Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1959

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

1000 ALLANSON ROAD
MUNDELEIN, IL 60060

2b Employer Identification Number (EIN)
36-2431745

2c Plan Sponsor's telephone number
847-566-0010

2d Business code (see instructions)
332700

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.	08/05/2015	GEORGE H COOK JR
	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 [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	2312
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1913
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2055
b	Retired or separated participants receiving benefits	**6b**	9
c	Other retired or separated participants entitled to future benefits	**6c**	401
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2465
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12
f	Total. Add lines **6d** and **6e**.	**6f**	2477
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2437
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	251
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:
2E 2F 2G 2J 2K 2S 2T

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

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

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

a Pension Schedules

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

b General Schedules

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

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MACLEAN-FOGG COMPANY

D Employer Identification Number (EIN)
36-2431745

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

ALLSTATE FINANCIAL WORKPLACE DIVISION

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
59-0781901	60534	AG568	105	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ SUPPLIED TO DOL BY INSURANCE CO

b	Premiums paid to carrier	6b	84482
c	Premiums due but unpaid at the end of the year	6c	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision)	**b** ☐ Dental	**c** ☐ Vision	**d** ☒ Life insurance
e ☐ Temporary disability (accident and sickness)	**f** ☐ Long-term disability	**g** ☐ Supplemental unemployment	**h** ☐ Prescription drug
i ☐ Stop loss (large deductible)	**j** ☐ HMO contract	**k** ☐ PPO contract	**l** ☐ Indemnity contract
m ☐ Other (specify) ▶			

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	84482
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MACLEAN-FOGG COMPANY

D Employer Identification Number (EIN)
36-2431745

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

PRUDENTIAL RETIREMENT INSURANCE & ANNUITY CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-1050034	93629	015428		01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	8000000
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	8000000
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	300235		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	300235
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	8300235
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ CASH	7e(4)	300235		
	(5) Total deductions			7e(5)	300235
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	8000000

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MACLEAN-FOGG COMPANY

D Employer Identification Number (EIN)
36-2431745

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

BMO HARRIS BANK, N.A.

36-2085229

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

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

(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)

BMO HARRIS BANK, N.A.

36-2085229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 21 25 36 37 38 50 57 59 60 61 62 63 64	NONE	308852	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

DIMEO SCHNEIDER

36-4001764

(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?
27 50	NONE	90000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRUDENTIAL RET INS & ANNUITY CO

06-1050034

(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?
22 50	NONE	34377	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PIOTROWSKI & GEBIS

36-3712775

(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	25750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MADISON DEARBORN PARTNERS LLC

THREE FIRST NATIONAL PLAZA STE 4600
CHICAGO, IL 60602

(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?
28 50	NONE	16915	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MACLEAN-FOGG COMPANY

D Employer Identification Number (EIN)
36-2431745

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: BMO STABLE PRINCIPAL FUND

b Name of sponsor of entity listed in (a): BMO HARRIS BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-6490536-001	C	8468767

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MACLEAN-FOGG COMPANY

D Employer Identification Number (EIN)
36-2431745

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	370	238
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1022342	1115592
(2) Participant contributions	1b(2)		187653
(3) Other	1b(3)	55428	29124
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	1435280	1270701
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2106964	2565064
(9) Value of interest in common/collective trusts	1c(9)	9809079	8468767
(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)	92364507	102628770
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	8000000	8000000
(15) Other	1c(15)	947039	938270

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	115741009	125204179
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		152561
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	152561
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	115741009	125051618

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	3935810	
	(B) Participants	2a(1)(B)	7510695	
	(C) Others (including rollovers)	2a(1)(C)	1638849	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		13085354
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	97314	
	(F) Other	2b(1)(F)	384314	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		481628
	(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)	1634763	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1634763
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	661908	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	538410	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		123498
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	306016	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		306016

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		155816
(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)		4878845
c Other income	2c		2523
d Total income. Add all **income** amounts in column (b) and enter total	2d		20668443
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10792307	
(2) To insurance carriers for the provision of benefits	2e(2)	84482	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		10876789
f Corrective distributions (see instructions)	2f		4565
g Certain deemed distributions of participant loans (see instructions)	2g		585
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	25750	
(2) Contract administrator fees	2i(2)	34377	
(3) Investment advisory and management fees	2i(3)	106915	
(4) Other	2i(4)	308853	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		475895
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11357834
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9310609
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: PIOTROWSKI AND GEBIS **(2)** EIN: 36-3712775

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
MACLEAN-FOGG COMPANY PROFIT SHARING AND SAVINGS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MACLEAN-FOGG COMPANY

D Employer Identification Number (EIN)
36-2431745

Part I Distributions

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

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

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

EIN(s): 39-6436442

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**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 0.0% 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):

MacLean-Fogg Company
Profit Sharing and Savings Plan
Financial Statements and Supplemental Schedule
As of and for the Years Ended
December 31, 2014 and 2013

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Note: Supplemental schedules required by the Employee Retirement Income Security Act of 1974 that have not been included herein are not applicable to the MacLean-Fogg Company Profit Sharing and Savings Plan.

PIOTROWSKI & GEBIS

CERTIFIED PUBLIC ACCOUNTANTS

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Rolling Meadows, IL 60008
(847) 259-1900
Fax (847) 259-2016

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
MacLean-Fogg Company Profit Sharing and Savings Plan
Mundelein, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the MacLean-Fogg Company Profit Sharing and Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits of as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by BMO Harris Bank N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee held the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of Schedule H, line 4i – Schedule of Assets (Held at End of Year), as of December 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 schedule.

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

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

Piotrowski + Gobis

Rolling Meadows, Illinois
July 31, 2015

MacLean-Fogg Company Profit Sharing and Savings Plan
Statements of Net Assets Available for Plan Benefits
December 31, 2014 and 2013

	2014	2013
Assets		
Investments at fair value	$ 120,452,926	$ 111,608,866
Cash surrender value of life insurance policies	938,270	947,039
Cash	238	370
Receivables:		
Interest and dividends receivable	29,124	55,428
Participant loans receivable	2,565,064	2,106,964
Participant contributions receivable	187,653	-
Employer contributions receivable	1,115,592	1,022,342
Total receivables	3,897,433	3,184,734
Total assets	125,288,867	115,741,009
Liabilities		
Accounts Payable	152,561	-
Net assets reflecting investments at fair value	125,136,306	115,741,009
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(84,688)	-
Net assets available for benefits	$ 125,051,618	$ 115,741,009

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

MacLean-Fogg Company Profit Sharing and Savings Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2014 and 2013

	2014	2013
Additions		
Contributions		
Employer	$ 3,935,810	$ 3,649,002
Employee	7,510,695	7,067,716
Rollovers	1,638,849	768,705
	13,085,354	11,485,423
Interest income on loans receivable from participants	97,314	95,235
Investment income		
Interest	456,426	536,190
Dividends	2,544,647	1,462,452
Net appreciation in fair value of investments (Note 4)	4,407,584	13,773,838
Income from life insurance and other	77,118	142,693
	7,485,775	15,915,173
Total additions	20,668,443	27,495,831
Deductions		
Benefit payments	10,877,374	14,084,778
Corrective distributions	4,565	21,565
Administrative expenses	475,895	462,748
Total deductions	11,357,834	14,569,091
Net increase in net assets	9,310,609	12,926,740
Plan mergers	-	272,577
Net assets available for plan benefits		
Beginning of year	115,741,009	102,541,692
End of year	$ 125,051,618	$ 115,741,009

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

1. Plan Description

A brief description of the MacLean-Fogg Company Profit Sharing and Savings Plan (the "Plan") follows. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is funded through both employee and MacLean-Fogg Company (the "Company") contributions. Company contributions are made from current or accumulated profits. Participants in the Plan may contribute up to 75% of their annual earnings ("salary deferral contributions"), but the total annual contribution cannot exceed $17,500 plus an additional $5,500 for participants who have reached the age of 50 years old.

BMO Harris Bank N.A. is the trustee of the Plan. Employees have the option to invest their contributions in the Government Inflation Protection Fund, Fixed Income Fund, Vanguard Institutional Index Fund, U.S. Large Cap Fund, Small Cap Fund, American Euro-Pacific Growth Fund, DFA Emerging Markets Value 1 Fund and the BMO Employee Benefit Stable Principal Fund, based upon allocation percentages determined by participants. Annually, participants can also invest a specified dollar amount in the Aggressive Growth Fund. Participants can also elect to invest in certain target retirement funds, each of which contains specified allocations of the aforementioned funds.

A participant's election to invest their accounts or change the investments of future contributions may be made at their discretion. Changes to their investment balance options may be done six times within a rolling twelve month period, except for the Aggressive Growth Fund, which participants may elect in or out of once per year. In prior years, participants also had one-time options to invest in certain limited partnerships; currently, the Aggressive Growth Fund includes certain partnership investments. The life of the partnership investments is a minimum of 10 years. Maximum future commitments to the partnerships are immaterial at December 31, 2014. Participants' withdrawals from the non-Aggressive Growth Fund partnerships are limited to once per year (in July), provided that funds are available for distribution (the Aggressive Growth Fund purchases the partnership investments for any requested withdrawals). In prior years, participants had an option to request that a portion of their accounts be applied to purchase a term or cash value insurance policy. All premiums on insurance policies are charged against the account balance of the participant in whose name the policy was purchased. The Director of Employee Benefits at MacLean-Fogg Company is the administrator of the life insurance policies held by the Plan.

The Company contributes to the Plan on behalf of each participant an amount equal to 50% of the participants' salary deferral contributions, up to 6% of the participants' annual earnings (a "matching contribution"). The Plan provides that the Company, in its sole discretion may, but is not required to, make matching contributions to the Plan. In addition, the Company may contribute an additional discretionary amount subject to the approval of the Board of Directors (the "profit-sharing contribution"). This additional contribution is allocated to eligible participants on a pro rata basis according to each participant's earnings for the respective calendar year.

Each covered employee is eligible to participate in the Plan on the first day of the month following the date on which the employee is credited with a period of service of ninety days. An employee whose benefits are subject to a collective bargaining agreement shall be eligible to participate only if the agreement so provides. The Plan also includes an automatic enrollment feature.

Under the Plan, separate accounts are maintained to reflect the interests of each participant. One portion of the account is maintained to reflect each participant's salary deferral contributions and any income or earnings thereon. A second portion is maintained to reflect each participant's

1. Plan Description (continued)

share of Company contributions and any income or earnings attributable to those amounts. A third portion is maintained to reflect each participant's share of Company profit sharing contributions.

Effective every March 1, the Company automatically increases participant deferrals by 1% for all participants with a deferral percentage of less than 6%. Participants may opt out of this automatic increase on an annual basis.

Vesting

A participant is always 100% vested in the portion of their account attributable to their own contributions. If a participant terminates employment due to retirement, disability or death, they will also be fully vested in the portion of their account attributable to Company contributions. If a participant terminates employment before retirement for a reason other than disability or death, they will be vested in the portion of their account attributable to Company contributions as follows: twenty percent after one year of service, forty percent after two years of service, sixty percent after three years of service, eighty percent after four years of service and one hundred percent after five years of service.

Participant Loans

Participants may obtain loans from the Plan, which are limited in amount (as prescribed in the plan document so as to comply with Internal Revenue Service and Department of Labor rules and regulations), shall bear interest at a reasonable rate with substantially level amortization and payments at least quarterly, specify a repayment period not to exceed five years (15 years in the case of a loan obtained for the purchase of a principal residence) and be made only from the accounts of the participant requesting the loan (and be treated as an investment of such accounts, with interest payments on the loan being credited as earnings to those respective accounts). Upon retirement or termination, any outstanding loan balance will be treated as a participant distribution or the participant can repay the loan completely within a ninety day period.

Plan Expenses

All proper expenses of the Plan and trust administration are paid by the participants, except for associated legal expenses which have been paid by the Company.

Forfeited Accounts

Effective January 1, 2012, forfeited nonvested accounts are used by the Company to reduce employer contributions for the then current plan year or to pay reasonable administrative expenses of the Plan. In prior years, forfeitures were allocated to participants as additional contributions. Forfeitures for 2014 and 2013 totaled approximately $221,000 and $88,000, respectively.

2. Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets of a defined-contribution plan attributable to fully benefit-responsive contracts because contract value is the amount participants would receive if they were to initiate transactions under the terms of the Plan. The Statement of Net Assets Available for Plan Benefits presents the fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on the contract value basis.

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 significant estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the date of the financial statements and the changes in net assets available for plan benefits during the reporting period and, where applicable, disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments and Investment Transactions

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between participants at the measurement date. See note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments sold as well as held during the year. The Plan invests temporary cash in money market accounts with BMO Harris Bank N.A.

Subsequent Events

The Plan has evaluated subsequent events through July 31, 2015, the date the financial statements were available to be issued.

3. Termination of the Plan

The Company has established the Plan with the intention that the Plan will be permanent. The Company has reserved the right, however, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of Employee Retirement Income Act of 1974 ("ERISA"). In the event the Plan is discontinued, all participants' accounts shall become fully vested and nonforfeitable after proportionate adjustments of the participants' accounts to reflect expenses, earnings and other allocations to the date all assets of the Plan will be distributed. Each participant or beneficiary, as the case may be, is entitled to receive any amounts credited to their accounts in the Plan, provided, however, that the Company and BMO Harris Bank N.A. are not required to effect such distribution until written evidence of approval of such termination and distribution has been received from the Commissioner of the Internal Revenue Service ("IRS").

4. Financial Data Certified by the Trustee

The following summary of the Plan's financial information as shown in the Statements of Net Assets Available for Plan Benefits and the Statements of Changes in Net Assets Available for Plan Benefits and the financial information appearing in Schedule H - Line 4i have been derived from information prepared and certified as complete and accurate by BMO Harris Bank N.A., the trustee, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	2014	2013
Investments:		
At fair value		
Registered investment entities	$ 101,209,695	$ 90,986,003
Common/collective trusts	8,553,455	9,809,079
Guaranteed deposit account	8,000,000	8,000,000
Money market funds	1,419,075	1,378,504
Limited partnership interests	1,270,701	1,435,280
	$ 120,452,926	$ 111,608,866

The following investment information presents investments that represent five percent or more of the Plan's net assets:

	2014	2013
Registered investment entities		
Vanguard Institutional Index Fund	$ 16,317,479	$ 14,537,923
American Europacific Growth Fund	8,177,144	7,714,388
PIMCO Total Return Fund	-	6,036,934
American Independence U.S. Inflation-Indexed Portfolio	*	4,285,322
Vanguard Target Retirement 2020 Fund	7,574,857	6,738,040
Vanguard Target Retirement 2030 Fund	8,205,921	6,737,876
Common/Collective Trusts		
BMO Employee Benefit Stable Principal Fund	8,468,767	9,809,079
Guaranteed deposit account		
Deposit with Prudential	8,000,000	8,000,000

* Under 5% at December 31, 2014

4. Financial Data Certified by the Trustee and the Insurance Carrier (continued)

During 2014 and 2013, the Plan's investments in marketable securities, limited partnership interests, and registered investment entities (including investments bought, sold, and held during the year) appreciated (depreciated) in value as follows:

	2014	2013
Common stock	$ -	$ 1,167,847
Preferred stock	-	(31,663)
Registered investment entities	3,967,769	12,301,771
Limited partnership interests	439,815	335,883
Net appreciation (depreciation) in fair value	$ 4,407,584	$ 13,773,838

Investment income for the years ended December 31, 2014 and 2013 was as follows:

	2014	2013
Interest	$ 456,426	$ 536,190
Dividends	2,544,647	1,462,452
Income from life insurance and other	77,118	142,693

5. Unallocated Investment Contract

The Plan has a deposit in an unallocated investment contract held by Prudential Retirement Insurance and Annuity Company. The credited interest rate and average yield on the deposit at and for the years ended December 31, 2014 and 2013 were as follows:

	Credited Interest Rate on Account	Average Yield
2014	3.90%	3.88%
2013	4.50%	4.40%

Prior to the beginning of each calendar year, Prudential notifies the Plan administrator of the annual rate of credited interest which will be applied to the amounts held in the guaranteed deposit account during the next calendar year. Interest is credited to the account on a monthly basis, as provided in the contract.

6. Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (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:

6. Fair Value Measurements (continued)

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 assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Common and preferred stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

Common/collective trusts: Valued at fair value as determined by the fund.

Guaranteed investment contract: Valued at contract value, which approximates fair value as determined by the insurance company.

Limited Partnerships: Valued at fair value as determined by the general partner.

The preceding methods 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 at fair value as of December 31, 2014 and 2013:

6. Fair Value Measurements (continued)

	Investments at Fair Value at December 31, 2014			
	Level 1	Level 2	Level 3	Total
Registered investment entities:				
Small Cap Equity Funds	$ 7,952,781	$ -	$ -	$ 7,952,781
Mid Cap Equity Funds	399,649	-	-	399,649
Large Cap Equity Funds	35,268,526	-	-	35,268,526
International Equity Funds	9,337,714	-	-	9,337,714
Fixed Income Funds	9,764,734	-	-	9,764,734
Target Retirement Funds	38,486,291	-	-	38,486,291
Common/collective trusts	-	8,553,455	-	8,553,455
Guaranteed deposit account	-	-	8,000,000	8,000,000
Money market funds	-	1,419,075	-	1,419,075
Limited partnership interests	-	-	1,270,701	1,270,701
	$ 101,209,695	$ 9,972,530	$ 9,270,701	$ 120,452,926

	Investments at Fair Value at December 31, 2013			
	Level 1	Level 2	Level 3	Total
Registered investment entities:				
Small Cap Equity Funds	$ 7,660,567	$ -	$ -	$ 7,660,567
Mid Cap Equity Funds	312,736	-	-	312,736
Large Cap Equity Funds	31,997,538	-	-	31,997,538
International Equity Funds	8,700,920	-	-	8,700,920
Fixed Income Funds	10,322,256	-	-	10,322,256
Target Retirement Funds	31,991,986	-	-	31,991,986
Common/collective trusts	-	9,809,079	-	9,809,079
Guaranteed deposit account	-	-	8,000,000	8,000,000
Money market funds	-	1,378,504	-	1,378,504
Limited partnership interests	-	-	1,435,280	1,435,280
	$ 90,986,003	$ 11,187,583	$ 9,435,280	$ 111,608,866

6. Fair Value Measurements (continued)

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the years ended December 31, 2014 and 2013:

Year Ending December 31, 2014

	Guaranteed deposit account	Limited partnership interests	Total
Balance, beginning of year	$ 8,000,000	$ 1,435,280	$ 9,435,280
Realized gains/(losses)	-	136,048	136,048
Unrealized gains/(losses) relating to instruments still held at the reporting date	-	303,769	303,769
Purchases	-	59,045	59,045
Sales	-	(663,441)	(663,441)
Transfers in and/or out of Level 3	-	-	-
Balance, end of year	$ 8,000,000	$ 1,270,701	$ 9,270,701
The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	$ -	$ 303,769	$ 303,769

Year Ending December 31, 2013

	Guaranteed deposit account	Limited partnership interests	Total
Balance, beginning of year	$ 8,000,000	$ 2,625,768	$ 10,625,768
Realized gains/(losses)	-	86,106	86,106
Unrealized gains/(losses) relating to instruments still held at the reporting date	-	252,559	252,559
Purchases	-	72,996	72,996
Sales	-	(1,602,149)	(1,602,149)
Transfers in and/or out of Level 3	-	-	-
Balance, end of year	$ 8,000,000	$ 1,435,280	$ 9,435,280
The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	$ -	$ 252,559	$ 252,559

7. BMO Employee Benefit Stable Principal Fund

The common/collective trust investment is the BMO Employee Benefit Stable Principal Fund, which is a fully benefit responsive fund. Contributions are maintained in a pooled account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses charged by the Trustee.

Since the fund is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the fund. Contract value, as reported by the Trustee, represents contributions made under the contract plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The fund could be limited in its ability to transact with issuers at contract value if the fund raises its risk profile or is subjected to an extended period of significant cash outflow. The Trustee maintains strong risk parameters and works with its issuers before any risk parameter changes are contemplated. The Trustee maintains cash, internal cash flow and a maturity ladder of investments to offset cash withdrawals. Further, the Trustee may limit withdrawals in order to maintain sufficient liquidity. Therefore, the probability of the fund losing its access to contract value transactions is remote.

All issuer transactions are guaranteed at contract value unless the fund is found to have acted negligently, fraudulently or with intent to mislead the issuer.

The average yield and crediting interest rates on the contract were 2.08% and 1.81%, respectively, for the year ended December 31, 2014, and 2.15% and 1.84%, respectively, for the year ended December 31, 2013. The basis and frequency of determining the crediting interest rate is done on a daily basis. There were no limitations or guarantees on the contract at December 31, 2014 and 2013.

8. Tax Status

The Plan obtained its latest determination letter on January 13, 2012, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a 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.

9. Risks and Uncertainties

The Plan provides for various investment options in any combination of stocks, bonds, fixed income securities, mutual funds, and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Plan Benefits and the Statement of Changes in Net Assets Available for Plan Benefits.

10. Related Party and Party In Interest Transactions

Certain Plan investments (the BMO Employee Benefit Stable Principal Fund and the BMO Prime Money Market) are managed by BMO Harris Bank N.A., the trustee of the Plan. BMO Harris N.A. also serves as the recordkeeper of the Plan. These are related party and party-in-interest transactions. Fees incurred from BMO Harris Bank N.A. (which are paid by the Plan) are included in administrative expenses in the Statements of Changes in Net Assets Available for Benefits.

SUPPLEMENTAL SCHEDULE

MacLean-Fogg Company Profit Sharing and savings Plan
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

Schedule I

Identity of Issue	Description of Investment Number of Shares	Current Value
Registered Investment Entities		
American Europacific Growth R5 #2516	173,833.834	$ 8,177,144
American Independence U.S. Inflation-Indexed Portfolio Ad #2339	340,195.673	3,551,643
Conestoga Small Cap Fund	2,662.301	89,720
Delaware Small Cap Value Fund	4,071.907	224,158
DFA Emerging Markets Value Fund # 5095	19,473.694	501,448
Dodge & Cox Income Fund # 147	450,877.459	6,213,091
Dodge & Cox Stock Fund #145	26,585.258	4,810,337
Dodge & Cox International Stock Fund #1048	6,279.310	264,422
Federated Clover Small Value Fund IS #659	68,676.866	1,710,741
Franklin Small Cap Growth Fund - R6 #335	87,200.525	1,696,050
John Hancock Funds III - Disciplined Value Mid Cap Fund	6,682.182	133,443
Harbor Capital Appreciation Fund Inst #2012	81,953.560	4,795,922
Harbor International Fund Inst #2011	4,039.857	261,702
The Hartford Small Cap Growth Fund	3,230.510	160,782
Mainstay ICAP Select Equity Fund Class I #1888	99,112.361	4,553,222
Oppenheimer Main Street Small & Mid Cap Fund CL Y #852	130,240.897	4,071,330
T Rowe Price Growth Stock Fund #40	2,956.926	153,612
T Rowe Price Institutional Large Cap Core Growth Fund #148	183,008.047	4,549,580
Vanguard Equity Income Fund Adm #565	1,351.055	88,372
Vanguard Institutional Index Fd #94	86,486.877	16,317,479
Vanguard Mid Cap Index Fund	3,946.966	133,368
Vanguard Target Retirement Income Fund #308	175,622.404	2,267,285
Vanguard Target Retirement 2010 Fund #681	5,995.784	157,809
Vanguard Target Retirement 2015 Fd #303	251,102.421	3,839,356
Vanguard Target Retirement 2020 #682	266,158.006	7,574,857
Vanguard Target Retirement 2025 Fund #304	401,565.340	6,637,875
Vanguard Target Retirement 2030 Fund #695	282,573.042	8,205,921
Vanguard Target Retirement 2035 Fund #305	199,281.475	3,555,182
Vanguard Target Retirement 2040 Fund #696	107,868.970	3,210,181
Vanguard Target Retirement 2045 Fund #306	92,440.596	1,724,017
Vanguard Target Retirement 2050 Fund #699	38,507.379	1,140,589
Vanguard Target Retirement 2055 Fund #1487	5,416.516	173,220
Wells Fargo Advantage Discovery CL I #3123	4,032.720	132,838
Wells Fargo Advantage Emerging Markets Equity Fund Class I #4146	6,418.889	132,999
Total registered investment entities		101,209,695

Note: Cost Information is omitted for participant directed investments.

The information in this schedule has been derived from information certified by BMO Harris Bank N.A.

MacLean-Fogg Company Profit Sharing and Savings Plan
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

Schedule I

Identity of Issue	Description of Investment Number of Shares	Current Value
Common/Collective Trusts		
* BMO Employee Benefit Stable Principal Fund - (1)	8,468,767.180	$ 8,468,767
Total common/collective trusts		8,468,767
Money Market Funds		
* BMO Prime Money Market Cl Y		1,419,075
Total money market funds		1,419,075
Limited Partnership Interests		
HWK Capital Partners II LP	1,411.175	15,067
Madison Dearborn Cap Partners IV	50,132.955	264,997
Madison Dearborn Cap Partners V	377,122.876	693,222
Madison Dearborn Cap Partners VI	67,266.375	288,408
Sapphire Voyager Offshore Fund Ltd Cl S	13.182	9,007
Total limited partnership interests		1,270,701
Participant Loans		
* Participant loans (Interest rate range from 4.25% to 10.00%)		2,565,064
Total participant loans		2,565,064
Guaranteed Investment Contract		
Deposit with Prudential		8,000,000
Total guaranteed investment contract		8,000,000
Total investments		122,933,302
Life Insurance Policies		
MacLean Fogg Participant Life Insurance Policies		938,270
Total life insurance policies		938,270
Grand Total		$ 123,871,572

* Represents a party-in-interest to the Plan

(1) - At contract value (current value $ 8,553,455)

Note: Cost Information is omitted for participant directed investments.

The information in this schedule has been derived from information certified by BMO Harris Bank N.A.

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2014

SPONSOR: Maclean-Fogg Company
EIN: 36-2431745
PLAN NUMBER: 003
NAME: Maclean-Fogg Company Profit Sharing and Savings Plan

	(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
		LIMITED PARTNERSHIPS	HKW CAPITAL PARTNERS II LP LIMITED PARTNERSHIP	**	15,067
		LIMITED PARTNERSHIPS	MADISON DEARBORN CAP PARTNERS V	**	693,222
		LIMITED PARTNERSHIPS	MADISON DEARBORN CAP PARTNERS VI	**	288,408
		LIMITED PARTNERSHIPS	MADISON DEARBORN CAP PRTNRS IV LIMITED PARTNERSHIP	**	264,997
		LIMITED PARTNERSHIPS	SAPPHIRE VOYAGER OFFSHORE FUND LTD CL S	**	9,007
		AMERICAN FUNDS	AMERICAN EUROPACIFIC GROWTH FUND CLASS R5 #2516	**	8,177,144
		DELAWARE DISTRIBUTORS, L.P.	DELAWARE SMALL CAP VALUE FUND CLASS I	**	224,158
		DFA SECURITIES INC.	DFA EMERGING MARKETS VALUE FUND #95	**	501,448
		DODGE & COX FUNDS	DODGE & COX INCOME FUND #147	**	6,213,091
		DODGE & COX FUNDS	DODGE & COX INTERNATIONAL STOCK FUND #1048	**	264,422
		DODGE & COX FUNDS	DODGE & COX STOCK FUND #145	**	4,810,337
		FEDERATED FUNDS	FEDERATED CLOVER SMALL VALUE FUND IS #659	**	1,710,741
		FRANKLIN TEMPLETON FUNDS	FRANKLIN SMALL CAP GROWTH FUND - R6 #335	**	1,696,050
		HARBOR FUNDS	HARBOR CAPITAL APPRECIATION FUND INST #2012	**	4,795,922
		HARBOR FUNDS	HARBOR INTERNATIONAL FUND INST #2011	**	261,702
		HARTFORD FUNDS	THE HARTFORD SMALL CAP GROWTH FUND CL I	**	160,782
		JOHN HANCOCK FUNDS, LLC	JOHN HANCOCK FUNDS III- DISCIPLINED VALUE MID CAP FUND- IS #3633	**	133,443
		MAINSTAY FUNDS	MAINSTAY ICAP SELECT EQUITY FUND CLASS I #1888	**	4,553,222
*		BMO FUNDS	BMO PRIME MONEY MARKET CL Y #200	**	1,419,075
		CONESTOGA FUNDS	CONESTOGA SMALL CAP FUND	**	89,720
		NESTEGG FUNDS	AMERICAN INDEPENDENCE U.S. INFLATION INDEXED PORTFOLIO - AD #2339	**	3,551,643
		OPPENHEIMERFUNDS DISTRIBUTOR, INC	OPPENHEIMER MAIN STREET SMALL & MID CAP FD CL Y #852	**	4,071,330
		T. ROWE PRICE FUNDS	T ROWE PRICE GROWTH STOCK FUND #40	**	153,612
		T. ROWE PRICE FUNDS	T ROWE PRICE INSTITUTIONAL LARGE-CAP CORE GROWTH FUND #148	**	4,549,580
		VANGUARD FUNDS	VANGUARD EQUITY INCOME FUND ADM #565	**	88,372
		VANGUARD FUNDS	VANGUARD INSTITUTIONAL INDEX FD #94	**	16,317,479
		VANGUARD FUNDS	VANGUARD MID CAP INDEX FUND CLASS I #864	**	133,368
		VANGUARD FUNDS	VANGUARD TARGET RETIREMENT 2025 FUND #304	**	6,637,875
		VANGUARD FUNDS	VANGUARD TARGET RETIREMENT 2050 FUND #699	**	1,140,589
		VANGUARD FUNDS	VANGUARD TARGET RETIREMENT INCOME FUND #308	**	2,267,285
		VANGUARD FUNDS	VANGUARD TARGET RETIREMENT 2010 FUND #681	**	157,809
		VANGUARD FUNDS	VANGUARD TARGET RETIREMENT 2015 FD #303	**	3,839,356
		VANGUARD FUNDS	VANGUARD TARGET RETIREMENT 2020 #682	**	7,574,857
		VANGUARD FUNDS	VANGUARD TARGET RETIREMENT 2030 FUND #695	**	8,205,921
		VANGUARD FUNDS	VANGUARD TARGET RETIREMENT 2035 FUND #305	**	3,555,182
		VANGUARD FUNDS	VANGUARD TARGET RETIREMENT 2040 FUND #696	**	3,210,181
		VANGUARD FUNDS	VANGUARD TARGET RETIREMENT 2045 FD #306	**	1,724,017
		VANGUARD FUNDS	VANGUARD TARGET RETIREMENT 2055 FUND #1487	**	173,220
		WELLS FARGO	WELLS FARGO ADVANTAGE DISCOVERY CL I #3123	**	132,838
		WELLS FARGO	WELLS FARGO ADVANTAGE EMERGING MARKETS EQUITY FUND CLASS I #4146	**	132,999
*		BMO FUNDS	BMO EMPLOYEE BENEFIT STABLE PRINCIPAL FUND	**	8,468,767
		INSURANCE CONTRACT	CONNECTICUT GENERAL LIFE GAC #IN-15428	**	8,000,000
		LIFE INSURANCE POLICIES	ALLSTATE FINANCIAL WORKPLACE DIVISION	**	938,270
*		PARTICIPANT LOANS	INTEREST RATE RANGE 4.25% - 10.00%	**	2,565,064

* A party-in-interest as defined by ERISA
** Cost ommitted for participant directed accounts