# 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
JOHN W. DANFORTH COMPANY PENSION PLAN

**1b** Three-digit plan number (PN) ▶ 004

**1c** Effective date of plan 04/01/1981

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

300 COLVIN WOODS PKWY
TONAWANDA, NY 14150-6976

**2b** Employer Identification Number (EIN)
16-0401910

**2c** Plan Sponsor's telephone number
716-832-1940

**2d** Business code (see instructions)
238220

**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. | 09/15/2015 | KEVIN REILLY |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 09/15/2015 | KEVIN REILLY |
| | **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** | 189 |
| **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)** | 153 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 167 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 28 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 195 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 195 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 185 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D

**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)** | [ ] Insurance | **(1)** | [ ] 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)** [ ] ___ **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 C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2014**<br>**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
JOHN W. DANFORTH COMPANY PENSION PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
JOHN W. DANFORTH COMPANY

**D** Employer Identification Number (EIN)
16-0401910

## 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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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**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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (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? |
|---|---|---|---|---|---|---|
| 13 37 50 64 | CONTRACT ADMINISTRATOR | 1532 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

JOHN W. DANFORTH COMPANY

16-0401910

| (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 49 50 99 | ACCOUNTANT | 7868 | Yes [X] No [ ] | Yes [ ] No [X] | 250 | Yes [ ] No [X] |

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

WILSHIRE ASSOCIATES INCORPORATED

95-2755361

| (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 72 | INVESTMENT ADVISORY | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| WILSHIRE ASSOCIATES INCORPORATED | 27 72 | 0 |

| **(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. |
|---|---|
| PRINCIPAL LIFE INSURANCE COMPANY<br><br>42-0127290 | 2 BASIS POINTS ANNUALLY ON TOTAL ASSETS UP TO $10 BILLION, 1 BASIS POINT FOR ASSETS GREATER THAN $10 BILLION, AND 0.50 BASIS POINTS (STARTING JANUARY 1, 2014) FOR ASSETS GREATER THAN $17 BILLION IN WILSHIRE'S 3(21) INVESTMENT FIDUCIARY SERVICE. |

| **(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
JOHN W. DANFORTH COMPANY PENSION PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
JOHN W. DANFORTH COMPANY

**D** Employer Identification Number (EIN)
16-0401910

**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: | PRINCIPAL STABLE VAL PREF FD | | |
| **b** Name of sponsor of entity listed in (a): | UNION BOND & TRUST COMPANY | | |
| **c** EIN-PN | 93-6274328-001 | **d** Entity code | C |
| **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 445814 | | |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | PRIN TRUST TGT 2010 FD I25 | | |
| **b** Name of sponsor of entity listed in (a): | PRINCIPAL TRUST COMPANY | | |
| **c** EIN-PN | 26-6447574-001 | **d** Entity code | C |
| **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 487759 | | |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | PRIN TRUST TGT 2015 FD I25 | | |
| **b** Name of sponsor of entity listed in (a): | PRINCIPAL TRUST COMPANY | | |
| **c** EIN-PN | 26-6447574-002 | **d** Entity code | C |
| **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 546830 | | |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | PRIN TRUST TGT 2020 FD I25 | | |
| **b** Name of sponsor of entity listed in (a): | PRINCIPAL TRUST COMPANY | | |
| **c** EIN-PN | 26-6447574-003 | **d** Entity code | C |
| **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1730431 | | |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | PRIN TRUST TGT 2025 FD I25 | | |
| **b** Name of sponsor of entity listed in (a): | PRINCIPAL TRUST COMPANY | | |
| **c** EIN-PN | 26-6447574-004 | **d** Entity code | C |
| **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1276231 | | |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | PRIN TRUST TGT 2030 FD I25 | | |
| **b** Name of sponsor of entity listed in (a): | PRINCIPAL TRUST COMPANY | | |
| **c** EIN-PN | 26-6447574-005 | **d** Entity code | C |
| **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1802356 | | |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | PRIN TRUST TGT 2035 FD I25 | | |
| **b** Name of sponsor of entity listed in (a): | PRINCIPAL TRUST COMPANY | | |
| **c** EIN-PN | 26-6447574-006 | **d** Entity code | C |
| **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1281060 | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2040 FD I25

**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

| **c** EIN-PN 26-6447574-007 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1159210 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2045 FD I25

**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

| **c** EIN-PN 26-6447574-008 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 503924 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2050 FD I25

**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

| **c** EIN-PN 26-6447574-009 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 592747 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2055 FD I25

**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

| **c** EIN-PN 26-6447574-010 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 188497 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST INCOME FUND I25

**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

| **c** EIN-PN 26-6447574-011 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 295263 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2060 FD I25

**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

| **c** EIN-PN 26-6447574-012 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2025 |
|---|---|---|

**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 |

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

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

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

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

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

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|---|---|
| **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
JOHN W. DANFORTH COMPANY PENSION PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
JOHN W. DANFORTH COMPANY

**D** Employer Identification Number (EIN)
16-0401910

## 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 | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **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) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | 80921 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 10786012 | 10312146 |
| **(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) | 718727 | 1360409 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 11504739 | 11753476 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 0 | |
| **h** | Operating payables | 1h | 0 | |
| **i** | Acquisition indebtedness | 1i | 0 | |
| **j** | Other liabilities | 1j | 0 | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 11504739 | 11753476 |

## 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) | 410891 | |
| | **(B)** Participants | 2a(1)(B) | 791544 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 232494 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1434929 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| | **(E)** Participant loans | 2b(1)(E) | 1651 | |
| | **(F)** Other | 2b(1)(F) | 0 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 1651 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| | **(B)** Common stock | 2b(2)(B) | 0 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 16954 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 16954 |
| | **(3)** Rents | 2b(3) | | 0 |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | 0 | |
| | **(B)** Other | 2b(5)(B) | 0 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | 659348 |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 67022 |
| **c** Other income | 2c | | 0 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2179904 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1836581 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| **(3)** Other | 2e(3) | 0 | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 1836581 |
| **f** Corrective distributions (see instructions) | 2f | | 85186 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | 7868 | |
| **(2)** Contract administrator fees | 2i(2) | 1532 | |
| **(3)** Investment advisory and management fees | 2i(3) | 0 | |
| **(4)** Other | 2i(4) | 0 | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 9400 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1931167 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 248737 |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | 2l(1) | | 0 |
| **(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: BONADIO & CO., LLP **(2)** EIN: 16-1131146

**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 | 0 |
| **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 | 0 |

| | | | 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 | 0 |
| 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 | 0 |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 1000000 |
| 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
JOHN W. DANFORTH COMPANY PENSION PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
JOHN W. DANFORTH COMPANY

**D** Employer Identification Number (EIN)
16-0401910

## 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): 42-0127290

**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: _____% 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):

# JOHN W. DANFORTH COMPANY PENSION PLAN

**Financial Statements as of**
**December 31, 2014 and 2013**
**Together with**
**Independent Auditor's Report**

Bonadio & Co., LLP
Certified Public Accountants

Bonadio & Co., LLP
Certified Public Accountants

## INDEPENDENT AUDITOR'S REPORT

September 15, 2015

To the Plan Administrator of
John W. Danforth Company Pension Plan:

**Report on the Financial Statements**
We were engaged to audit the accompanying financial statements of John W. Danforth Company Pension Plan, which comprise the statements of net assets available for benefits 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 audits 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 6, which was certified by Prudential Retirement Insurance and Annuity Company ("Prudential") and Principal Life Insurance Company ("Principal"), the trustees 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 Principal held the Plan's investment assets and executed investment transactions as of December 31, 2014 and for the period December 16, 2013 to December 31, 2014, and that Prudential held the Plan's investment assets for the period January 1, 2013 to December 15, 2013. The plan administrator has obtained certifications from the trustees 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.

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Amherst, New York 14226
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f (716) 250-6605

www.bonadio.com

(Continued)

**INDEPENDENT AUDITOR'S REPORT**
(Continued)

**Report on Supplemental Information**
The supplemental 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 referred to above.

**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 trustees, 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.

Bonadio & Co., LLP

## JOHN W. DANFORTH COMPANY PENSION PLAN

### STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
### DECEMBER 31, 2014 AND 2013

| | 2014 | 2013 |
|---|---|---|
| **ASSETS** | | |
| INVESTMENTS AT FAIR VALUE: | | |
| Target Funds | $ 10,312,144 | $ 10,786,010 |
| Mutual funds | 1,360,409 | 718,727 |
| Total investments at fair value | 11,672,553 | 11,504,737 |
| RECEIVABLES: | | |
| Notes receivables from participants | 80,921 | - |
| Total assets | 11,753,474 | 11,504,737 |
| **LIABILITIES** | | |
| EXCESS CONTRIBUTIONS PAYABLE | 80,692 | 99,101 |
| NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE | 11,672,782 | 11,405,636 |
| Adjustment from fair value to contract value for fully-benefit responsive investment contract | (4,688) | (395) |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 11,668,094 | $ 11,405,241 |

The accompanying notes are an integral part of these statements.

## JOHN W. DANFORTH COMPANY PENSION PLAN

### STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

| | 2014 | 2013 |
|---|---|---|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO: | | |
| Investment income | | |
| Interest and dividends | $ 16,954 | $ 30,677 |
| Net appreciation in fair value of investments | 722,076 | 1,969,614 |
| Total investment income | 739,030 | 2,000,291 |
| Interest income on notes receivable from participants | 1,651 | - |
| Contributions: | | |
| Employee salary reductions | 716,241 | 538,395 |
| Employee rollovers | 232,494 | 43,413 |
| Employer match | 419,418 | 304,362 |
| Total contributions | 1,368,153 | 886,170 |
| Total additions | 2,108,834 | 2,886,461 |
| DEDUCTION FROM NET ASSETS ATTRIBUTED TO: | | |
| Benefits paid to participants | 1,836,581 | 1,163,123 |
| Other expenses | 9,400 | 672 |
| Total deductions | 1,845,981 | 1,163,795 |
| CHANGE IN NET ASSETS | 262,853 | 1,722,666 |
| NET ASSETS - beginning of year | 11,405,241 | 9,682,575 |
| NET ASSETS - end of year | $ 11,668,094 | $ 11,405,241 |

The accompanying notes are an integral part of these statements.

## 1. DESCRIPTION OF THE PLAN

The following description of the John W. Danforth Company Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### General

The Plan was originally established effective April 1, 1981 and has been restated effective January 1, 2014. The Plan is a defined contribution, salary deferral 401(k), and profit sharing plan covering substantially all full-time employees of John W. Danforth Company (the "Company") who are not covered by a collective bargaining agreement. Effective January 1, 2014 employees are eligible to participate in the plan on the first day of the month after their hire date as long as they have attained age 21. Previously, employees must have attained age 21 and have six months of service and at least 1,000 hours per year in order to participate. The Plan is a qualified plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

### Contributions

The Plan was amended effective January 1, 2013 such that participants who are eligible to participate in the Plan are automatically enrolled with an elected contribution of 5%. Each participant may elect to contribute from 0% to 100% of his or her salary, not to exceed $17,500 for 2014 and 2013, as a tax-deferred contribution to the Plan. Participants who are 50 years old and over may make an additional catch-up contribution annually ($5,500 in 2014 and 2013). Effective January 1, 2014, the Company will make non-discretionary matching contributions on 100% of pretax participant contributions up to 4% of the participants' eligible wages. Previously, the Company would make non-discretionary matching contributions based on 100% of pretax participant contributions (up to a maximum matching contribution of 100% of the first 3% of pre-tax participant contributions, plus 50% of pre-tax participant contributions in excess of 3% but not to exceed 5% of salary). The Plan provides that participants may deposit payments that they receive from other retirement plans. Such contributions are referred to as employee rollover contributions.

### Vesting

Participants are fully vested immediately in all voluntary and Company contributions.

### Payment of Benefits

Participants are entitled to receive 100% of their account balances upon normal retirement at age 65. A participant may elect to defer benefits until age 70-1/2. Benefit payments can be made either in lump sum amounts based on the account balance at retirement date, installments (only if the participant is subject to lifetime required minimum distribution), ad-hoc amounts, or in any of four types of annuities. Benefits may be paid in cash or rolled over to an individual retirement account, or a combination thereof. In-service withdrawals may be made by participants who have attained age 59-1/2 during the year. Withdrawals may also be made for reasons of financial hardship prior to age 59-1/2 or upon early retirement.

## 1. DESCRIPTION OF THE PLAN (Continued)

**Notes Receivable from Participants**
The Plan provides for loans to participants with a minimum loan amount of $1,000 and a maximum loan amount limited to the lesser of $50,000 or one-half of the participant's vested account balance. The maximum term of loans are five years. Interest is charged at a fixed rate established by the Plan as of the date of the loan.

**Participant Accounts**
Each participant's account is credited with the participant's contribution, the Company's contribution, and allocated earnings/losses. Earnings/losses are allocated daily from the investment chosen by a participant based on the fair value of their respective ownership in the underlying investment.

**Investments**
Participants have the option of directing their contributions into any of eighteen mutual fund accounts, and/or any of thirteen common collective trusts managed by Principal Life Insurance Company ("Principal"). Participants may elect to change the allocation of their individual accounts among the investment alternatives at any time. Common collective trusts are advisor-managed accounts sponsored by Principal that invest in investment securities or mutual funds. Many of these common collective trusts are invested in a single mutual fund.

**Plan Administration**
The Plan is administered by the Company. Participant account records are maintained by the Plan's trustee, Principal. Substantially all administrative expenses are paid directly from the assets of the Plan.

## 2. SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting**
The Plan's policy is to prepare its financial statements on the accrual basis of accounting. Under this basis, investment income is recognized when earned. Participant contributions, and the related Company matching contributions, are recorded when withheld from participant's paychecks and reported as a receivable until remitted by the Company to Principal.

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 available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the fully benefit-responsive 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 a contract value basis.

The Plan invests in investment contracts through a common/collective trust and, as required by current accounting guidance, presents the fair value of the investment in the common/collective trust as well as the adjustment of the investment in the common/collective trust from the fair value to contract value relating to the investment contracts in the Statement of Net Assets Available for Benefits.

## 2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

**Investments**
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 a transaction between knowledgeable, unrelated parties at the measurement date. See Note 3 for a discussion of fair value measurements.

**Security Transactions and Investment Income**
Purchases and sales of investments are recorded on a trade-date basis. Net appreciation in fair value of investments includes realized gains and losses, and unrealized gains and losses attributable to the investments. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Notes Receivable from Participants**
Loans to participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based on the terms of the Plan documents.

**Benefits**
Benefits are recorded when paid.

**Use of Estimates**
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

## 3. FAIR VALUE MEASUREMENTS

Accounting principles generally accepted in the United States of America establish a fair value hierarchy that prioritizes the valuation assumptions used to measure fair value. This hierarchy consists of three broad levels: **Level 1** - assumptions rely on quoted prices in active markets for identical assets and must be used when available, **Level 2** - assumptions rely on quoted prices for similar, but not identical, assets, and **Level 3** - assumptions generally are developed by the reporting entity, and may only be utilized when Level 1 and Level 2 information is not available. The Plan uses these valuation techniques on the available information to measure the fair value of its investments.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2014 and 2013.

**Level 1 Fair Value Measurements** - The fair value of the mutual funds is based on quoted net asset values of the shares held by the plan at year end.

**Level 2 Fair Value Measurements** - The fair value of the common collective trusts invested in target funds is based on quoted market prices for the underlying assets owned by the common collective trusts invested in target funds. The fair value of the common collective trust invested in the stable value fund is calculated by Principal and represents estimated liquidation value determined within the contract specifications. The common collective trusts invested in target funds and the stable value fund themselves are not actively traded on a market.

**3. FAIR VALUE MEASUREMENTS (Continued)**

The common collective trust invests in a variety of target fund investments. These investments consist primarily of a variety of separate accounts and mutual funds. The investment objective of these funds is to seek current income, and as a secondary objective, capital appreciation consisting of a long-term growth of capital and current income consistent with the investment strategy of the investors that expect to retire in the year identified in each respective trust's target date fund. The net asset values of these funds are derived from the market value of the underlying investments. There are no unfunded commitments or withdrawal restrictions.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value at December 31, 2014 and 2013:

| | Investments at Fair Value December 31, 2014 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual Funds: | | | | |
| Large blend | $ 315,518 | $ - | $ - | $ 315,518 |
| Large growth | 147,451 | - | - | 147,451 |
| Large value | 130,935 | | | 130,935 |
| Foreign large blend | 107,652 | - | - | 107,652 |
| Real estate | 96,067 | | | 96,067 |
| Mid-cap blend | 94,656 | - | - | 94,656 |
| Small value | 94,522 | - | - | 94,522 |
| World stock | 83,774 | - | - | 83,774 |
| Mid-cap growth | 55,894 | - | - | 55,894 |
| Mid-cap value | 55,715 | - | - | 55,715 |
| Small blend | 54,088 | - | - | 54,088 |
| Diversified emerging markets | 38,524 | - | - | 38,524 |
| World bond | 29,795 | - | - | 29,795 |
| High yield bond | 29,559 | - | - | 29,559 |
| Small growth | 24,726 | - | - | 24,726 |
| Intermediate-term bond | 1,533 | - | - | 1,533 |
| Common Collective Trusts: | | | | |
| Target Ret. Date Funds | - | 9,866,330 | - | 9,866,330 |
| Stable Value Fund | - | 445,814 | - | 445,814 |
| Total investments at fair value | $ 1,360,409 | $ 10,312,144 | $ - | $ 11,672,553 |

**3. FAIR VALUE MEASUREMENTS (Continued)**

| | Investments at Fair Value December 31, 2013 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual Funds: | | | | |
| Large Growth | $ 137,262 | $ - | $ - | $ 137,262 |
| Large Blend | 123,408 | - | - | 123,408 |
| Large Value | 115,228 | - | - | 115,228 |
| Small Growth | 88,245 | - | - | 88,245 |
| Foreign Large Blend | 66,445 | - | - | 66,445 |
| Mid-Cap Value | 43,613 | - | - | 43,613 |
| Small Value | 43,612 | - | - | 43,612 |
| Mid-Cap Growth | 38,198 | - | - | 38,198 |
| World Stock | 37,966 | - | - | 37,966 |
| Real Estate | 24,345 | - | - | 24,345 |
| Mid-Cap Blend | 187 | - | - | 187 |
| Small Blend | 186 | - | - | 186 |
| Intermediate-Term Bond | 16 | - | - | 16 |
| World Bond | 16 | - | - | 16 |
| Common Collective Trusts: | | | | |
| Target Ret. Date Funds | - | 10,720,804 | - | 10,720,804 |
| Stable Value Fund | - | 65,206 | - | 65,206 |
| Total investments at fair value | $ 718,727 | $ 10,786,010 | $ - | $ 11,504,737 |

The following table sets forth a summary of changes in the fair market value of the Plan's Level 3 investments for the years ended December 31, 2014 and 2013:

| | 2014 | 2013 |
|---|---|---|
| Balance, beginning of year | $ - | $ 1,395,207 |
| Purchases | - | 312,562 |
| Sales | - | (15,831) |
| Interest Income | - | 21,727 |
| Transfer due to change in Trustee | - | (1,713,413) |
| Miscellaneous, Forfeitures | - | (252) |
| Balance, end of year | $ - | $ - |

## 4. INVESTMENTS

The following table presents the fair value of investments that represent 5% or more of the Plan's net assets:

| | 2014 | 2013 |
|---|---|---|
| Principal Life Insurance Company: | | |
| Target 2030 Fund | $ 1,802,356 | $ 1,788,887 |
| Target 2020 Fund | 1,730,431 | 1,633,137 |
| Target 2035 Fund | 1,281,060 | 1,353,933 |
| Target 2025 Fund | 1,276,231 | 1,342,891 |
| Target 2040 Fund | 1,159,210 | 1,231,086 |
| Target 2050 Fund | 592,747 | 1,105,489 |
| Target 2045 Fund | 503,924* | 1,010,634 |

*Amount was below 5% threshold.

## 5. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan allows participants to direct their contributions into a collective trust fund managed under a benefit-responsive contract with Principal. Principal maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Principal. Contract value 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 investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of net assets available for benefits attributable to the fully benefit-responsive investment contract.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2014 and 2013 was $445,814 and $65,206, respectively. The crediting interest rate is based on a formula agreed upon with the issuer. The crediting interest rates are reset periodically and are based on the market value of the underlying portfolio of assets backing the contract. Inputs used to determine the crediting rate include the contract's portfolio market value, current yield to maturity, duration, and market value relative to contract value.

Certain events limit the Plan's ability to transact at contract value with Principal. Such events include the following: (a) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of John W. Danforth Company or other John W. Danforth Company events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

## 5. INVESTMENT CONTRACT WITH INSURANCE COMPANY (Continued)

The investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Investment Contract Held with Principal

| Average yields based on fair value | 2014 | 2013 |
|---|---|---|
| Based on actual earnings | 1.44% | .98% |
| Based on interest rate credited to participants | 1.48% | .98% |

## 6. INFORMATION CERTIFIED BY PLAN TRUSTEES

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by Principal, the trustee of the Plan as of December 31, 2013 and 2014 and from December 16, 2013 through December 31, 2014 and by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan from January 1, 2013 through December 15, 2013.

| | 2014 | 2013 |
|---|---|---|
| Mutual Funds | $ 1,360,409 | $ 718,727 |
| Common Collective Trusts (At contract value) | 10,307,456 | 10,785,615 |
| | $ 11,667,865 | $ 11,504,342 |
| Net appreciation in fair value of investments: | | |
| Mutual Funds | $ 67,022 | $ 600,987 |
| Pooled Separate Accounts | - | 1,092,028 |
| Common Collective Trusts | 655,054 | 276,599 |
| | $ 722,076 | $ 1,969,614 |
| Interest and dividends | $ 16,954 | $ 30,677 |
| Other (expenses) | $ (9,400) | $ (672) |

## 7. TAX STATUS

The Plan has relied on its determination letter received by Principal for its prototype plans and for subsequent Plan amendments that have been adopted to comply with changes under Federal law. Principal received its latest determination letter for its prototype plans on March 31, 2014, stating that the Plan is qualified under the Internal Revenue Code as exempt from Federal income taxes.

## 8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

## 9. PARTY-IN-INTEREST TRANSACTIONS

The Plan invests in funds managed by the trustee, Principal (and previously invested in funds managed by the former trustee, Prudential), and notes receivable from plan participants. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

## 10. RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS

The following is a reconciliation of net assets available for benefits per the Form 5500 to the financial statements:

| | 2014 | 2013 |
|---|---|---|
| Net assets available for benefits per the Form 5500 | $ 11,753,474 | $ 11,504,737 |
| Excess contributions payable | (80,692) | (99,101) |
| Adjustment from fair value to contract value for fully-benefit responsive investment contract | (4,688) | (395) |
| Net assets available for benefits per financial statements | $ 11,668,094 | $ 11,405,241 |

The following is a reconciliation of net income per the Form 5500 to the financial statements for the years ended December 31, 2014 and 2013:

| | 2014 | 2013 |
|---|---|---|
| Change in net assets per the Form 5500 | $ 248,737 | $ 1,827,320 |
| Change in adjustment from fair value to contract value for fully-benefit responsive investment contract | (4,293) | (395) |
| Change in contributions receivable | - | (8,638) |
| Change in excess contributions payable | 18,409 | (95,621) |
| Change in net assets per financial statements | $ 262,853 | $ 1,722,666 |

## 11. EXCESS CONTRIBUTIONS

Excess contributions are payable to certain active participants and to the Company to return contributions in excess of the maximum 401(k) contribution limitation of $17,500 for 2014 and 2013. Also excess contributions are payable to certain active participants and to the Company to return contributions in excess of the maximum pension limitation of $52,000 and $51,000 per year for 2014 and 2013, respectively (plus an additional $5,500 for participants older than 50 years of age).

Amounts payable to participants totaling $80,692 for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2014 excess contributions to the applicable participants prior to June 30, 2015.

## 12. RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

## 13. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 15, 2015, the date the financial statements were available to be issued.

## JOHN W. DANFORTH COMPANY PENSION PLAN

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**FEDERAL EIN: 16-0401910**
**PLAN# 004**
**DECEMBER 31, 2014**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (e) Current Value |
|---|---|---|---|
| | | Mutual Funds: | |
| * | Principal Funds Inc. | Large Cap S&P 500 | 294,250 |
| * | Principal Funds Inc. | Large Cap Growth I Inst Fund | 147,451 |
| | Invesco Funds Group, Inc. | Invesco Comstock Y Fund | 130,935 |
| | Oakmark | Oakmark International I Fund | 100,030 |
| * | Principal Funds Inc. | Real Estate Secs Inst Fund | 96,067 |
| * | Principal Funds Inc. | Mid Cap S&P 400 | 94,656 |
| * | Principal Funds Inc. | Small Cap Value II Inst Fund | 94,522 |
| | Oppenheimer | Oppenheimer Glbal Opportunities Fund | 83,774 |
| | Eaton Vance | Eaton Vance Atl CP Mid Cap | 55,894 |
| | Wells Fargo | Wells Fargo Adv Sp MC Value I Fund | 55,715 |
| * | Principal Funds Inc. | Small Cap S&P 600 Index Inst Fund | 54,088 |
| | The American Funds | American Funds New World R5 | 38,524 |
| | Legg Mason | Legg Mason BW Global Opportunities Fund | 29,795 |
| | Blackrock | Blackrock HY Bond Inst Fund | 29,559 |
| * | Principal Funds Inc. | Small Cap Growth I Inst Fund | 24,726 |
| * | Principal Funds Inc. | Capital Appreciation Inst Fund | 21,268 |
| * | Principal Funds Inc. | Intl Equity Index Inst Fund | 7,622 |
| * | Principal Funds Inc. | Income Institutional Fund | 1,533 |
| | Total investments in mutual funds | | 1,360,409 |
| | | Common Collective Trusts: | |
| * | Principal Trust Company | Target 2030 Fund | 1,802,356 |
| * | Principal Trust Company | Target 2020 Fund | 1,730,431 |
| * | Principal Trust Company | Target 2035 Fund | 1,281,060 |
| * | Principal Trust Company | Target 2025 Fund | 1,276,231 |
| * | Principal Trust Company | Target 2040 Fund | 1,159,210 |
| * | Principal Trust Company | Target 2050 Fund | 592,747 |
| * | Principal Trust Company | Target 2015 Fund | 546,830 |
| * | Principal Trust Company | Target 2045 Fund | 503,924 |
| * | Principal Trust Company | Target 2010 Fund | 487,759 |
| * | Union Bond & Trust Company | Stable Value Preferred Fund | 445,814 |
| * | Principal Investment Accounts | Trust Income Fund | 295,263 |
| * | Principal Trust Company | Target 2055 Fund | 188,497 |
| * | Principal Trust Company | Target 2060 Fund | 2,022 |
| | Total common collective trusts | | 10,312,144 |
| | Participant Loans | 3.25% | 80,921 |
| | | | $ 11,753,474 |

* Party-in-interest

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# SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JOHN W. DANFORTH COMPANY PENSION PLAN

EIN 16 0401910
PLAN NUMBER 004
PLAN YEAR 01/01/2014 TO 12/31/2014

| (A) | (B) Identity of issuer, 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 |
|---|---|---|---|---|
| | The American Funds | Registered Investment Company AMERICAN FUNDS NEWWORLD R5 | $ 0.00 | $ 38,524.28 |
| | BlackRock | Registered Investment Company BLACKROCK HY BOND INST FUND | $ 0.00 | $ 29,558.67 |
| | Eaton Vance | Registered Investment Company Etn Vnc Atl Cp SMID-Cap I Fund | $ 0.00 | $ 55,894.34 |
| | Invesco Funds Group, Inc. | Registered Investment Company Invesco Comstock Y Fund | $ 0.00 | $ 130,935.17 |
| | Legg Mason | Registered Investment Company Legg Mason BW Gbl Opp Bd A Fd | $ 0.00 | $ 29,794.92 |
| | Oakmark | Registered Investment Company Oakmark International I Fund | $ 0.00 | $ 100,029.62 |
| | Oppenheimer | Registered Investment Company Oppen Global Oppor Y Fund | $ 0.00 | $ 83,773.88 |
| * | Principal Funds Inc | Registered Investment Company Prin LgCap Growth I Inst Fund | $ 0.00 | $ 147,450.73 |
| * | Principal Funds Inc | Registered Investment Company Prin LgCp S&P 500 Idx Inst Fd | $ 0.00 | $ 294,249.60 |
| * | Principal Funds Inc | Registered Investment Company Prin MidCp S&P 400 Idx Inst Fd | $ 0.00 | $ 94,656.47 |
| * | Principal Funds Inc | Registered Investment Company Prin Real Estate Secs Inst Fd | $ 0.00 | $ 96,067.19 |
| * | Principal Funds Inc | Registered Investment Company Prin SmallCap Growth I Inst Fd | $ 0.00 | $ 24,726.20 |
| * | Principal Funds Inc | Registered Investment Company Prin SmallCap Value II Inst Fd | $ 0.00 | $ 94,522.28 |
| * | Principal Funds Inc | Registered Investment Company Prin SmCap S&P 600 Idx Inst Fd | $ 0.00 | $ 54,087.57 |
| * | Principal Trust Company | Common/Collective Trust Prin Trust Income Fund I25 | $ 0.00 | $ 295,262.51 |

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

# SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JOHN W. DANFORTH COMPANY PENSION PLAN

EIN 16 0401910
PLAN NUMBER 004
PLAN YEAR 01/01/2014 TO 12/31/2014

| (A) | (B) Identity of issuer, 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 |
|---|---|---|---|---|
| * | Principal Trust Company | Common/Collective Trust<br>Prin Trust Tgt 2010 Fd I25 | $ 0.00 | $ 487,758.97 |
| * | Principal Trust Company | Common/Collective Trust<br>Prin Trust Tgt 2015 Fd I25 | $ 0.00 | $ 546,830.37 |
| * | Principal Trust Company | Common/Collective Trust<br>Prin Trust Tgt 2020 Fd I25 | $ 0.00 | $ 1,730,431.02 |
| * | Principal Trust Company | Common/Collective Trust<br>Prin Trust Tgt 2025 Fd I25 | $ 0.00 | $ 1,276,230.64 |
| * | Principal Trust Company | Common/Collective Trust<br>Prin Trust Tgt 2030 Fd I25 | $ 0.00 | $ 1,802,355.61 |
| * | Principal Trust Company | Common/Collective Trust<br>Prin Trust Tgt 2035 Fd I25 | $ 0.00 | $ 1,281,059.55 |
| * | Principal Trust Company | Common/Collective Trust<br>Prin Trust Tgt 2040 Fd I25 | $ 0.00 | $ 1,159,209.51 |
| * | Principal Trust Company | Common/Collective Trust<br>Prin Trust Tgt 2045 Fd I25 | $ 0.00 | $ 503,924.25 |
| * | Principal Trust Company | Common/Collective Trust<br>Prin Trust Tgt 2050 Fd I25 | $ 0.00 | $ 592,746.54 |
| * | Principal Trust Company | Common/Collective Trust<br>Prin Trust Tgt 2055 Fd I25 | $ 0.00 | $ 188,497.27 |
| * | Principal Funds Inc | Registered Investment Company<br>Principal Cap App Inst Fund | $ 0.00 | $ 21,267.78 |
| * | Principal Funds Inc | Registered Investment Company<br>Principal Income Inst Fund | $ 0.00 | $ 1,533.73 |
| * | Principal Funds Inc | Registered Investment Company<br>Principal Int'l Eq Ind Inst Fd | $ 0.00 | $ 7,621.86 |
| * | Union Bond & Trust Company | Common/Collective Trust<br>Principal Stable Val Pref Fd | $ 0.00 | $ 445,814.00 |
| * | Principal Trust Company | Common/Collective Trust<br>PRIN TRUST TGT 2060 FD I25 | $ 0.00 | $ 2,025.44 |

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

F051TF

# SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JOHN W. DANFORTH COMPANY PENSION PLAN

EIN 16 0401910
PLAN NUMBER 004
PLAN YEAR 01/01/2014 TO 12/31/2014

| (A) | (B) Identity of issuer, 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 |
|---|---|---|---|---|
| | Wells Fargo | Registered Investment Company<br>Wells Fargo Adv Sp MC Vl I Fd | $ 0.00 | $ 55,714.74 |
| | Participant Loans | Range of Interest Rates<br>Rates Range From 3.25% To 3.25% | $ 0.00 | $ 80,921.00 |
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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)