of Net Assets in Liquidation Available for Benefits.....	3
Statement of Net Assets Available for Benefits	4
Statement of Changes in Net Assets in Liquidation Available for Benefits.....	5
Statement of Changes in Net Assets Available for Benefits.....	6
Notes to Financial Statements.....	7 - 14
Supplemental Schedules	
Schedule of Assets (Held at End of Year) Form 5500, Schedule H, Part IV, Line 4i	15
Schedule of Reportable Transactions Form 5500, Schedule H, Part IV, Line 4j	16



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 statement of net assets in liquidation available for benefits as of May 31, 2014, and the related statement of changes in net assets in liquidation available for benefits for the year ended May 31, 2014, and the statement of net assets available for benefits as of May 31, 2013, and the related statement of changes in net assets available for benefits for the year ended May 31, 2013, 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 ("DOL") 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, 2014 and 2013 and for the years then ended, that the information provided to the Plan administrator by the trustee is complete and accurate.

Kentucky
Indiana
Ohio

Mountjoy Chilton Medley LLP

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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.

Basis of Accounting

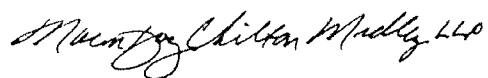
As discussed in Notes A and H, the Board of Directors of R.C. Tway Company, the Plan Sponsor, voted to terminate the Plan effective May 31, 2014. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting from the ongoing plan basis to the liquidation basis used in presenting the 2014 financial statements.

Report on Supplementary Information

The supplemental Schedule of Assets (Held at End of Year) as of May 31, 2014, and Schedule of Reportable Transactions for the year ended May 31, 2014, are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on 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 9, 2015

R.C. Tway Company Retirement Plan
Statement of Net Assets in Liquidation Available for Benefits
May 31, 2014

Assets

Investments, at fair value	
Cash and cash equivalents	\$ 2,992,751
Registered investment companies	<u>1,593,171</u>
	4,585,922
Receivables	
Employer contribution	1,377,676
Accrued interest and dividend income	<u>748</u>
	<u>1,378,424</u>
Net Assets in Liquidation Available for Benefits	<u><u>\$ 5,964,346</u></u>

See accompanying notes.

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

Assets

Investments, at fair value

Cash and cash equivalents	\$ 53,553
Registered investment companies	<u>4,221,295</u>
	4,274,848

Receivables

Employer contribution	110,360
Accrued interest and dividend income	<u>2,867</u>
	<u>113,227</u>

Net Assets Available for Benefits	<u><u>\$ 4,388,075</u></u>
--	-----------------------------------

See accompanying notes.

R.C. Tway Company Retirement Plan
Statement of Changes in Net Assets in Liquidation Available for Benefits
Year Ended May 31, 2014

Additions to Net Assets Attributed to:

Investment Income:

Net appreciation in fair value of investments	\$ 397,297
Interest and dividend income	<u>151,509</u>

548,806

Employer contributions	1,592,058
Other income	<u>355</u>

Total Additions 2,141,219

Deductions from Net Assets Attributed to:

Benefits paid directly to participants	454,727
Administrative expenses	<u>110,221</u>

Total Deductions 564,948

Net Increase 1,576,271

Net Assets Available for Benefits at Beginning of Year 4,388,075

**Net Assets in Liquidation Available
for Benefits at End of Year** \$ 5,964,346

See accompanying notes.

R.C. Tway Company Retirement Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended May 31, 2013

Additions to Net Assets Attributed to:

Investment Income:

Net appreciation in fair value of investments	\$ 526,367
Interest and dividend income	<u>138,132</u>

664,499

Employer contributions	307,613
Other income	<u>2,576</u>

Total Additions 974,688

Deductions from Net Assets Attributed to:

Benefits paid directly to participants	435,695
Administrative expenses	<u>93,552</u>

Total Deductions 529,247

Net Increase 445,441

Net Assets Available for Benefits at Beginning of Year 3,942,634

Net Assets Available for Benefits at End of Year \$ 4,388,075

See accompanying notes.

R.C. Tway Company Retirement Plan
Notes to Financial Statements
May 31, 2014 and 2013

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").

The Board of Directors of the Plan Sponsor made the decision to terminate the Plan effective May 31, 2014 (see Note H).

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 \$1,592,058 and \$307,613 for the years ended May 31, 2014 and 2013, respectively.
3. Participation Requirements: Effective June 1, 2005, the Company adopted an amendment to cease additional benefit accruals under the Plan, limit participation to persons with a participation date on or before May 31, 2005 and to provide that no other persons shall become eligible to participate in the Plan. After May 31, 2005, all benefit accruals under the Plan were frozen and all Plan participants became 100% vested. This freeze does not affect benefits accrued through May 31, 2005; however no additional benefits will accrue on or after May 31, 2005.
4. Credited Service: Participants are credited, for vesting purposes, with one year of service during a Plan year in which an employee performs at least 1,000 hours of service. Participants are credited with a half year of service for each Plan year with 500 hours of service.
5. Normal Retirement Benefits: Salaried, office or clerical employees with five or more years of service are entitled to annual pension benefits beginning at retirement age (65) equal to .6% times the average earnings (as defined in the Plan document) times credited service (35 years maximum) plus .6% times average earnings in excess of the participant's social security covered compensation in effect on the first day of the plan year in which separation from service occurs times credited service (35 years maximum), plus 1.2% times average earnings times credited service (if any) in excess of 35 years. Hourly participants are entitled to monthly pension benefits beginning at normal retirement age (65) equal to twelve dollars multiplied by their years of credited service for participants retiring prior to January 1, 2000. Hourly employees retiring after January 1, 2000, are entitled to a monthly pension benefit equal to fourteen dollars multiplied by their years of credited service. No further benefits will accrue under the Plan after June 1, 2005.
6. Early Retirement Benefits: The Plan permits early retirement at age 55 provided the participant has ten years of service. Participants may elect an immediate monthly retirement benefit equal to the accrued benefit reduced 1/180th for each of the first 60 months and 1/360th for each additional month by which the retirement date precedes the normal retirement date. If a participant terminates before rendering five years of service, they forfeit the right to receive the portion of accumulated plan benefits attributable to the Company's contributions.
7. Disability Retirement Benefits: If a participant becomes totally and permanently disabled, the participant will be entitled to retire and receive monthly benefits, the amount and timing of which is coordinated with social security and Company disability benefits.

R.C. Tway Company Retirement Plan
Notes to Financial Statements (Continued)
May 31, 2014 and 2013

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 method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"). The Accounting Standards Codification ("ASC"), as produced by the Financial Accounting Standards Board ("FASB"), is the sole source of authoritative U.S. GAAP. In accordance with U.S. GAAP, the Plan changed its basis of accounting from the ongoing plan basis to the liquidation basis for periods after May 31, 2014 due to the Plan termination previously noted. The liquidation basis of accounting presents assets at amounts expected to be realized in liquidation and liabilities at amounts expected to be paid. At May 31, 2014, there were no material differences between amounts presented on the liquidation basis and those that would have been presented on the ongoing plan basis.
2. Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.
3. Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the Plan year.
4. Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees who are vested or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

R.C. Tway Company Retirement Plan
Notes to Financial Statements (Continued)
May 31, 2014 and 2013

Note B - Summary of Significant Accounting Policies (Continued)

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

The following actuarial assumptions are based on the presumption that the Plan will continue. As the Plan was terminated effective May 31, 2014, no actuarial valuation was done as of June 1, 2014.

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

<u>2013</u>	
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

For the May 31, 2013 valuation, the retirement rates used were the following:

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

5. Payment of Benefits: Benefits are recorded when paid.
6. Trustee: PNC Bank, the trustee of the Plan, holds substantially all of the Plan's assets and executes transactions therein.
7. Funding Policy: The Company's contributions to the Plan are determined by the Plan's independent actuary. The Plan meets ERISA's minimum funding requirements.

R.C. Tway Company Retirement Plan
Notes to Financial Statements (Continued)
May 31, 2014 and 2013

Note B - Summary of Significant Accounting Policies (Continued)

8. Administrative Expenses: Administrative expenses of the Plan are paid by the Plan, as provided in the Plan document. The Company provides accounting and other administrative services to the Plan at no charge. During the years ended May 31, 2014 and 2013, Plan administrative expenses totaled \$110,221 and \$93,552, respectively. Included in Plan administrative expenses were premiums paid to the Pension Benefit Guaranty Corporation ("PBGC") totaling \$24,544 and \$24,133, respectively.
9. Subsequent Events: Subsequent events for the Plan have been considered through the date of the Independent Auditor's Report, which represents the date the financial statements were available to be issued.

Note C - Information Certified by the Plan's Trustee

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, PNC Bank, the Trustee of the Plan, has certified to the completeness and accuracy of all investment information reflected in the accompanying Statement of Net Assets in Liquidation Available for Benefits, Statement of Changes in Net Assets in Liquidation 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 year ended May 31, 2014 and the Statement of Net Assets Available for Benefits and Statement of Changes in Net Assets Available for Benefits as of and for the year ended May 31, 2013.

Note D - Investments

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

	2014	2013
Blackrock Liquidity Fund	\$ 2,992,751	\$ **
T. Rowe Price Value Fund	423,131	-
T. Rowe Price Growth Stock Fund	397,949	702,612
PIMCO Funds Total Return Bond Fund	**	1,189,714
Blackrock Equity Dividend Institutional Fund	**	506,333
MFS Value Fund Class I	**	568,738
Harbor International Fund	**	421,221
Harbor Capital Appreciation Fund	**	252,482

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

For the Plan years ended May 31, 2014 and 2013, the Plan's investments in mutual funds, including investments bought, sold and held during the year, appreciated in value \$397,297 and \$526,367, respectively.

R.C. Tway Company Retirement Plan
Notes to Financial Statements (Continued)
May 31, 2014 and 2013

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, 2014 and 2013.

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 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, 2014:

	Level 1	Level 2	Level 3	Total
Money Market Fund	\$ 2,992,751	\$ -	\$ -	\$ 2,992,751
Mutual Funds:				
Large cap	821,080	-	-	821,080
Mid cap	83,745	-	-	83,745
Small cap	27,579	-	-	27,579
International	128,357	-	-	128,357
Fixed income	532,410	-	-	532,410
	<u>\$ 4,585,922</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,585,922</u>

R.C. Tway Company Retirement Plan
Notes to Financial Statements (Continued)
May 31, 2014 and 2013

Note E - Fair Value Measurements (Continued)

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
	<u>\$ 4,274,848</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,274,848</u>

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 \$36,767 and \$33,949 during the Plan years ended May 31, 2014 and 2013, respectively. Actuary fees paid to Bryan, Pendleton, Swats & McAllister, LLC totaled \$39,635 and \$27,081 for the Plan years ended May 31, 2014 and 2013, respectively. Legal fees paid to Frost Brown Todd LLC totaled \$0 and \$164 for the Plan years ended May 31, 2014 and 2013, 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 2011.

Note H - Plan Termination

The Board of Directors of the Plan Sponsor voted to terminate the Plan effective May 31, 2014. Benefit accruals had already ceased and Plan participants were already 100% vested due to the June 1, 2005 Plan amendment. Therefore, the Plan's termination will have no impact on future benefits. The Company made contributions to the Plan in order for the Plan assets to be sufficient to provide all Plan benefits. All participant accounts were distributed and the Plan was fully liquidated prior to December 31, 2014.

R.C. Tway Company Retirement Plan
Notes to Financial Statements (Continued)
May 31, 2014 and 2013

Note H - Plan Termination (Continued)

Plan participants with a termination benefit exceeding \$5,000 had an election to receive the termination benefit between (1) a cash lump sum distribution, (2) a rollover of the lump sum distribution to an IRA or another eligible retirement plan or (3) an annuity which will provide either immediate monthly payments or deferred that later allow the participant to elect among any of the payment options that would have been available under the Plan if it had not been terminated.

Plan participants with a termination benefit of \$5,000 or less and currently not receiving a monthly benefit had an election to receive the termination benefit between (1) a cash lump sum distribution or (2) a rollover of the lump sum distribution to an IRA or another eligible retirement plan.

Retirees or beneficiaries already receiving benefits had an election to receive the termination benefit between (1) a cash lump sum distribution of the remaining monthly payments, (2) a rollover of the lump sum to an IRA or (3) continuing to receive the monthly amount of benefits currently being received by payments from an insurance carrier.

After Plan assets have been distributed to provide all benefit liabilities with respect to Plan participants, whether through the purchase of an annuity or by an alternative form of distribution permitted under the Plan, the guarantee of benefit of Plan participants by the Pension Benefit Guaranty Corporation ends.

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.

Contributions to the Plan and the actuarial present value of plan benefits are reported based on certain assumptions pertaining to interest rates and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to uncertainties inherent in setting assumptions, that the effects of such changes could be material to the financial statements.

Note J - Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits at May 31, 2013 is as follows:

Actuarial Present Value of Accumulated Benefits:

Vested Benefits:

Participants currently receiving benefits	\$ 1,672,398
Other participants	2,602,033

Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 4,274,431</u>
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R.C. Tway Company Retirement Plan
Notes to Financial Statements (Continued)
May 31, 2014 and 2013

Note J - Actuarial Present Value of Accumulated Plan Benefits (Continued)

Information regarding changes in the actuarial present value of accumulated plan benefits for the year ended May 31, 2013 is presented below:

Actuarial Present Value of Accumulated Plan	
Benefits as of May 31, 2012	\$ 4,322,238
Increase (decrease) during the year attributed to:	
Increase for interest due to decrease in	
the discount period	307,829
Increase due to change in actuarial assumptions	68,651
Other	11,408
Benefits paid	<u>(435,695)</u>
	<u>(47,807)</u>
Actuarial Present Value of Accumulated	
Plan Benefits as of May 31, 2013	<u>\$ 4,274,431</u>

The increase due to the change in actuarial assumptions is a result of 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, 2014

(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	\$ 2,992,751	\$ 2,992,751
	American Century Small Cap Value	Mutual Fund	24,428	27,579
	Artisan Mid Cap Value Fund	Mutual Fund	2,860	4,382
	Dodge and Cox Income Fund	Mutual Fund	198,143	201,606
	Goldman Sachs Growth Opportunity Fund	Mutual Fund	42,003	49,568
	Harbor International Fund	Mutual Fund	75,223	128,357
	PIMCO Funds Total Return Bond Fund	Mutual Fund	280,859	282,989
	T. Rowe Price Growth Stock Fund	Mutual Fund	191,425	397,949
	T. Rowe Price New Horizons Fund Inc	Mutual Fund	25,276	29,795
	T. Rowe Price Value Fund	Mutual Fund	390,768	423,131
	Templeton Global Bond Fund	Mutual Fund	49,016	47,815
			<u>\$ 4,272,752</u>	<u>\$ 4,585,922</u>

* denotes party-in-interest

See 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, 2014

(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
Blackrock Liquidity Funds Temp Fund	Money market fund	\$ 3,113,397	\$ 174,199	\$ 3,287,596
Blackrock Equity Dividend Institutional Fund	Mutual fund	2,907	527,512	378,641
Harbor International Fund	Mutual fund	9,418	350,000	219,735
Harbor Capital Appreciation Fund	Mutual fund	9,079	313,979	220,292
MFS Value Fund Class I	Mutual fund	22,259	661,048	468,981
PIMCO Total Return Bond Fund	Mutual fund	102,993	985,000	1,093,717
T. Rowe Price Growth Stock Fund	Mutual fund	309	455,000	228,505
T. Rowe Price Value Fund	Mutual fund	508,664	125,000	626,560

See accompanying notes.

Discounted Employer Contributions

Effective Interest Rate
6.26%

Date of Contribution	Contribution	Days Adjusted	Adjusted Contribution
9/11/2013	73,057.00	102	71,827.83
12/16/2013	70,663.00	198	68,364.14 *
3/12/2014	70,662.00	284	67,401.26
6/19/2014	70,662.00	383	66,266.93 **
8/27/2014	1,307,013.66	452	1,212,341.32
Total	1,592,057.66		1,486,201.48

* \$68,267 of the December 16, 2013 contribution of \$70,663 was late by 1 day. Therefore, this quarterly contribution has been adjusted with an 11.26% discount rate for the late period.

** The June 19, 2014 contribution of \$70,662 was late by 4 days. Therefore, this quarterly contribution has been adjusted with an 11.26% discount rate for the late period.

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

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

Summary of Provisions of the Plan

Effective Date and Plan Year

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

Eligibility

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

Service

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

Compensation

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

Normal Retirement

Condition

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

Benefit

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

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

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

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

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

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

Accrued Benefit

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

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

Early Retirement

Condition

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

Benefit

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

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

Late Retirement

Condition

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

Benefit

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

Disability Retirement

Condition

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

Benefit

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

Death Before Retirement

Condition

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

Benefit

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

Vesting

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

Optional Modes of Benefit Payments

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

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

Actuarial Equivalence

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

Contributions to the Plan

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

Investment of Plan Funds

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

Schedule 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									
	Avg Benefit*									
35 - 39	Number									
	Avg Benefit*									
40 - 44	Number									
	Avg Benefit*									
45 - 49	Number									
	Avg Benefit*									
50 - 54	Number									
	Avg Benefit*									
55 - 59	Number									
	Avg Benefit*									
60 - 64	Number									
	Avg Benefit*									
65 - 69	Number									
	Avg Benefit*									
70 - UP	Number									
	Avg Benefit*									

* Average frozen accrued benefits are omitted since the plan has fewer than 1,000 active participants.

Schedule of Amortization Bases

Amortization Charge Bases

<u>Description</u>	<u>Year Established</u>	<u>Original Amount</u>	<u>Period Remaining</u>	<u>Current Balance</u>	<u>Minimum Payment</u>
Shortfall Amortization Base	2008	\$ 819,686	2	\$ 267,389	\$ 136,917
Shortfall Amortization Base	2009	200,239	3	97,797	34,183
Shortfall Amortization Base	2010	406,388	4	252,737	67,825
Shortfall Amortization Base	2011	483,543	5	354,674	77,935
Shortfall Amortization Base	2013	136,763	7	136,763	22,825
Total Charges				\$ 1,109,360	\$ 339,685

Amortization Credit Bases

<u>Description</u>	<u>Year Established</u>	<u>Original Amount</u>	<u>Period Remaining</u>	<u>Current Balance</u>	<u>Minimum Payment</u>
Shortfall Amortization Base	2012	\$ 702,084	6	\$ 630,706	\$ 119,161
Total Credits				\$ 630,706	\$ 119,161
Total Shortfall Amortization Charge				\$ 478,654	\$ 220,524

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

Plan Name: R.C. Tway Company Retirement Plan and Trust Agreement

Plan Year: 2013

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	2,992,751	2,992,751
	American Century	2,840.248 shares, Small Cap Value Fund #486	24,428	27,579
	Artisan	159.526 shares, Mid Cap Value Fund #1464	2,860	4,382
	Dodge & Cox	14,452.010 shares, Income Fund	198,143	201,606
	Goldman Sachs	1,621.455 shares, Growth Opportunity Fund, Instl Class Fund #1132	42,003	49,568
	Harbor	1,735.024 shares, International Fund #2011	75,223	128,357
	Pimco Funds	25,843.751 shares, Total Return Bond Fund, Instl Class Fund #35	280,859	282,989
	T Rowe Price	7,528.355 shares, Growth Stock Fund #40	191,425	397,949
	T Rowe Price	666.113 shares, New Horizons Fund #42	25,276	29,795
	T Rowe Price	11,753.650 shares, Value Fund #107	390,768	423,131
	Templeton	3,600.523 shares, Global Bond Fund #616	49,016	47,815

Schedule H, Item 4j - Schedule of Reportable Transactions

Plan Name: R.C. Tway Company Retirement Plan and Trust Agreement

Plan Year: 2013

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	(g) Cost of Asset	(h) Current Value	(i) Net Gain or (Loss)
					Incurred with Transaction		of Asset on Transaction Date	
Blackrock Liquidity Funds	Cash Equivalent, Temp Fund Instl. Shares #24	3,113,397	N/A	0	0	3,113,397	3,113,397	0
Blackrock Liquidity Funds	Cash Equivalent, Temp Fund Instl. Shares #24	N/A	174,199	0	0	174,199	174,199	0
Blackrock Equity Funds	Equity Dividend Institutional Fund #383	2,907	N/A	0	0	2,907	2,907	0
Blackrock Equity Funds	Equity Dividend Institutional Fund #383	N/A	527,512	0	0	375,734	527,512	151,779
Harbor	International Fund #2011	9,418	N/A	0	0	9,418	9,418	0
Harbor	International Fund #2011	N/A	350,000	0	0	210,317	350,000	139,683
Harbor	Cap Appreciation Fund #2012	9,079	N/A	0	0	9,079	9,079	0
Harbor	Cap Appreciation Fund #2012	N/A	313,979	0	0	211,213	313,979	102,766
MFS	Value Fund Class I	22,259	N/A	0	0	22,259	22,259	0
MFS	Value Fund Class I	N/A	661,048	0	0	446,722	661,048	214,327
PIMCO	Total Return Bond Fund Instl Class #35	102,993	N/A	0	0	102,993	102,993	0
PIMCO	Total Return Bond Fund Instl Class #35	N/A	985,000	0	0	990,724	985,000	(5,724)
T Rowe Price	Growth Stock Fund #40	309	N/A	0	0	309	309	0
T Rowe Price	Growth Stock Fund #40	N/A	455,000	0	0	228,196	455,000	226,804
T Rowe Price	Value Fund #107	508,664	N/A	0	0	508,664	508,664	0
T Rowe Price	Value Fund #107	N/A	125,000	0	0	117,896	125,000	7,104

Changes in Non-Prescribed Actuarial Assumptions

	<u>Previous</u>	<u>Current</u>
Interest Rates for Conversion to	2.70%	3.11%
Joint & Survivor Form of Payment		
<i>Reason: In recognition of interest rate environment per Actuarial Equivalence as defined in the plan.</i>		

	<u>Previous</u>	<u>Current</u>
Mortality Rates for Conversion to	IRS 2012 Mortality Table for 417(e) forms of payment	IRS 2013 Mortality Table for 417(e) forms of payment
60 Guaranteed Payments or Joint & Survivor Forms of Payment		
<i>Reason: In recognition of mortality rate improvement as measured by methodology set forth in Code § 417(e)(3).</i>		

Summary of Actuarial Assumptions

(Sample Values per 1,000 Lives)

	AGE			
	25	40	55	60
Mortality Rates				
IRS 2013 Small Plan Combined Mortality Tables	0.28	0.86	2.24	4.70
Males	0.14	0.46	2.21	4.50
Females				
IRS 2013 Mortality Table for 417(e) forms of payment	0.21	0.66	2.22	4.60
Males and Females				
Withdrawal Rates				
For Salaried Participants: T-1 Table from the Actuary's Pension Handbook	48.95	11.28	0.00	0.00
Males and Females				
For Hourly Participants: T-8 Table from the Actuary's Pension Handbook	116.24	93.96	17.26	1.61
Males and Females				
Disablement Rates				
Class 1 rates from the 1985 Pension Disability Study	0.38	1.17	7.22	12.56
Males	0.47	2.11	9.52	11.59
Females				
Salary Scale				
N/A				
Rate of Retirement				
Participants, if eligible, are assumed to retire according to the following schedule:				
	<u>Age</u>	<u>Retirement Rate</u>		
	62	25%		
	63-64	10%		
	65	100%		

Rate of Investment Return

	Segment 1 (0 to 5 Years)	Segment 2 (5 to 20 Years)	Segment 3 (More than 20 Years)
<u>Adjusted 24-Month Avg. Segment Rates</u>	4.94% per annum	6.15% per annum	6.76% per annum
Minimum Funding Target Liability			
<u>Unadjusted 24-Month Avg. Segment Rates</u>	1.58% per annum	4.34% per annum	5.38% per annum
Maximum Deductible Liability			
PBGC Variable Premium Liability (alternative method)			
<u>Other Measurements</u>			
Plan termination value	0.93% per annum	3.61% per annum	4.88% 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 2013 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: 3.11%

Mortality: IRS 2013 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 -- \$255,000

Current Code section 415(b) annual benefit limitation -- \$205,000

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

Changes in Assumptions From Prior Actuarial Valuation

	<u>Previous</u>	<u>Current</u>
Minimum Funding Target Segment Rates	Three Segment Yield Curve 5.54%, 6.85% & 7.52%	Three Segment Yield Curve 4.94%, 6.15% & 6.76%
<i>Reason: In recognition of interest rate environment as measured by methodology set forth in Code § 430(h)(2) and IRS Notice 2013-11.</i>		

	<u>Previous</u>	<u>Current</u>
Unadjusted 24-Month Avg. Segment Rates (4 month lookback)	Three Segment Yield Curve 1.96%, 5.01% & 6.13%	Three Segment Yield Curve 1.58%, 4.34% & 5.38%
<i>Reason: In recognition of interest rate environment as measured by methodology set forth in Code § 430(h)(2).</i>		

	<u>Previous</u>	<u>Current</u>
Mortality Rates	IRS 2012 Small Plan Combined Mortality Tables	IRS 2013 Small Plan Combined Mortality Tables
<i>Reason: In recognition of IRS final regulations that specify Funding Target mortality.</i>		

	<u>Previous</u>	<u>Current</u>
Interest Rates for Conversion to Joint & Survivor Form of Payment	2.70%	3.11%
<i>Reason: In recognition of interest rate environment per Actuarial Equivalence as defined in the plan.</i>		

	<u>Previous</u>	<u>Current</u>
Mortality Rates for Conversion to 60 Guaranteed Payments or Joint & Survivor Forms of Payment	IRS 2012 Mortality Table for 417(e) forms of payment	IRS 2013 Mortality Table for 417(e) forms of payment
<i>Reason: In recognition of mortality rate improvement as measured by methodology set forth in Code § 417(e)(3).</i>		

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

► File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2013**This Form is Open to Public
Inspection**

For calendar plan year 2013 or fiscal plan year beginning 06/01/2013 and ending 05/31/2014

► 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: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 6 Day 1 Year 2013**2** Assets:

	2a	
a Market value	4,385,858	
b Actuarial value	4,219,381	

3 Funding target/participant count breakdown:

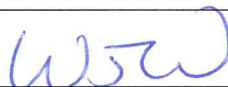
	3a	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	86	1,797,286	
b For terminated vested participants.....	76	877,777	
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		2,022,972
(3) Total active.....	3c(3)	129	2,022,972
d Total.....	3d	291	4,698,035

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

	4a	4b
a Funding target disregarding prescribed at-risk assumptions		
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.....		

5 Effective interest rate **5** 6.26 %**6** Target normal cost **6** 93,527**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**

Signature of actuary

WESLEY J. WICKENHEISER, FSA, EA, MAAA

Type or print name of actuary

BPS&M, LLC

Firm name

11807 BRINLEY AVENUE, SUITE 101

LOUISVILLE

KY 40243-1090

Address of the firm

03/10/2015

Date

14-06598

Most recent enrollment number

(502) 244-7828

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	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 <u>17.64</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		22
b Interest on (a) using prior year's effective interest rate of <u>6.97</u> % except as otherwise provided (see instructions)		2
c Total available at beginning of current plan year to add to prefunding balance		24
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	89.81 %
15 Adjusted funding target attainment percentage	15	89.81 %
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	88.18 %
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
09/11/2013	73,057				
12/16/2013	70,663				
03/12/2014	70,662				
06/19/2014	70,662				
08/27/2014	1,307,014				
Totals ▶			18(b)	1,592,058	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	1,486,201

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %	☐ 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	93,527	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	478,654	220,524	
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	314,051	
	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	314,051	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,486,201	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,172,150	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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		

Discounted Employer Contributions

Effective Interest Rate
6.26%

Date of Contribution	Contribution	Days Adjusted	Adjusted Contribution
9/11/2013	73,057.00	102	71,827.83
12/16/2013	70,663.00	198	68,364.14 *
3/12/2014	70,662.00	284	67,401.26
6/19/2014	70,662.00	383	66,266.93 **
8/27/2014	1,307,013.66	452	1,212,341.32
Total	1,592,057.66		1,486,201.48

* \$68,267 of the December 16, 2013 contribution of \$70,663 was late by 1 day. Therefore, this quarterly contribution has been adjusted with an 11.26% discount rate for the late period.

** The June 19, 2014 contribution of \$70,662 was late by 4 days. Therefore, this quarterly contribution has been adjusted with an 11.26% discount rate for the late period.

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

Summary of Actuarial Assumptions

(Sample Values per 1,000 Lives)

	AGE			
	25	40	55	60
Mortality Rates				
IRS 2013 Small Plan Combined Mortality Tables				
Males	0.28	0.86	2.24	4.70
Females	0.14	0.46	2.21	4.50
IRS 2013 Mortality Table for 417(e) forms of payment				
Males and Females	0.21	0.66	2.22	4.60

Withdrawal Rates

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

Disablement Rates

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

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)
<u>Adjusted 24-Month Avg. Segment Rates</u>	4.94% per annum	6.15% per annum	6.76% per annum
Minimum Funding Target Liability			
<u>Unadjusted 24-Month Avg. Segment Rates</u>	1.58% per annum	4.34% per annum	5.38% per annum
Maximum Deductible Liability			
PBGC Variable Premium Liability (alternative method)			
<u>Other Measurements</u>			
Plan termination value	0.93% per annum	3.61% per annum	4.88% 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 2013 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: 3.11%

Mortality: IRS 2013 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 -- \$255,000

Current Code section 415(b) annual benefit limitation -- \$205,000

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

Changes in Assumptions From Prior Actuarial Valuation

	<u>Previous</u>	<u>Current</u>
Minimum Funding Target Segment Rates	Three Segment Yield Curve 5.54%, 6.85% & 7.52%	Three Segment Yield Curve 4.94%, 6.15% & 6.76%
<i>Reason: In recognition of interest rate environment as measured by methodology set forth in Code § 430(h)(2) and IRS Notice 2013-11.</i>		

	<u>Previous</u>	<u>Current</u>
Unadjusted 24-Month Avg. Segment Rates (4 month lookback)	Three Segment Yield Curve 1.96%, 5.01% & 6.13%	Three Segment Yield Curve 1.58%, 4.34% & 5.38%
<i>Reason: In recognition of interest rate environment as measured by methodology set forth in Code § 430(h)(2).</i>		

	<u>Previous</u>	<u>Current</u>
Mortality Rates	IRS 2012 Small Plan Combined Mortality Tables	IRS 2013 Small Plan Combined Mortality Tables
<i>Reason: In recognition of IRS final regulations that specify Funding Target mortality.</i>		

	<u>Previous</u>	<u>Current</u>
Interest Rates for Conversion to Joint & Survivor Form of Payment	2.70%	3.11%
<i>Reason: In recognition of interest rate environment per Actuarial Equivalence as defined in the plan.</i>		

	<u>Previous</u>	<u>Current</u>
Mortality Rates for Conversion to 60 Guaranteed Payments or Joint & Survivor Forms of Payment	IRS 2012 Mortality Table for 417(e) forms of payment	IRS 2013 Mortality Table for 417(e) forms of payment
<i>Reason: In recognition of mortality rate improvement as measured by methodology set forth in Code § 417(e)(3).</i>		

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.

Changes in Non-Prescribed Actuarial Assumptions

	<u>Previous</u>	<u>Current</u>
Interest Rates for Conversion to	2.70%	3.11%
Joint & Survivor Form of Payment		
<i>Reason: In recognition of interest rate environment per Actuarial Equivalence as defined in the plan.</i>		

	<u>Previous</u>	<u>Current</u>
Mortality Rates for Conversion to	IRS 2012 Mortality Table for 417(e) forms of payment	IRS 2013 Mortality Table for 417(e) forms of payment
60 Guaranteed Payments or Joint & Survivor Forms of Payment		
<i>Reason: In recognition of mortality rate improvement as measured by methodology set forth in Code § 417(e)(3).</i>		

Schedule of Amortization Bases

Amortization Charge Bases

<u>Description</u>	<u>Year Established</u>	<u>Original Amount</u>	<u>Period Remaining</u>	<u>Current Balance</u>	<u>Minimum Payment</u>
Shortfall Amortization Base	2008	\$ 819,686	2	\$ 267,389	\$ 136,917
Shortfall Amortization Base	2009	200,239	3	97,797	34,183
Shortfall Amortization Base	2010	406,388	4	252,737	67,825
Shortfall Amortization Base	2011	483,543	5	354,674	77,935
Shortfall Amortization Base	2013	136,763	7	136,763	22,825
Total Charges				\$ 1,109,360	\$ 339,685

Amortization Credit Bases

<u>Description</u>	<u>Year Established</u>	<u>Original Amount</u>	<u>Period Remaining</u>	<u>Current Balance</u>	<u>Minimum Payment</u>
Shortfall Amortization Base	2012	\$ 702,084	6	\$ 630,706	\$ 119,161
Total Credits				\$ 630,706	\$ 119,161
Total Shortfall Amortization Charge				\$ 478,654	\$ 220,524